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Study of Disability in EC Development Cooperation

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'A society which is good for disabled people is a better society for all.'[1]

[1] Dr Lisa Kauppinen, President of World Federation of the Deaf, at the closing of the Copenhagen Summit, 2009.

Note on layout

The layout of the document conforms to guidelines for accessibility and ease of reading, which require a sans-serif font and left (not full) justification of the text.

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Disability is a complex topic, with many different views and attitudes. In a document like this it is probably not possible to please all readers and users. We have tried our best to accommodate comments and suggestions from everybody who made them, but ultimately we take responsibility for omissions and defects which still remain.

Peter Coleridge (Team Leader)
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Acronyms

ACP	Africa, Asia, Pacific (countries, e.g., in the Cotonou Agreement)
ADD	Action on Disability and Development
CBM	Christoffel Blindenmission (English title: Christian Blind Mission)
CBR	Community Based Rehabilitation
CRPD	UN Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSP	Country Strategy Paper
DCI	Development Cooperation Instrument
DFID	Department for International Development (UK aid ministry)
DG AIDCO	Directorate-General for EuropeAid Cooperation Office
DG DEV	Directorate-General for Development
DG RELEX	Directorate-General for External Relations
DG EMPL	Directorate-General for Employment, Social Affairs and Equal Opportunities
DRPI	Disability Rights Promotion International
DPI	Disabled people's International
DPO	Disabled persons' organization
DPSA	Disabled People of South Africa
EC	European Commission
ECHO	European Commission Humanitarian Aid Department
EDF	European Disability Forum
EIDHR	European Instrument for Democracy and Human Rights
ENPI	European Neighbourhood and Partnership Instrument
EU	European Union
FP	Focal person/point
GPDD	Global Partnership for Disability and Development
HI	Handicap International
IDA	International Disability Alliance
IDDC	International Disability and Development Consortium
IEC	Information, Education and Communication
INGO	International NGO
iQSG	Interservice Quality Support Group
IRC	International Rescue Committee
JED	Jeune expert detaché
KaR	Knowledge and Research Programme (DFID)
LCD	Leonard Cheshire Disability
LDC	Less developed country
MDGs	Millennium Development Goals
MS	Member State (of the EU)
NAD	Norwegian Association of the Disabled
NGO	Non-Governmental Organisation
NDAP	National Disability Action Plan
NORAD	Norwegian Agency for Development Cooperation
NSDP	National Strategic Development Plan

OECD	Organization for Economic Cooperation and Development
OHCHR	Office of the UN High Commissioner for Human Rights
PCM	Project Cycle Management
PPH	Processus de Production du Handicap
PRSP	Poverty Reduction Strategy Papers
RI	Rehabilitation International
ROM	Results Oriented Monitoring
SMEs	Small and medium enterprises
VSO	Voluntary Service Overseas
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
WB	World Bank
WHO	World Health Organisation

Executive Summary

Part 1. Background on disability and development

1. People with disabilities are **very diverse** but are united by the common experience of facing **barriers to full participation** in society. A completely satisfactory universal definition of disability is probably impossible to achieve, but the four elements enshrined in the CRPD provide the basis for all analysis and action on disability: *'**Persons** with disabilities include those who have long-term physical, mental, intellectual or sensory **impairments** which in interaction with various **barriers** may hinder their full and effective participation in society on an **equal basis** with others.'*

2. Because of the difficulties of definition, generalised **global statistics in disability are problematic** and are best avoided. Disability programming needs to be based on **researched data**, not rough estimates. Good data collection practices need to be part of any disability programme. The human rights of persons with disabilities do not depend on numbers.

3. There has been a **paradigm shift** from regarding persons with disabilities as *objects* to seeing them as *subjects*, able to take charge of their own development. The four models of disability (charity, medical, social, and human rights) illustrate the complexity of the issue. Although there has been an evolution from charity to human rights, these models are not mutually exclusive: the human rights model embraces areas that are covered by the other three although with a different perspective. Rehabilitation should be an equal partnership between persons with disabilities and professionals. Self-empowerment, self-determination and equality must be the guiding principles of all work in disability.

4. The **relationship between disability and poverty is complex** and little researched, but persons with disability are subject to processes of impoverishment, because of the barriers, obstacles and discrimination they face. Rates of poverty around the world are significantly higher in households with a disabled person. However, with improvements in development and standards of living the profile of disability changes, but the numbers of persons with disabilities do not decrease. Increasing affluence and longer lifespans mean different types of disability, not less disability. There is a greater *proportion* of persons with disabilities in industrialised countries than in poor countries. However, poverty cannot be measured only in material terms, especially in relation to disability. There is an urgent need for systematic research on the link between poverty and disability in poor countries.

5. Unless disability is specifically included in both planning and implementation of the MDGs, the MDGs will not be reached. This is being increasingly recognised by bilateral donors and individual governments, and five recent UN resolutions have addressed the omission of disability from the original formulation of the MDGs.

6. It is important to pay close attention to **gender issues** in all efforts to make development inclusive. Disabled women and girls are often subject to multiple discrimination. Education is the key to development and the education of girls with disabilities must be a major part of the strategy to correct gender imbalances.

7. Persons with disabilities are the best advocates for the cause of disability, working in partnership with others committed to the issue. **Disabled People's Organisations** are vital to the sustainability and implementation of the CRPD, and they need to be supported to achieve better capacity in order to deliver more effective advocacy. The guiding principle of inclusive policies is '*nothing about us without us'*, i.e. persons with disabilities must be included in all policy formulation, through their representative organisations.

8. **Prevention** is an essential part of a comprehensive approach to disability. On the basis of the human rights model of disability, prevention must operate at both the **social** and **medical** levels: at the social level to remove barriers, obstacles and discrimination that hinder the full and effective participation of persons with disabilities in society on an equal basis with others; and at the medical level to prevent impairments from occurring or getting worse. It is important to recognise the links between: ***primary*** *prevention* and *risk factors*, ***secondary*** *prevention* and *impairment reduction*, ***tertiary*** *prevention* and *capacity improvement*.

9. In order to make development inclusive, **mainstreaming** is now recognised as a necessity by major donors, in which all development activities are screened against their impact on persons with disabilities. But despite this recognition implementation still lags behind policy. Mainstreaming policy must be embraced by the organisation as a whole. In order to make it a reality concrete actions must be planned and implemented. The **twin track approach**, i.e. mainstreaming in general development and specific disability related actions, is a necessity, not an option. Mainstreaming requires identification of barriers to persons with disabilities in the different services and systematic efforts to remove them.

10. In terms of programming design, **Community Based Rehabilitation** has evolved into a fully comprehensive approach to disability and is much wider than its first conception 30 years ago as a simple, low-cost approach to rehabilitation. It deals with all aspects of disabled people's lives, needs and rights. It involves persons with disabilities and their families, local communities, relevant professionals, regional authorities, and national authorities. It is a strategy for a local development based on respect for

human rights, to promote empowerment and poverty reduction, and is a comprehensive approach to implementing the CRPD.

Part 2. The international legal and political framework

1. The basic elements of the human rights system include:

    - Strong civil society networks
    - Constitutional and legislative frameworks
    - Effective institutions to promote and protect human rights
    - Procedures and processes ensuring effective implementation of human rights
    - Programmes and policies for human rights education

2. The main legal and policy base for the EC's approach to disability and development are: the Charter of Fundamental Rights of the European Union, the Treaty on the Functioning of the European Union, EU Disability Action Plan (DAP), European Disability Strategy, Resolution on Disability and Development, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

3. The UN **Convention on the Rights of Persons with Disabilities (CRPD)** recognizes, in Article 32, the importance of international cooperation and its promotion for the realization of the rights of persons with disabilities and their full inclusion into all aspects of life. In particular, Article 32 stipulates that international cooperation measures should be inclusive of and accessible to persons with disabilities; facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices; facilitate cooperation in research and access to scientific and technical knowledge; and provide technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Part 3. Major actors and stakeholders in the field of development and disability

1. Disability-specific development cooperation has been established for several decades, but mainstreaming disability in overall development cooperation is relatively new, with many agencies starting such work in response to the CRPD, planning for which began in 2004. Since then there has been a surge in efforts by development agencies to formulate disability-inclusive policies.

2. Important agencies for the implementation of the CRPD include: Inter-Agency Support Group for the CRPD, UNDESA United Nations Department of

Economic and Social Affairs) and OHCHR (Office of the UN High Commissioner for Human Rights).

3. UN agencies with particular significance for disability include: UNDP, WHO, ILO, UNESCO, regional commissions such as the Economic and Social Council for Asia and the Pacific (ESCAP), and The Division for Social Policy and Development (DSDP). The World Bank is also a key agency in this context.

4. Agencies with particular relevance to disability in emergencies: UNHCR (United Nations High Commission for Refugees) and ICRC (International Committee of the Red Cross).

5. Examples of good practice by bilateral donor agencies include:

   a) ***Review of own practice*** as the basis for planning a policy and strategy on disability.
   b) ***A twin-track approach*** has been adopted by all governments which have formulated a disability-inclusive policy in development cooperation.
   c) ***Organisational capacity***: a person or team dedicated to disability is essential.
   d) ***Consultation*** with relevant expert groups and individuals is important for policy formulation, implementation and monitoring.
   e) ***Partnership with DPOs*** is essential for all aspects of programming in disability.
   f) ***Research*** is a very important aspect of disability programming. There is a need to fill the huge gap in knowledge about disability and poverty.
   g) Include a disability perspective in all ***construction projects***.
   h) ***Monitoring*** what the agency does in disability is a challenge, but essential to comply with the CRPD.
   i) ***Collaborating with the GPDD*** has major advantages for coordination, sharing of ideas, identification of gaps in knowledge, etc.

6. Alliances important for the EU on disability include: the International Disability and Development Consortium (IDDC), the Global Partnership for Disability and Development (GPDD), European Disability Forum (EDF), and the International Disability Alliance (IDA).

Part 4. Disability in EC development cooperation

1. Although the legal and policy base for the EU's work on disability and development is provided, among others, by the CPRD and the forthcoming EU Disability Strategy 2010-2020, there is currently no specific EU policy document on disability and development. The existence of such a document would be essential to a systematic application and monitoring of the EU's commitments in this field.

2. The EU has had an active role in international arenas such as the United Nations General Assembly and its Committees, to influence international policy, and uphold and advocate for human rights in general, including the rights of persons with disabilities. It has supported resolutions to ensure that disability is included in the 2010 high level MDG review and suggested specific inclusion of disabled persons in various UN resolutions.

3. Given that the primary objective of EC development cooperation is the eradication of poverty, the inclusion of persons with disabilities is explicitly or implicitly foreseen in the EC's financing instruments.

4. Although the Commission has supported an important number of specific interventions targeting persons with disabilities, much remains to be done in order to mainstream disability concerns in sector projects and programmes.

5. Moreover, it is important to note that most of the EC's focus on disability in development cooperation has been through projects implemented by NGOs. It has been addressed much less in its bilateral/geographic cooperation.

6. The adoption of the CRPD by partner countries is leading national governments to acknowledge that they will require support to adjust their legislation and policies to the Convention. The EU is particularly well placed to support these efforts in the framework of its sector programmes.

7. Given their technical knowledge on the subject, as well as their constructive activism, the EC has established fruitful partnerships with NGOs and DPOs both at headquarters and Delegation level. The effectiveness of such partnerships depends on several factors, but it is generally acknowledged that consultations with NGOs and DPOs are key for the inclusion of disability concerns in the EC's development cooperation.

8. In order to monitor the effectiveness and assess the impact on persons with disabilities, objectives, benchmarks and indicators have to be defined at the beginning of the project or programme, and disability included in the normal process of monitoring and evaluation.

9. ECHO has made considerable use of disability-specific NGOs in emergencies, both for programmes targeted at persons with disabilities, and for inclusion in mainstream relief programmes.

Part 5. Recommendations

The Recommendations fall into 3 categories: i) political; ii) implementation of development cooperation; iii) organisational/institutional.

1. **Political** – recommendations on how the EU seeks to bring about change in international development with respect to disability, and ways to achieve this. Disability needs to be raised in the context of mainstream political dialogue and also in sector-specific dialogue, such as health, education and employment.

2. **Implementation of development cooperation** - To ensure that concerns of persons with disabilities are appropriately addressed in all EU funded development activities, the EU should increase its efforts to actively pursue the twin-track approach as advised in the Guidance Note on Disability and Development, by mainstreaming disability issues across all relevant projects and programmes and to have specific projects for persons with disabilities. This needs to be made a practical reality by setting realistic objectives, building capacity in government and CSOs (especially DPOs), developing relationships with CSOs, and encouraging multi-stakeholder programmes.

3. **Organisational/institutional arrangements -** The EU should improve its knowledge and procedures in order to better address disability in development in line with the principles and commitments undertaken in the CRPD. Actions proposed will contribute to developing an institutional strategy on how to work with disability and have it effectively internalised by staff of all levels (both by staff working specifically on disability matters as well as management staff and operational staff working on any other development-related matters).

   Organisational arrangements include reinforcing the network of Disability Contact Persons in the EU delegations, including disability checklists in appropriate EC protocols, designing templates for the inclusion of disability in calls for proposals and other programming mechanisms, promoting the coordination on inclusive development among donors and other stakeholders, and ensuring that EU Delegations are accessible.

INTRODUCTION

1. Why this study?
2. Purpose, audience and expected outcomes
3. Structure of the report
4. Principles of the report
5. Methodology

1. Why this study?

As a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD), the EU has confirmed its commitment to take a strategic stand on disability, based on a vision which covers human rights, inclusion and empowerment of persons with disabilities. This vision recognises that an equal society is an inclusive society, where reasons for exclusion are examined and addressed. It is also one which recognises that disability is part of the human condition in every society, rich and poor. Disability is not therefore a specialised concern but a fundamental issue of universal human rights.

Inclusion depends on attitudes. In industrialised countries we can trace an historical evolution in attitudes from complete marginalisation, through a 'heroic' view of disabled individuals who 'triumph' against all the odds, to a medical model of 'cure or care', to the social model which has gained currency in the past 20 years. In this model it is the physical, cultural and social barriers to the participation of persons with disabilities which are seen to lie at the heart of disablement, rather than the impairment itself.

Historically persons with disabilities have been marginalised in development cooperation. For example, the Millennium Development Goals make no mention of disability, and in the planning of Poverty Reduction Strategy Papers, which are supposed to be bottom-up and democratic, the voice of persons with disabilities themselves had, until recently, not been heard. But the CRPD marks a sea-change, moving beyond the social model to what is now called the human rights model, with enormous implications for development cooperation.

The CRPD is the latest – and most important – international instrument designed to bring persons with disabilities into the mainstream of development cooperation. This is the only UN human rights convention that the EU has signed and is in the process of becoming a party to. The CRPD includes an important article on international development (Article 32) which commits state parties to make their development cooperation inclusive of persons with disabilities.

The change has been brought about by a combination of factors, but in particular by the rise of the disabled people's movement, and an increased awareness that human rights are by definition universal and should apply to all human beings. The proliferation of CBR (community based rehabilitation) programmes in developing countries has also played an important role.

But the advent of the CRPD does not mean an automatic change in the circumstances of persons with disabilities. While disability is now officially recognised as a human rights issue, deeply entrenched traditional attitudes are hard to change, and there remains a considerable gap between policy and practice. The practicalities of inclusion are complex, because the issue of disability is itself fraught with complexity and it is necessary to develop appropriate research to support the

inclusion of persons with disabilities[2]. But there is increasing evidence that the inclusion of disability as a development issue in programming benefits everybody, not only persons with disabilities.[3] 'A society which is good for disabled people is a better society for all'[4] . This report is premised on this immensely important fact, and also on the view that the degree to which persons with disabilities are included in programming is an indicator of sound development policy and practice.

2. Objectives, audience and expected outcomes

2.1 Global objective

The global objective of the study is to **improve the inclusion of persons with disabilities in EC development cooperation** in order to promote their rights and contribute to the reduction of poverty and the achievement of the MDGs in line with the provisions of the UN Convention.

2.2 Specific objectives

Elaborate a Study on EC Development cooperation and Disability, which will include:

a) Information on the situation of PWD in developing countries - key statistics, links to poverty, MDGs achievement, etc.

b) Information on the main political and legal framework for EC cooperation regarding disability.

c) An analysis of how the concerns of persons with disabilities have been taken into account in EC Cooperation.

d) An identification and analysis of the major actors in the field of development and disability looking also into possible emerging global actors with whom the EC should engage for cooperation, mutual learning and alignment purposes on the implementation of the Article 32 of the UN Convention;

e) A set of recommendations on measures to take in order to comply with Article 32 of the UNCPRD and other international commitments.

[2] The European project EUrade, in its final report (*New Priorities for Disability Research in Europe. Report of the European Disability Forum Consultation Survey 'European Research Agendas for Disability Equality'*. December 2008) stresses the importance of promoting research on the inclusion of persons with disabilities, both in the medical and social fields (see www.eurade.eu/).

[3] Edmonds, Lorna Jean (2005*): Disabled people and Development*. Asian Development Bank Poverty and Social Development Papers No 12.

[4] Dr Lisa Kauppinen, President of World Federation of the Deaf, at the closing of the Copenhagen Summit, 2009.

The **audience**:

- EC staff in Headquarters and country delegations
- All relevant stakeholders in the EU's sphere of development cooperation, including partner governments, Member States, other donors, NGOS, DPOs, and coordination networks.

The expected **outcomes** are:

a) A better understanding of disability as a human rights issue among EC staff and all relevant stakeholders in the EU's sphere of development cooperation.
b) EC development cooperation becomes progressively inclusive of persons with disabilities.

3. Structure of the report

Part 1 outlines the complexities of the task, through an examination of the main issues in disability and development. It is essential to root the study in a realistic analysis of disability as a development issue.

Part 2 outlines the international legal framework at the international, regional and EU levels

Part 3 summarises what steps have been taken by multilateral and bilateral organisations to make their development programmes inclusive.

Part 4 provides an analysis of the EC's own record in promoting the rights of persons with disabilities in its programmes over the period 2000-2009.

Part 5 is a series of recommendations for the EC to make its development cooperation inclusive of persons with disabilities.

4. Principles of the report

This report is not an academic study, but it seeks to uphold standards of academic integrity and argument. Disability is a complex issue and is not readily susceptible to glib, simplified and wholesale arguments and statistics. Unhelpful simplifications are common in such documents, especially in connection with statistics and the relationship between disability and poverty. The authors have tried to put forward a more nuanced view, based on long practical experience in the field.

5. Methodology

The report was compiled by three consultants, two with long experience in this field, and a third with experience of the EC's policies and procedures. It is based on four methodological activities:

(a) A survey of the relevant literature on disability and development,
(b) A study of the international legal and political framework,
(c) An overview of what individual bilateral donors are doing to comply with the UN CRPD in their development cooperation,
(d) An analysis of the EC's development cooperation 2000-2009 in 12 selected countries.

Sources of information

The documents consulted for (a) and (b) are given in footnotes and listed in the references in Appendix 1. An analysis of the EC's own record (c) was based on a filtering process. Briefly, a list of 12 countries was compiled from 70 countries in the CRIS database[5], based on the number of projects and amount of funding in disability since 2000.

The study sought answers to the following questions:

a) What are the recurrent practices, examples of good practice, gaps and opportunities, in the Commission's work at these three levels?
b) What are the main types of action supported (CBR, DPOs, education, rehabilitation, economic empowerment etc.)?
c) How successful have these projects been?

The information to find answers to these questions was gleaned from four sources:

- Data on the projects in disability supported by the EC in 70 countries since 2000 listed in CRIS.
- Telephone interviews with the disability contact person in EU delegations in 12 countries.
- Country Strategy Papers, project documents, and other relevant documents.
- Visits to four countries where the EU Delegation had expressed a strong interest in being part of the study, and which represented a spread of countries between Africa and Asia, less developed and middle income, post conflict and peaceful (Tanzania, Morocco, Sri Lanka, Cambodia).

[5] CRIS is a Commission computer database of development projects.

PART 1: Background to disability and development

1. Who is disabled?
2. How many people are disabled?
3. Ways of understanding disability
4. Why is disability a development issue?
5. The profile of people with disabilities in development cooperation, including MDGs
6. Gender and disability
7. The disabled people's movement
8. Prevention
9. Approaches and strategies in disability programming

1. Who is disabled?

People with disabilities are a very diverse group. Disability is a relative term, relying on interpretation of 'normal activity'. Norms vary; impairments considered to be disabling in one environment or culture may not be in another.[6] Not only are there differences over what forms of impairment should be included, but within impairment categories the degree of disability is a continuum, ranging from very severe difficulties in functioning to very mild forms. How one defines disability depends on the reasons for defining it, and where we choose to put the threshold depends on the context and purpose of the enquiry.[7] For example, establishing a disability pension programme, making public services accessible, or designing an inclusive education programme, will each require a different definition and threshold.[8]

Establishing a universal definition of disability is therefore extremely problematic. The CRPD avoids doing so and simply says:

> *'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'*

Although it is not a definition, this statement identifies the four essential elements in disability as a human rights issue, which are: (a) a **person**, (b) a long-term **impairment**, (c) **barriers to participation** created by both the impairment and interaction with the social and physical environment, and (d) that the objective is **equality**.[9]

For the purposes of dialogue on human rights the statement triggers the following questions:

- Is the disabled person recognised before the law and is he/she recognised on an equal basis with others?
- Is the impairment recognised and dealt with so that the person enjoys all their human rights and fundamental freedoms, including that to rehabilitation and health, in line with the CRPD?
- What barriers exist to full participation, and which of them can the state be reasonably expected to take action to remove or reduce?
- What other support is needed to achieve full participation or equality with others?

[6] Elwan, Ann (1999): *Poverty and Disability. A survey of the literature*. World Bank Social Protection Unit.
[7] Trani, Bakhshi and Rolland (2006): *National Disability Survey in Afghanistan. Vol. 1 Executive. Summary Report. Understanding the Challenge Ahead*. Handicap International.
[8] World Bank (2007): *Guidance Note on Disability.*
[9] We are grateful to Celia Cranfield of Light for the World for this analysis.

The International Classification of Functioning, Disability and Health (ICF)

The ICF, (published by WHO in 2001)[10], seeks to describe impairments and disability from the perspective of the body, the individual and society. ICF marked a major step forward in clarifying the concept of disability because it moved away from a focus on the impairment to a focus on the interaction between the person with the impairment and his or her environment[11]. However, it does not include the human rights approach, introduced by the CRPD in 2006. The disability movement has stressed the necessity to update ICF to embrace the Human Rights model of disability[12]. The main value of the ICF is as a research, planning and monitoring tool; its use for simple prevalence surveys is more limited.

Disability and impairment

For the purposes of this report, the two key concepts that need to be kept in mind are: *impairment* and *disability*. These two terms are often used interchangeably, but the distinction between them is vital to an understanding of the issues. '*Impairment'* is personal, medical and neutral; it may or may not result in 'disability'. '*Disability'* is the result of a negative interaction between the person with an impairment and his or her social, cultural and physical environment.

Persons with disabilities face barriers to inclusion

Despite the fact that persons with disabilities are not a homogeneous group, there is a commonality of experience which unites them, namely barriers to full participation in society. The issue of exclusion is fundamental to the concept and definition of disability. Three types can be identified: *attitudinal*, *environmental* and *institutional*.

- Persons with disabilities may be socially excluded by **attitudes** of fear and ignorance on the part of non-disabled people, or they may be excluded because of low expectations about what they can achieve.
- **Environmental** discrimination refers to the built and manufactured environment (including and especially transport) which is not designed to accommodate persons with disabilities. It also includes information and communication barriers, especially relevant to those with sensory impairments.
- **Institutional** discrimination occurs when persons with disabilities are not accorded the rights enjoyed by others under the law, such as the right to vote, own land, attend school, marry and have children.[13]

[10] WHO (2001): *The International Classification of Functioning, Disability and Health*. WHO Geneva 2001.

[11] See "*Definition of Disability*" Contribution of UE-MHADIE (measuring Health and disability in Europe) www.mhadie.it

[12] Griffo, G. (2008): *Mainstreaming Humans rights of persons with disabilities in all policies*, in Proceeding of European Conference organized by Council of Europe, Protecting and promoting the rights of persons with disabilities in Europe: towards full participation, inclusion and empowerment, Strasbourg 28-29 October 2008, see web site of Council of Europe, www.coe.int.

[13] Harris, A & Enfield, S (2003): *Disability, Equality and Human Rights. A training manual for development and humanitarian organisations*. Oxfam 2003.

Accessibility

The principle of accessibility aims to eliminate or reduce the barriers that hinder the rights of persons with disabilities. The issue is not just one of physical access to buildings, but also access to information, technologies such as the Internet, communication, and economic and social life. Ramps, wide and uncluttered corridors and doors, the placement of door handles, the availability of information in Braille and easy-to-read formats, the use of sign interpretation, and the availability of assistance and support, can ensure that a person with a disability has access to a workplace, a place of entertainment, a voting booth, transport, a court of law, etc. Without access to information or the ability to move freely, other rights of persons with disabilities are also restricted.[14]

Box 1: Universal Design (also called Design for All)

Universal Design (see Article 2 of the CRPD) is a strategy which aims to make the design and composition of different environments, products, communication, information technology and services accessible and understandable to, as well as usable by, everyone, as far as possible in the most independent and natural manner possible, preferably without the need for adaptation or specialized solutions.

It promotes a shift towards user-centred design by following a holistic approach and aiming to accommodate the needs of persons with disabilities, regardless of any changes they might experience in the course of their lives. Consequently, Universal Design is a concept that extends beyond the issues of mere accessibility of buildings, and should become an integrated part of policies and planning in all aspects of society.[15] Universal Design (or Design for All) benefits everybody, not only persons with disabilities.

Key points

- People with disabilities are very diverse but are united by the common experience of facing barriers to full participation in society.
- A completely satisfactory universal definition of disability is probably impossible to achieve, but the four elements enshrined in the CRPD statement provide the basis for all analysis and action on disability: *'**Persons** with disabilities include those who have long-term physical, mental, intellectual or sensory **impairments** which in interaction with various **barriers** may hinder their full and effective participation in society on an **equal basis** with others.'*

[14] United Nations Development Group/Inter-Agency Support Group for the CRPD Task Team (2010): *A Guidance Note for UN country teams and implementing partners.*
[15] Ibid.

2. How many people are disabled?

Given the difficulties of definition, it follows that attempts to give generalised global figures are also very problematic. The use of different definitions, different questions and different survey methodology makes comparison of disability statistics across the globe extremely difficult. Global estimates (such as the commonly used 10% or 650 million) are based on speculation and give no indication of the complexity of measuring disability, or of who is included, and *cannot be used as a guide to specific local situations*. Since the threshold for definition depends on the purpose of the enquiry, very different results emerge at different points on the spectrum of mild to severe, and according to what kinds of disability are included. For example, in Britain the prevalence of boys under 20 with *severe* disabilities is 0. 1%, and girls 0.05%; but the prevalence of *mild* disabilities in the same age group in the UK is 17% (46% of whom have asthma.)[16]

Despite major advances in the legal and political framework for disability in development cooperation (see Part 2), there is still very little systematic evidence for the prevalence, distribution and impact of impairments. However, attempts are being made to arrive at a more realistic, evidence-based view of disability statistics, for example by the UN's Washington Group on Disability Statistics.[17] The WHO and World Bank *World Report on Disability*, due for publication in early 2011, will also present a clearer statistical picture.

The picture emerging through CBR

CBR (Community Based Rehabilitation) programmes in developing countries, which count individuals with disabilities in a local population in order to establish an actual client base, have given us a clearer picture of the numbers affected by *moderate and severe sensory, mobility, mental, or multiple impairments*, for whom CBR programmes can be effective. CBR programmes, which work mainly in poor communities in low-income countries, typically find that between 2% and 5% of the communities they work with have impairments of these types.[18]

Since a single disability prevalence rate is highly problematic, a better practice for each country or local situation would be to report at least two prevalence rates, one representing a moderate threshold for functional limitations and one with a more severe threshold, as illustrated by the example from the UK above.[19] As noted, it is important to base all discussion about disability and development on documented

[16] National Bureau of Statistics, UK. www.statistics.gov.uk/STATBASE

[17] See http://unstats.un.org/unsd/methods/citygroup/washington.htm

[18] In Afghanistan a national survey by Handicap International in 2005 found 2.7% of the population had moderate to severe impairments (Trani et al 2005). In Cambodia a national survey in 2004 found 3.9 % and an in-depth national survey in Morocco supported by the EU in 2004-2005 found 5 %. (Survey by HI-CREDES), (www.sefsas.gov.ma). Examples of ESCAP figures for countries in E. Asia: China 5%, Mongolia 3.5%, Indonesia 1%, Malaysia 1%, Philippines 1.2%, Thailand 1.7%, Vietnam 6.4%. (ESCAP – no date)

[19] Mont, Daniel (2007): *Measuring disability prevalence*. World Bank Social Protection discussion paper No. 0706.

evidence, and not on speculation and rough estimates. (This is further discussed under 'Why is disability a development issue?' below).

Prevalence and incidence

There are two other important factors which must be stressed in the discussion about numbers. The first is that in low income countries *incidence rates* (i.e. the number born or who become disabled) are significantly higher than *prevalence rates* (the number who survive) because many people with disabilities do not survive. For example, in industrialised countries a person with spinal injury may survive for a natural lifespan; in a poor country they may die within a year or two of injury as a result of poor medical care, lack of knowledge about how to manage the disability, and poor living conditions.

The *prevalence* of disability in developed countries with good medical services and an ageing population therefore tends to be higher than in low-income countries. In recognition of this, WHO has used estimates of 4% for poor countries and 7% for industrialised countries.[20] But globally people with moderate to severe sensory, mobility, mental or multiple impairments are probably more numerous in low-income countries simply because that is where the majority of the world's population live.[21] (See also the discussion under 'Why is disability a development issue?' below.)

Disability has an impact on the whole family

The second factor is that living with a disability not only has an impact on the individual concerned: it also increases the vulnerability of the entire family.[22] For instance, households headed by a disabled person may not be able to afford to send children to school, and family members caring for children and adults with disabilities often lose employment opportunities. So the actual numbers affected by disability are many times higher than the number of disabled individuals.

The rights of persons with disabilities do not depend on numbers.

The numbers do not in any way affect the argument for inclusion. Whether it is 2% or 10%, people with disabilities confront difficulties not faced by others, and these difficulties are often the result of negative attitudes and exclusion. The issue is one of human rights, which are by definition universal. It is clear that the Millennium Development Goals cannot be reached if persons with disabilities are not *specifically* included in development plans.

[20] Metts, Robert (2000*): Disability issues, trends and Recommendations for the World Bank*. Advisory paper, February 2000. Also Einar Helander (1993*): Prejudice and Dignity*. *Dignity - an introduction to CBR* UNDP 1999.
[21] Helander, E. (1999): *Prejudice and Dignity - an introduction to CBR*. UNDP, 1999.
[22] Inclusion International. 2006. *Hear our voices : a global report : people with an intellectual disability and their families speak out on poverty and exclusion.* London: Inclusion International, 108 p.

The need for better data collection

Bearing in mind the grave lack of good data on disability referred to above, Article 31 of CRPD requires that the States Parties should "*collect appropriate information, including statistical and research data, to enable, formulate and implement policies to give effect to the Convention. The information collected (...) shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the (...) Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights*".

Key points

- Because of the difficulties of definition, generalised statistics in disability are problematic and are best avoided.
- Disability programming needs to be based on researched data, not rough estimates.
- Good data collection practices based on the human rights model need to be part of any disability programme.
- Surveys should identify barriers to inclusion as well as the numbers of disabled individuals.
- The human rights of people with disabilities do not depend on numbers.

3. Different ways of understanding disability

The invisibility and isolation of persons with disabilities are the result of stigma, discrimination, myths, misconceptions, and ignorance.[23] An understanding of this experience is vital if we are to shape effective plans for the inclusion of disability in development.[24] Despite the advent of the CRPD, which accords persons with disabilities full rights as citizens, attitudes based on other models of disability persist, and these need to be recognised and understood. Four approaches can be identified: the *charity* model, the *medical* model, the *social* model, and the *human rights* model.

3.1 The charity model

The charitable approach turns persons with disabilities into objects who only receive and who do not participate in the processes which shape their lives. It sees them as individuals, with individual problems. According to the charitable approach, if you solve the problems of individuals with disabilities, then the 'problem' of disability is

[23] Quin Gerard et Degener Theresa (2002) *Droits de l'homme et invalidité* Haut-Commissariat des Nations Unies aux droits de l'homme. Also: Edmonds, Lorna Jean (2005*): Disabled people and Development*. Asian Development Bank Poverty and Social Development Papers No 12.
[24] Poizat Denis (2009) *Le Handicap dans le monde* ed. Eres. Also: STIKER Henri-Jacques(2005). *Corps infirmes et sociétés.* Paris : Dunod, p. 253.

solved. But if disability is seen as an individual problem, services will always be inadequate, because individual needs can never fully be met.[25]

Nevertheless, the charity model cannot be dismissed as wholly negative. Compassion and the charitable impulse are positive features of human behaviour, and can be channelled into deeper understanding and more constructive engagement with the issue of disability. Many NGOs dealing with disability that were formed to provide individual rehabilitation on the charitable and medical models have increasingly embraced a comprehensive rights-based approach[26].

3.2 The medical model

The medical model perceives people with impairments as 'sick' and therefore in need of a 'cure', or rehabilitation. Rehabilitation is seen as a process of making people with impairments 'fit' enough to be integrated or reintegrated in society. What happens *after* the rehabilitation process is not seen as the responsibility of the medical professionals. Empowerment is valued only in terms of the extent to which the disabled individual can perform activities of daily living related to functional independence. Little responsibility is placed on the role of the environment, including the attitudes of society toward a person with an impairment.[27]

However, it is important not to downgrade the importance of medical intervention, which has tended to happen through an uncritical embrace of the social model. The medical aspects of disability must be addressed as part of a human rights approach to barrier removal. Eye diseases, polio, clubfoot, cleft palate, burn scar contractures, obstetric fistula, and epilepsy are all examples of seriously disabling impairments which can be prevented, cured or greatly alleviated by medical intervention. Prevention, cure and alleviation are still vital concepts in disability, within the wider view of a human rights approach. Advocacy has to be matched by service provision which addresses all the needs of persons with disabilities.

3.3 The social model

The social model sees the 'problem' of disability as lying in society, not in the individual with an impairment.[28] It is not the impairment which disables, but attitudinal and other barriers in society at large. Rehabilitation conducted within a comprehensive social framework is about the removal of barriers at the individual

[25] Coleridge, Peter (1993): *Disability, Liberation and Development*. Oxfam.

[26] For example, Handicap International began as an NGO supplying aids and appliances to amputees but has evolved into a global organisation with a rights based approach, with comprehensive programmes which take account of all aspects of disability – medical, social and legal. CBM has evolved likewise, from an agency providing services for blind people to one which addresses all aspects of disabled people's lives, including rights.

[27] Edmonds (2005).

[28] Oliver, M. (1990): The *Politics of Disablement*. London. See too Oliver, M.(1996): *Understanding disability. From theory to practice*. New York-Basingstoke.

level; it is also about the removal of physical and attitudinal barriers in society at large.[29] (See also Section 8 'Prevention' below.)

The social model was developed in response to the medicalization of disability and its profound negative effects on the self-identity of many people with disabilities, and the negative attitudes that tend to be inherent in the charity and medical models.[30] The social model aims to create a better understanding of the rights of people with disabilities and the imperative to overcome the economic, social, and environmental barriers that affect their ability to engage in community life like other citizens.[31]

However, critics of the social model make two important points.

- First, impairment itself can be a barrier to full participation in society, regardless of social attitudes and appropriate accommodation. For example, the experience of going blind requires major psychological adjustments in the person affected which are not related to social attitudes or appropriate accommodation[32].
- Second, people with disabilities *are* a vulnerable group and do need help through social protection measures. In countries where these exist, disability organisations would be very unhappy if they were reduced or withdrawn.

Many in the disability movement itself realise that the social model is not sufficient to make a complete analysis of disability[33]. The human rights model is an attempt to resolve some of its problems.

3.4 The human rights model

The CRPD is based on the human rights approach which has also been adopted by the EU. This model aims to conceptualize a development framework that focuses on building an inclusive rights-based society that is committed to diversity, equality, and participation of all. This is achieved by recognizing the diversity and uniqueness of people with disabilities. They must be granted equal opportunities for achieving full economic potential and realizing their human rights.[34]

The human rights model developed as a result of two main factors: (a) calls by the disability movement for the recognition that disabled people, like non-disabled people, are entitled to the full enjoyment of human rights; and (b) despite the

[29] Coleridge (1993).
[30] Lund Larsen, Kirsten (2000): *From charity towards inclusion : the way forward for disability support through Danish NGOs.* Danish Ministry of Foreign Affairs.
[31] Edmonds (2005).
[32] See, for example, John Hull (1997): *On Sight and Insight. A Journey into the World of Blindness*. Oneworld Publications. This gives a graphic account of the effect of blindness on the psychology of one very perceptive and thoughtful individual.
[33] Eg. Mike Oliver, Professor of Disability Studies at Greenwich University, UK, and one of the main architects of the social model. Personal communication.
[34] Edmonds (2005).

growth in international conventions on human rights in recent decades, the recognition that persons with disabilities were not visible within these treaties.[35] It was these two factors in particular that gave rise to the CRPD.

In this model empowerment has a much broader definition and scope than in the medical and social models. Participation in decision making, changes to the environment, human rights legislation, control over and access to the skills, knowledge, and support systems that facilitate functional independence, are all vital elements.

Universal rights apply to persons with disabilities like everybody else, but they also have special needs which need to be addressed. Addressing these needs on an individual, case by case basis is part of the process of according rights.

Box 2: From charity to rights: an example from Eastern Europe

Well fed – but utterly poor children

In many of the former centrally planned eastern European countries now making the transition to market economies, it was a standard practice to place children with disabilities in large state institutions. Disabled children were often abandoned by their parents. They became "social orphans" of living parents. The practice was encouraged by medical and social welfare professionals. Thousands of disabled children lived in those institutions, rather well-fed and clothed. But never in their lives did they own a single personal belonging. They never had a single steady personal relation with an adult. They never had any hope for a future outside the institution that provided for their "basic needs".

Since the international community became involved at the beginning of the 1990's, an enormous improvement in the lives of children has been achieved[36] within a few years with the help of international organizations, including UNICEF. One of the main reasons for this success was the adherence to the Convention on the Rights of the Child of the Child which stated that "State Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community." Article 23, para 2 b – Keeping children only alive is never enough.[37]

[35] Quinn and Degener (2002): *Human Rights and Disability: The Current Use and Future Potential of United Nations Human Rights Instruments in the Context of Disability. United Nations, OHCHR.*

[36] Axelsson, Charlotte & Chiriacescu, Diana (2004): *Beyond De-institutionalisation - the Unsteady Transition toward an Enabling System in South East Europe*. Handicap International.

[37] Wiman (2003*): Disability Dimension in Development Action. Manual on Inclusive Planning.* Edited by Ronald Wiman. Originally Published by STAKES for and on behalf of the United Nations, 1997 and 2000. Revised on-line version 2003. Quoting from: UNICEF "Alternatives to Institutional Child Care", *Report of the Workshop for Eastern and Western Europe,* convened by UNICEF and ISCA, in Riga, Latvia 29 January - 2 February, Rapporteur Ronald Wiman, Published for UNICEF by STAKES, Helsinki 1995, pp. 6-8.

Key points

- There has been a paradigm shift from regarding persons with disabilities as *objects* to seeing them as *subjects*, able to take charge of their own development.
- The four models of disability illustrate the complexity of the issue. Although there has been a progressive evolution from charity to human rights, they are not mutually exclusive. E.g. the importance of medical intervention is recognised in the human rights model.
- Rehabilitation should be an equal partnership between persons with disabilities and professionals.
- Self-empowerment, self-determination and equality must be the guiding principles of all work in disability.

4. Why is disability a development issue? [38]

This section examines the relationship between disability and poverty in order to explain why it is an important development issue in developing countries.

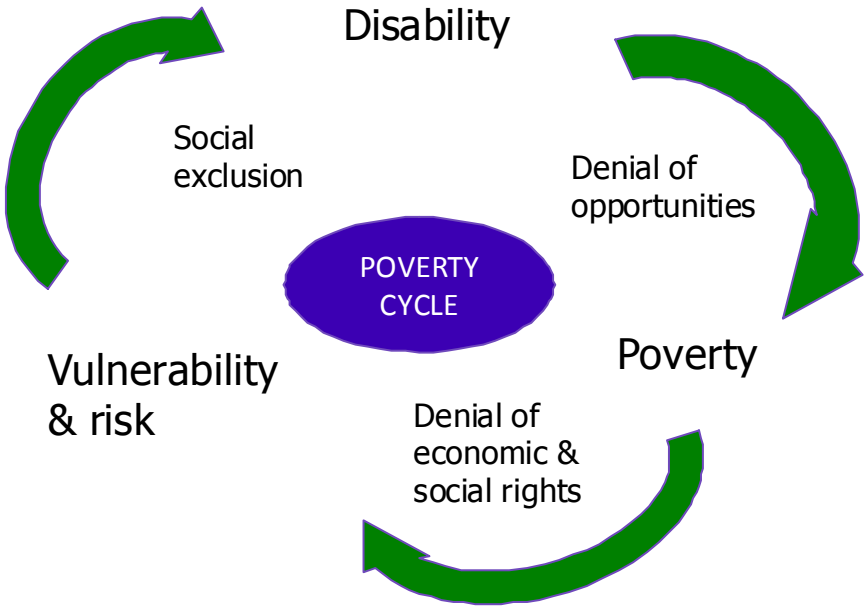
Persons with disabilities are trapped in a vicious circle of poverty

There is a definite correlation between disability and poverty, but it is complex. Disability is both a cause and an effect of poverty. Classic indicators of poverty such as communicable diseases, poor sanitation, poor nutrition, dangerous work conditions and transport, and lack of medical services especially around birth, all conspire to produce impairments. There is also much evidence that once impaired, a disabled person and his or her family will find it more difficult to escape from absolute poverty and those who become disabled through accidents at work or other reasons are more likely to descend into chronic poverty. Rates of poverty around the world are significantly higher in households with a disabled person.[39]

The diagram below illustrates this vicious circle.

[38] References for this topic are extensive. An excellent general resource is www.asksource.ids.ac.uk/cf/keylists.

[39] World Bank (2007): *Social Analysis and Disability: a Guidance Note*. Available at: http://siteresources.worldbank.org/DISABILITY/Resources



Poverty cannot be measured only in material terms

We cannot measure poverty only by whether basic material needs are met. There are other needs: 'the need to be creative, to make choices, to exercise judgement, to love others and be loved, to have friendships, to contribute something of oneself to the world, to have social function and purpose. These are active needs; if they are not met, the result is the impoverishment of the human spirit, because without them life has no meaning.'[40] The denial of these needs is a feature of disabled people's lives everywhere, not just in poor countries.

In addition, going to school, attending religious services, participating in family gatherings, and protection from harm and abuse, are all important for the development of a disabled person on an equal basis with others. These things are not normally measured in poverty statistics.

Inter-dependence and the importance of the family

In most countries of the South it is *inter-dependence*, not independence, which is the foundation of social development, especially in rural areas. The family is more important than the individual. Therefore the most serious disadvantage a disabled person faces in poor communities is obstacles to marriage. A disabled family member may have the same access (or lack of access) to food, clean water, housing etc. as the other family members, but, in most low income countries, marriage is the key to place and status within the community.[41] This is true for both sexes, but is particularly the case for women. Furthermore, the presence of a disabled child in a

[40] Coleridge, P. (1993): *Disability, Liberation and Development*. Oxfam 1993.
[41] Coleridge, P. (2000): *'Disability and Culture: the case of Afghanistan'*, Asia Pacific Disability Rehabilitation Journal, Bangalore.

family may be perceived to damage the marriage prospects of siblings, and therefore generate deep resentment within the family. This is true for both extremely poor and not so poor families.[42]

With improved living standards the *profile of disability changes*, but the numbers of disabled people *do not decrease*

As health care improves and life expectancy lengthens, the profile of disability changes, and the *prevalence* of disability in a population tends to *increase*.[43] While impairments related to communicable diseases, poor sanitation and poor nutrition may decrease, they are replaced by other impairments, especially those of an ageing population and higher survival rates as a result of better medical services, especially around birth. Thus arthritis, related to old age, is the most common disabling impairment in the UK and other western countries[44], and dementia affects significant numbers of people over 65. Fifty years ago leprosy was a serious disabling disease in many countries; while it remains a cause of continuing disability and discrimination in some countries, it has been eliminated as a public health problem in most.[45] Blinding trachoma has been eliminated in industrialised countries and greatly reduced in many developing countries; its total elimination by 2020 is a possibility.[46] However, diabetes, related to unhealthy diets and sedentary lifestyles, which may result in blindness and amputations, is an increasing problem in many developing countries (especially India and China).[47] The prevalence of cerebral palsy increases as a result of higher survival rates at difficult births.

In India, where polio has still not been eradicated, people affected by polio form a significant proportion of the disabled population and are at the heart of the village-based self-help disability groups that are a major feature of development activities in the country.[48] On the other hand in Jordan, where polio was eradicated in the 1970s, people with congenital impairments (e.g. learning difficulties, deafness, and cerebral palsy) form the largest proportion.[49] (The same is true of other middle income countries.)

The *profile* of disability in any particular country therefore depends to a large extent on that country's level of development.

[42] Ibid.
[43] Coleridge, P. (1993).
[44] Elwan (1999).
[45] According to WHO criteria. Source: Doug Soutar, International Federation of Anti-Leprosy Associations. Personal communication.
[46] Mecaskey et al. (2003): *The possibility of eliminating blinding trachoma.* The Lancet Infectious Diseases Vol 3 November 2003 http://infection.thelancet.com
[47] Diabetes is now the main cause of amputations even in poorer countries like Tanzania. Source: CCBRT, Dar es Salaam.
[48] Coleridge, P and Venkatesh, B (2010): *Self-help groups in India*. Chapter in *Poverty and Disability.* Leonard Cheshire Disability..
[49] Coleridge, P. (1993).

The main differences between disability in the North and South

The differences in disability as a development issue in rich and poor countries are summarised in the table below:[50]

DISABILITY IN THE NORTH	DISABILITY IN THE SOUTH
Individualistic model of human rights.	The family and community are more important than the individual.
Independent living is a goal.	Inter-dependence is the reality and an essential part of traditional values.
Human rights focus on civil & political rights, because socio-economic needs are largely met.	The right to life, food, shelter, clothing, & development of basic life skills is a priority.
Impairment-based services are often well or adequately developed. Therefore focus on social barriers.	Lack of basic services. Therefore service development at community level is a major priority.
Age profile increasingly skewed towards over 60s. Disability mainly affects older people.	Disability affects all age groups, but especially children.
Disability is an inevitable part of ageing.	Most impairments are preventable.
Focus on making existing infrastructures/services accessible.	Focus on development of basic services for all.
DPOs can represent persons with disabilities.	DPOs are usually urban-based with no grass-roots or rural constituency.
Disabled people are mostly urban based and relatively stable.	A large proportion are rural based. Increasing situations of conflict, displacement, & natural disasters.

Implications for policy and programming

There are two important implications for policy and programming following from the above. First, disability is a feature of all societies, rich and poor, and will always be part of the human condition. Different living standards mean *different types of disability*, not less disability. Nor is disability primarily an issue of poverty, although persons with disabilities are disproportionately affected by poverty. Eradicating poverty will not eradicate disability. That is why it is so important to see it as a fundamental and universal issue of human rights, and not as a public health problem (like leprosy or polio) which can eventually be eliminated.

Second, differences in impairment prevalence between countries have major implications in particular for the way disability is viewed in the country and the way persons with disabilities are (or are not) included in development. People with mobility impairments but with all their cognitive and sensory functions intact are more likely to form self-help groups, and are more easily integrated into education

[50] Adapted from Sue Stubbs in *Make Development Inclusive*. www.make-development-inclusive.org

and jobs, than those with communication and intellectual impairments[51]. This reinforces the need to base programme design on the collection of accurate local data and not on generalised rough estimates.

The need for systematic research into living standards of persons with disabilities

Because disability has not been seen historically as a mainstream development topic, little research has been done on the direct link between disability and material poverty.[52] Academic organisations such as SINTEF[53] and government donors such as DFID[54] are conducting research to obtain both quantitative and qualitative data that can provide prevalence estimates and general links between poverty and disability. However, there is at present scant systematic data on the dynamics of how the presence of impairments affects the economic and social life of people in developing countries. A major recommendation of this report is that the EC should initiate and support such research.

Box 3. The financial cost of being disabled

Persons with disabilities are likely to have additional costs as a result of their disability.[55] They may have to spend more than non-disabled people on transport (e.g. by using taxis when buses and trains are inaccessible), on modifying their homes, on aids and appliances, and on personal assistance. Carers of disabled individuals within the family often have to forego earning opportunities or education (in the case of elder siblings).

Furthermore the earning power of people with disabilities is much lower than non-disabled people. The difference in economic status between disabled and non-disabled people becomes more evident in situations where jobs are available. Very few people with disabilities have access to regular waged employment in the formal sector, and even those who do get waged employment seldom reach senior positions. In developing countries the most frequent option open to most persons with disabilities is self-employment in the informal sector, with all the uncertainties and risks that this brings (e.g. no security, no pension, and no employment rights).

Key points

- The relationship between disability and poverty is complex, but persons with disabilities are disproportionately represented among the poorer sections of society.

[51] This rather obvious fact is confirmed by many studies, for example: SINTEF studies on disability living standards in a number of developing countries.
[52] Unsubstantiated estimates (for example, that 20% of the world's poorest are disabled) are common in the literature, but such estimates are not reflected in any available research data.
[53] Cf. SINTEF studies on living conditions of disabled people in Zambia, Botswana, Malawi, Yemen and other countries.
[54] See especially DFID's KAR (Knowledge and Research) programme.
[55] Parckar, G. (2008): *Disability poverty in the UK*. Leonard Cheshire disability, 2008.

- Improved living standards mean *different types of disability*, not less disability.
- The *prevalence* (but not incidence) of disability is higher in industrialised countries than in poor countries.
- Poverty cannot be measured only in material terms, especially in relation to disability.
- There is an urgent need for systematic research on the link between living standards and disability in poor countries.

5. Disability and the Millennium Development Goals

In 2000 the UN Member States adopted the *Millennium Declaration* and set eight *Millennium Development Goals* (MDGs) to guide the implementation of the Declaration. The Goals consist of 21 quantifiable targets and are measured by 60 indicators. These targets and indicators do not explicitly mention disability. This oversight risks the continued exclusion of targeted interventions for persons with disabilities in development programmes.

However, the UN General Assembly has recently approved five resolutions on poverty and disability that urge the inclusion of persons with disabilities as an important target group on the Millennium Development Goals[56]. For example, *The Outcome Document (2010)* states in paragraph 28*:*

> *We also recognize that policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities, so that they benefit from progress towards achieving the Millennium Development Goals. In this respect there is a particular need to provide more equitable access to economic opportunities and social services.*[57]

We examine below each of the MDGs from a disability perspective.

[56] A/RES/64/131 Realizing the Millennium Development Goals for Persons with Disabilities
A/RES/63/150 Realizing the Millennium Development Goals for persons with disabilities through the implementation of the World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities
A/RES/62/127. Implementation of the World Programme of Action concerning Disabled Persons: realizing the Millennium Development Goals for persons with disabilities
A/RES/60/131 Implementation of the World Programme of Action concerning Disabled Persons: realizing the Millennium Development Goals for persons with disabilities
A/RES/58/132 Implementation of the World Programme of Action concerning Disabled Persons: towards a society for all in the twenty-first century

[57] *Realizing the Millennium Development Goals for persons with disabilities through the implementation of the World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities* (2008) [A/RES/63/150] and *Resolution realizing MDGs for persons with disabilities* (2010) [RES/64/131]. Draft resolution referred to the High-level Plenary Meeting of the General Assembly by the General Assembly at its sixty-fourth session Keeping the promise: united to achieve the Millennium Development Goals (Sept 2010). (Also known as *The Outcome Document*).

MDG 1: Eradicate extreme poverty and hunger

Hunger, malnutrition, disability and poverty are inextricably intertwined. In poor countries 50% of disability is preventable and 20% of impairments are caused by malnutrition.[58] Poverty and hunger result in low birth-weights, high infant and child mortality, and physical and cognitive impairments during childhood and ability reduction for life.

MDG 2: Achieve universal primary education

This cannot be achieved without including disabled children, but the majority of disabled children are out of school. School exclusion is one of the main reasons why persons with disabilities have fewer opportunities than non-disabled people. At present, in low income countries, only a small proportion of children with disabilities attend school,[59] due to lack of basic services and difficulties of access, lack of information and trained teachers, and the low value given to children (particularly girls) with disabilities.

MDG 3: Promote gender equality and empower women

Disabled women experience multiple discrimination. Mainstreaming gender equity has met with some success, but a lot remains to be done. Besides the gender difference in primary schools, the gap widens further in higher levels of education. As a result, more women, especially disabled women, are illiterate, confined to working in the informal sector and at home. Disabled women are also exposed to violence, sexual abuse, and HIV/AIDS.

MDG 4: Reduce child mortality

The health status of the child goes hand in hand with the health status of the mother. Despite important efforts, this goal will be difficult to reach as many factors interfere, such as lack of safe water and adequate sanitation, poverty, and malnutrition. Most maternal and child deaths could be prevented by appropriate public health measures. Children with disabilities are more likely than other children to die of acute respiratory infections, diarrhoea, malnutrition, lack of immunization, and HIV/AIDS.

MDG 5: Improve maternal health

In many countries maternal deaths remain unchanged or are even increasing.[60] Millions of women are exposed to complications and death from preventable causes. Almost all maternal death could be prevented with access to better services and policies. These include reinforcing the sexual rights of women, access to information, and avoiding child marriage. For women with disabilities the situation is even worse because of reduced access to services.

[58] Thomas, Philippa (2005): *Disability, Poverty and the Millennium Development Goals: Relevance,* Challenges and Opportunities for DFID. Disability KaR Programme. DFID.
[59] EENET: http://www.eenet.org.uk.
[60] E.g. Tanzania. Malawi, Zimbabwe, North of Mali.

MDG 6: Combat HIV/AIDS, malaria and other diseases
HIV/AIDS, malaria and tuberculosis are the first, sixth and ninth leading causes of losses in disability-adjusted life years (DALYs)[61]. Persons with disabilities are at greater risk of disease and HIV/AIDS because of discrimination, attitudes, lack of access to services and information, as well as sexual abuse.[62]

MDG 7: Ensure environmental sustainability
Environmental dangers can lead to the onset of many types of disabilities, and inaccessible environments prevent persons with disabilities from taking part in economic and social activities. Access to safe drinking water and basic sanitation are crucial[63]. The achievement of this goal lies at the heart of all efforts to improve primary health care and reduce diseases. WHO estimates that about one third of the diseases that produce disability in developing countries are the result of environmental risk factors.

MDG 8: Develop a global partnership for development
This goal is threatened by recent economic and humanitarian crises which directly affect low income countries and reduce their capacities to deal with the many humanitarian and development issues they face. When budgets are stretched, disability drops off the list of priorities.

International initiatives to include disability in development programming, including in the MDGs, are summarized in Part 3 of this report.

Key point

All of the MDGs are applicable to persons with disabilities and in elaborating the PRSP it is important to include them. Unless they are specifically included in planning and implementation, the MDGs will not be reached.[64]

6. Gender and disability

'Disabled people have often been represented as without gender, as asexual creatures, as freaks of nature, monstrous, the 'other' to the social norm. In this way it may be assumed that for disabled people gender has little bearing. Yet the image of disability may be intensified by gender - for women a sense of intensified passivity and helplessness, for men a corrupted masculinity generated by enforced

[61] About 1 in 10 children suffer from neurological impairment after cerebral malaria, including epilepsy, learning disabilities and loss of coordination. 5-10% of those infected with tuberculosis can develop disabilities (e.g. epilepsy, bone degeneration).
[62] Irene, Banda (2005): *Disability, Poverty, and HIV and AIDS*, DPI
[63] Caroline, Horne, de Beaudrap, Pierre (2007): *Etude sur l'accessibilité des personnes en situation de handicap à l'eau, à l'hygiène, et à l'assainissement au mali (cercle de Tominian).* Handicap International.
[64] DCDD Newsletter, October 2005, n° 11, 12 p *Impaired Millennium Development Goals ? Why the Millennium Development Goals will fail if they are not inclusive.*

dependence. Moreover these images have real consequences in terms of education, employment, living arrangements, personal relationships, victimisation and abuse that then in turn reinforce the images in the public sphere'.[65]

Women with disabilities are more likely to be exposed to discrimination, sexual harassment and exploitation. They may be barred from getting married and raising a family, usually (as already noted) the key to social inclusion in poor communities. Caring for a disabled family member tends to fall most on women and girls, reducing the time available to them for economic activity, skills development or education.

Families often consider women with disabilities as not worth educating. But education is the key to development: it is essential that women are able to take leadership positions, influence important decisions and act as role models. Making sure that girls with disabilities are included in education is an important objective in programming.

Disability rights cannot be guaranteed in a context that does not affirm the equality of all women. Women with disabilities often experience discrimination at the hands of other persons with disabilities: DPOs often tend to reflect the same gender imbalance as non-disabled groups and civil society organisations[66].

Key points

- It is important to pay close attention to gender issues in all efforts to mainstream disability.
- Education is the key to development and the education of girls with disabilities must be a major part of the strategy to correct gender imbalances.

7. The disabled people's movement

The discovery of self-empowerment

As we have noted, despite the complexities of definition described above, there is a commonality of experience among persons with disabilities of all types, which is that social attitudes towards them tend to be negative. Like other marginalised groups, disabled people have discovered that the only way to change negative attitudes is through taking action themselves.

Disabled people's organizations (DPOs) are established, governed and managed by persons with disabilities. They generally fall into two types: those formed to represent all types of disabilities, such as Disabled People's International (DPI) and national federations; and those that focus on one type of disability, such as the

[65] Meekosha, Helen (2004): *Gender and disability*, Sage Encyclopaedia of Disability
[66] Barbuto, R., Galati, M. (2008): *Women with disabilities and health. Ethical questions, strategies and tools of protection in the policies of health and equal opportunity*. Comunità Edizioni, 2008.

World Blind Union (WBU). Some local DPOs include non-disabled people in their membership. People with learning difficulties are often represented by parents' groups.

The CRPD (Article 4 paragraph 3, General Obligations) stresses that:

> *'In the development and implementation of legislation and policies to implement the (...) Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations'.*

Strong DPOs, able to dialogue with national and local institutions, are essential to guarantee sustainability of the protection and promotion of human rights of persons with disabilities.

The impact of DPOs in Europe and in developing countries

Historically, DPOs have advocated strongly and successfully for the equal rights of persons with disabilities in North America and Western Europe.[67] By the 1980s, people with disabilities were active, participating, and visible members of these societies. National, local, and institutional policies have changed as a result, propelling these societies into being more inclusive, accessible, and accepting of persons with disabilities. The outcome has been a marked shift in the scope and type of services, including rehabilitation services, employment, education, empowerment activities, and transportation. It has also resulted in increased opportunities for independent living and integration through improved access to community resources and activities.[68]

The same process of empowerment through self-representation is evident in many countries which are the recipients of EU aid, but their effectiveness tends to depend on the general strength of civil society in that country. In countries where civil society organisations are culturally and politically vibrant, the mobilisation of persons with disabilities has been a significant factor in social development. For example, in India village-based self-help groups of persons with disabilities have mushroomed since the mid-eighties, and grown into a popular movement that now wields some political influence[69]. In other countries, however (e.g. Egypt), where self-representation by any section of society has been stifled for decades, DPOs remain weak or non-existent.[70]

[67] Driedger, Diane (1989): *The Last Civil Rights Movement*. Disabled people's International. New York, St. Martin's Press.
[68] Edmonds (2005).
[69] Coleridge, P. and Venkatesh, B. (2010): *Self-help groups in India*. Chapter in *Poverty and Disability*. Leonard Cheshire Disability.
[70] Coleridge, P. (2009): *Rehabilitation and integration services for children with disabilities. An Evaluation of SETI's CBR programme in Upper Egypt*. SETI March 2009

The vicious circle of low capacity

In many countries DPOs are stuck in a vicious circle: because persons with disabilities have often not had the same educational advantages as others, DPOs lack capacity, do not attract funding and so remain limited in capacity. An important recommendation of this report, rooted in the CRPD, is that the EC can play a very important role in the strengthening of DPOs[71] (as it is already doing in a number of countries, e.g. Afghanistan, Russia, Mongolia, Morocco).

Key points

- Persons with disabilities are the best advocates for the cause of disability, working in partnership with others committed to the issue. DPOs are necessary partners in development cooperation.
- DPOs need to be supported to achieve better capacity in order to deliver more effective advocacy.
- The guiding principle of inclusive policies is 'nothing about us without us', i.e. persons with disabilities must be included in all policy formulation, through their representative organisations
- The strategies and tools of empowerment developed by DPOs need to be included in projects and programmes directed to persons with disabilities.

8. Prevention

Prevention is an essential part of disability programming. There are two broad areas: *social* and *medical*.

Social prevention

Social prevention is a new concept, introduced by the human rights model of disability. Disability '*results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with other*' (CRPD). So it is necessary to prevent disability by both reducing impairment and reducing attitudinal and environmental barriers.

In **social prevention**, there are three types of action:

- **Prevention through knowledge:** introduce in all project training and relevant campaigns knowledge about the human rights model of disability in order to promote the culture of non-discrimination for all persons.
- **Prevention through universal design**: take into account in all activities of the project the universal design – or Design for All – approach (see Box 1 above).

[71] Griffo, G. (2007): *The role of DPOs in International cooperation* in Journal for Disability and International Development, XVIII, n° 3, 2007, pp. 4-10.

- **Prevention through inclusion:** in policies, legislation, measures and programmes include persons with disabilities as beneficiaries, on an equal basis with others, of goods, services and rights.

The three areas of social prevention are closely linked, reinforcing each other.

Medical prevention

In medical prevention there are three levels: primary, secondary and tertiary.[72]

- **Primary prevention** is the prevention of impairment (or what is called 'a medical event') from occurring. Examples are: immunization against disabling diseases, (e.g. polio, measles, rubella, whooping cough), awareness campaigns (e.g. mines, road safety[73], domestic accidents and other dangers), and improved infrastructure (e.g. water and sanitation, roads).
- **Secondary prevention** is the prevention of an impairment from getting worse. Examples are: physiotherapy to prevent contractures after injury (especially burns), good medical care generally after injury, and education of the injured person to manage their lives (especially those with spinal injury). Secondary prevention also includes medical intervention to correct impairments such as cataracts, cleft palate, obstetric fistula, and club foot.
- **Tertiary prevention** means reducing the effect of an impairment by the supply of aids and appliances to facilitate mobility, hearing and vision: prostheses, or thoses (e.g. calipers for legs affected by polio), wheelchairs and other mobility aids, hearing aids, and spectacles, are examples. Adaptations to a car, home or workplace also fall into the category of tertiary prevention.

Key points

- Medical and social prevention are essential to allow persons with disabilities to realize their full potential, and are part of the process of barrier removal at the individual level.
- It is important to recognize the links between: *primary prevention* and *risk factors*, *secondary prevention* and *impairment reduction*, *tertiary prevention* and habilitation and *capacity improvement*.

9. Approaches, strategies and activities in disability and development programming

Three principle ***approaches*** can be identified:

[72] Simonnot, Claude (1995) : *Cercle des situations de handicap* Training package Handicap International.

[73] DPSA (Disabled People of South Africa) have initiated a road safety campaign based on the slogan: '*Buckle up. You don't want to be like us*.'

- Mainstreaming
- Specific targeted programmes
- A combination of the two, usually referred to as the Twin-Track approach

(A detailed note on inclusive actions in the EC context is given in Part 4 of this report. Examples of bilateral and multilateral donor policy on inclusive policies in line with the CRPD are given in Part 3.)

We summarise here the principles of mainstreaming, the twin-track approach, and CBR (Community Based Rehabilitation).

9.1 Mainstreaming – what is it?

Poverty reduction and social inclusion go hand in hand. Poverty cannot be reduced unless vulnerable groups are included in the design and implementation of poverty reduction programmes. An equal society is an inclusive society, where exclusion is addressed by deliberate measures; an unequal society is one where exclusion is unexamined and accepted as natural and unchangeable.

For the EC, mainstreaming is *'the process of systematically integrating a selected value/idea/theme into all domains of the EC development co-operation to promote specific … as well as general development outcomes'*.[74]

The process of systematically integrating disability concerns requires an assessment of the implications for persons with disabilities of any planned action, including legislation, policies and programmes, goods and services, in all areas and at all levels. It is a strategy for making disabled people's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that persons with disabilities benefit equally, and inequality and discrimination are not perpetuated.[75]

Why mainstream disability? [76]

The most important argument for mainstreaming is that, with the advent of the CRPD, disability is now recognised as a human rights issue. Including a disability perspective in development is an obligation under the CRPD, not an optional extra. An important additional argument for mainstreaming is the *cost of not doing so.*[77] Disability has life-long implications. If disabled persons are not included in development cooperation, this has serious long-term cost implications related to:

[74] European Commission, EuropeAid, 2007: *Environmental Integration Handbook, for EC Development Cooperation.*

[75] Adapted from UNFPA (2008): *Disability Rights, Gender, and Development. A Resource Tool for Action*. UNFPA and the Wellesley Centres for Women 2008.

[76] Important references on this topic include: MILLER, Carol; ALBERT, Bill, (2005): *Mainstreaming disability in development: Lessons from gender mainstreaming.* Disability Kar. Also: Leonard Cheshire Disability, 2007.*Disability and inclusive development.* UK.

[77] These bullet points are adapted from: EDF policy paper (2002): *Development Cooperation and Disability.*

- Loss of income for the disabled person, for carers and other family members.
- Loss of education for the disabled person, for siblings who are carers and for other family members.
- No access to credit schemes.
- Long-term loss of productive potential of disabled person due to lack of appropriate rehabilitation and opportunities. It has been calculated that one disabled child who does not receive appropriate rehabilitation and inclusion may 'place a burden on the community up to 6 times that caused by diarrhoeal disease'[78].
- Additional costs to the family, community and state in caring for the disabled person who could have become independent.
- The loss of a very reliable part of the workforce.
- The cost of adapting buildings and other infrastructure which should have been designed from the outset as accessible.

Many international organisations have developed policies in order to mainstream disability within their action plans, and some are summarised in Appendix 6 of this report. Here we summarise the main issues that are current in the debate on mainstreaming.

Headline findings of recent research into mainstreaming

In 2005 DFID conducted research to investigate the implementation of disability mainstreaming policies by donor agencies[79]. The purpose was to improve the situation and not just to produce an overview of formal policies. A key finding of this research was that the definition of mainstreaming differed between organisations, and mainstreaming is in practice 'organisation specific'. Even for agencies showing a very strong commitment there is a major gap between policy and implementation.

The research indicates five main reasons:

1. Lack of broad institutional support for mainstreaming
2. Failure to communicate policies
3. Failure to break down traditional attitudes to disability
4. Need for practical guidance
5. Inadequate resourcing

The researchers concluded: "*Mainstreaming should not just be about inclusion; it must be about the precise nature of that inclusion. While, as we have indicated, it is understandable that the culture and practices of entire institutions cannot be transformed at a stroke, it is absolutely essential that the broader, more radical goals of disability mainstreaming, that is self-empowerment, self-determination and equality, are not soft-peddled. These need to be constantly promoted and constantly revisited"*[80].

[78] D. Werner (1986): *Arguments for Including Disabled Children in Primary Health Care.* Healthwrights.
[79] DFID (no date): *Lessons from Disability Knowledge and Research (KaR) Programme 2003-2005.*
[80] DFID (no date): *Lessons from the Disability Knowledge and Research Programme.*

The basic principles of mainstreaming

In the light of these findings the following principles to guide a mainstreaming policy in EC development cooperation can be identified[81]:

1. Responsibility for implementing mainstreaming strategy must be system wide, and rests at the higher levels within agencies.
2. Adequate accountability mechanisms for monitoring progress need to be established.
3. Clear political will and allocation of adequate resources for mainstreaming - including additional financial and human resources, if necessary - are important to translate the concept into practice.
4. Disability mainstreaming requires that efforts be made to broaden the equitable participation of persons with disabilities at all levels of decision making.
5. Mainstreaming does not replace the need for targeted, disability-specific policies and programmes, and positive legislation; nor does it do away with the need for disability units or focal points. In other words, a twin track approach is required.

Key points

- Mainstreaming is now recognised as a requirement under the CRPD by major donors.
- Mainstreaming policy must be embraced by the organisation as a whole.
- Implementation still lags behind policy.
- In order to make it a reality, concrete actions must be planned and implemented.

9.2 Specific targeted programmes

Specific targeted programmes are necessary to cover all the norms included in the CRPD. An important issue is support for the national (and local) authorities to approve a National Disability Action Plan (NDAP), with specific measures, legislation and policies. This strategy, adopted by the EU and Council of Europe for country members[82], is a concrete way to engage the national and local authorities to enforce the rights of persons with disabilities, with the participation of DPOs in the decisions that concern persons with disabilities (as stressed in Article 4 paragraph 3 of the CRPD, quoted in Section 7 above.)

[81] Adapted from: DFID, Division for the Advancement of Women of the Department of Economic and Social Affairs.

[82] See: *Equal opportunities for disabled people: a European Action Plan* (COM 2003, 650 def.) and *Recommendation Rec (2006)5 of the Committee of Ministers to member states on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015* (Adopted by the Committee of Ministers on 5 April 2006 at the 961st meeting of the Ministers' Deputies) and *Zagreb Declaration on Disability Action Plan* (2007). See website of ESCAP on Biwako meeting (2005): www.worldenable.net/bmf2005/materials.htm.

Experience of developing an NDAP or some chapter on disability in the national development plan has been developed in a number of developing countries, e.g. Afghanistan, Albania, Bangladesh, South Africa, Thailand, Uganda, and Zambia.

9.3 The twin track approach

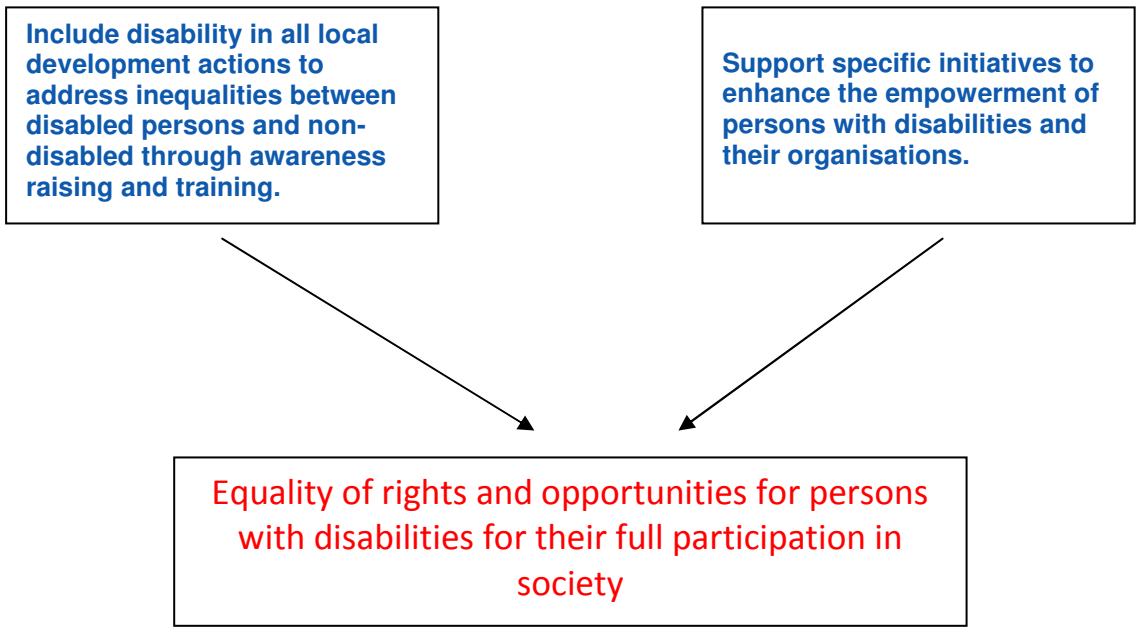
The twin track approach is a necessity, not an option

The twin-track approach underlines the fact that disability is a cross-cutting issue, but that persons with disabilities have special problems and needs that must be addressed by specific interventions.[83] Mainstreaming cannot be effective unless at the same time measures are taken to:

- Provide basic rehabilitation, prevent impairments worsening, and supply necessary assistive devices, aids and equipment.
- Build the capacity of grass-roots organizations of disabled persons to enable them to develop life-skills, self-esteem, an understanding of their rights, and the capacity to dialogue with institutions and stakeholders.

The twin track approach is not just an option; it is a necessity in order for mainstreaming to be real. For example, a disabled adult who is illiterate, has low self-esteem, and no access to essential assistive devices, cannot take part in discussions on the national Poverty Reduction Strategy Paper, even if they have been invited, which is unlikely.[84] If the PRSP documents have been produced in Braille, but blind members of the community have never been taught Braille, they cannot participate.

The Twin Track Approach



[83] Charlotte, Axelsson (2008), *Inclusive Local Development Policy* IDDC.
[84] European Disability Forum, (2002) *Policy Paper: Development Cooperation and Disability.*

Practical examples

Examples of the twin track approach are:

- Helping local schools to include children with disabilities, while also providing specific support services for children with disabilities, and/or specific training to teachers on how to include children with disabilities.
- Encouraging employers to hire persons with disabilities, while at the same time providing specific support to prepare them, or the workplace (e.g. accessibility, technical solutions, vocational training, changes in laws and policies to support reasonable accommodation).
- Ensuring microfinance groups make loans to persons with disabilities, while at the same time supporting disabled individuals or groups of persons with disabilities to access loans.
- Ensuring vocational training is accessible to people with disabilities, while at the same time providing opportunities for skills training to disabled people who cannot be integrated in mainstream vocational training.

9.4 Community Based Rehabilitation (CBR)

Community Based Rehabilitation (CBR) has now become established as one of the main strategies for reaching persons with disabilities in developing countries. In its recent formulation in the *CBR Guidelines*[85] it is designed as a comprehensive strategy to implement the CRPD.
CBR is: **'***A strategy within community development for the rehabilitation, equalization of opportunities, and social inclusion of people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations, and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services'*.[86]

The **objectives** of CBR are:

1. To ensure that persons with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large.
2. To activate communities to promote and protect the human rights of persons with disabilities through changes within the community, for example, by removing barriers to participation.[87]

CBR has both influenced and been influenced by the debate about disability in general over the past three decades[88]. It has evolved from being initially a low-cost approach to providing services, focused on rehabilitation, to a comprehensive

[85] WHO, ILO, UNESCO, IDDC (2010): *CBR Guidelines.*
[86] ILO, UNESCO, WHO: Joint Position Paper 2004.
[87] Ibid.
[88] Described above under 'Different ways of understanding disability'.

strategy for disability which embraces service provision, human rights, and poverty reduction. Its development mirrors that of the CRPD[89].

CBR: a strategy for poverty reduction

As we have emphasised above, the poverty of persons with disabilities is intimately tied to the general poverty that surrounds them. Consequently disability must be linked to other development issues and to poverty reduction strategies in particular. That is why CBR is now viewed in the current debate about its future development as *primarily a strategy for poverty reduction*.

Other points which need emphasis:

- One of the key objectives of CBR strategy is the inclusion of people with disabilities in the civil, social, political and economic structures of the community. This means persons with disabilities play a full part as citizens of their society with the same rights, entitlements and responsibilities as others, while contributing tangible benefits to the whole community.

- Poverty alleviation strategies which target people with disability also bring socio-economic benefits to the whole community and ultimately to the country.

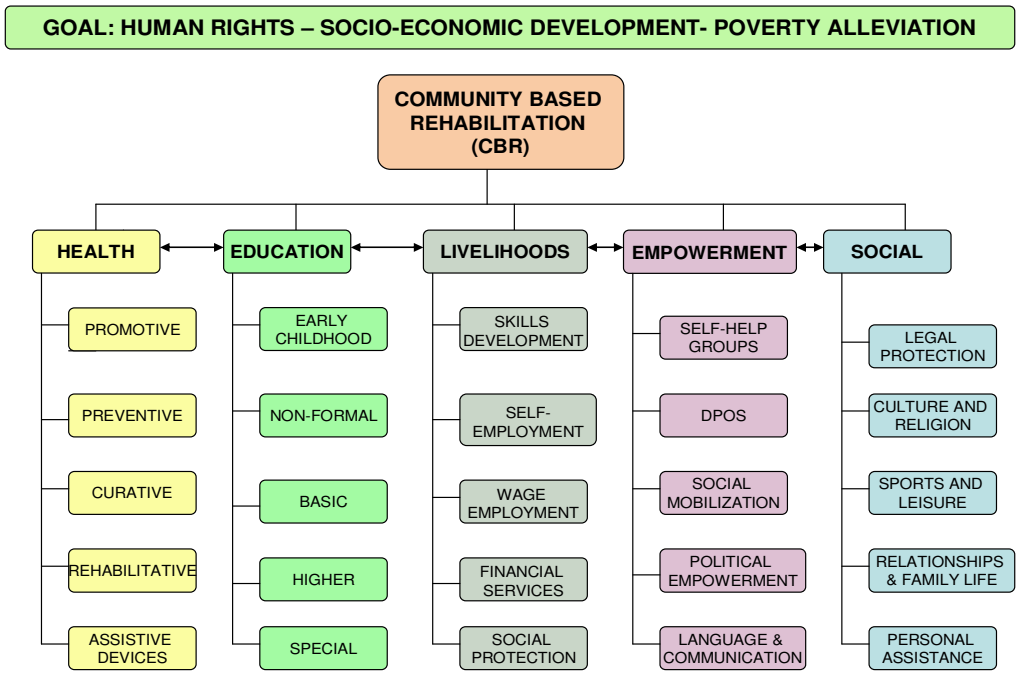
The new framework for CBR

A new CBR framework has been devised by WHO, ILO, UNESCO, and IDDC in discussion with NGOs and DPOs worldwide, and was launched in October 2010 as *The CBR Guidelines*. These are arranged under *goals*, *principles* and *activities*.

- Its **goals** are: human rights, socio-economic development, and poverty alleviation.
- Its **principles** are: participation, inclusion, sustainability, and self-advocacy.
- The five main **areas of activity** are: Health, Education, Livelihoods, Empowerment, Social Inclusion

The whole framework is shown in the following chart, known as **the CBR Matrix**:

[89] See the workshop report on CBR and UN CRPD, organized by AIFO at Bangkok, 16-17 February 2009, for the first Asia-Pacific Conference on CBR: www.aifo.it/english/resources/online/books/cbr/cbr_workshops_0209/CRPD/convention_workshop.htm.



Key points

- CBR has evolved into a fully comprehensive approach to disability and is much wider than its first conception 30 years ago as a simple, low-cost approach to rehabilitation. It deals with all aspects of disabled people's lives, needs and rights.
- It involves persons with disabilities and their families, local communities, relevant professionals, regional authorities, and national authorities.
- It is a strategy to promote empowerment and poverty reduction, and to make the CRPD a reality.

Case Study 1: Comprehensive CBR in Tanzania (CCBRT)

Outline

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered NGO established in 1994, and supported by the EU. It was established with the support of International disability and development NGO partners that saw the need for a strong local NGO to deliver needed services for people with disabilities; it is supported, financially and technically, by international disability and development NGOs, and a range of 36 other donors. It is the largest indigenous provider of disability and rehabilitation services in the country. About 120,000 adults and children with disabilities and their caregivers receive CCBRT services each year.

Application by CCBRT of the CBR Matrix

With roots in the delivery of health and rehabilitation services, CCBRT has over time developed a comprehensive range of activities to deal with disability in all its aspects, enshrined in the CBR Matrix (health, education, livelihoods, empowerment and social inclusion)[90]:

Health

The health programme includes prevention, early detection, and medical intervention through a hospital with an emphasis on maternal and peri-natal care, mobile outreach and referrals from community based teams. CCBRT provides rehabilitation through home visits, support units, day care centres, and appropriate devices. Medical intervention is an important part of CCBRT's services for both prevention and cure of impairments.

Education

The programme assesses children with disabilities and advises parents to send them to a local school or other schools as appropriate. The programme also provides appropriate assistive devices like special desks, wheelchairs, standing or walking frames, for children who need them. Parents and teachers of deaf children are provided with training on sign language and related issues like the use of hearing aids. Teachers are trained on different disabilities and how to handle a child with physical disability at school.

Livelihood

The aim of the livelihood programme is to offer opportunities for economic empowerment to people with disabilities. The program has initiated day care centres for children with disabilities to enable mothers to take part in income generating activities or find employment. Vocational training and economic empowerment opportunities are offered to people with disabilities and their caregivers. CCBRT has joined forces with a Tanzanian recruitment firm, Radar, in order to place people with disabilities, HIV/AIDS and their caregivers in waged employment each year.

Empowerment

Social mobilization focuses on the involvement of those with disabilities in decision making processes. People with disabilities are encouraged to attend community meetings and to seek their rights through DPOs. This work is carried out through support units and during training sessions.

Social Inclusion

Social workers advise the parents of children with disabilities, and blind adults, on a variety of social issues. Children with disabilities are involved in communal activities including sports. CCBRT has also produced a popular version of the UNCRPD in Swahili.

[90] CCBRT website: www.ccbrt.or.tz.

Lessons from CCBRT

1. *CCBRT demonstrates the need for a **comprehensive range of activities** to deal with disability in all its aspects, enshrined in the CBR Matrix.*
2. *The **medical aspects of disability are important**. Where it is possible to use medical intervention to prevent, cure, correct, and alleviate, it should be used.*
3. ***Early intervention** is very important. The earlier a child with a disability receives medical care and treatment, the more positive the outcome is likely to be. Surgery and rehabilitation performed in the first years of life are generally more straightforward, more efficient and more likely to be successful than if a child waits many years for treatment. Many CBR programmes advocate for early intervention, but without access to necessary services. CCBRT takes early intervention seriously by providing the necessary services.*
4. *In CBR programmes there is often a reliance on home visits as the main form of interaction with disabled clients. But CCBRT demonstrates that a **range of methods** including home visits, support units, and day care centres are all important for effective rehabilitation and empowerment.*
5. ***Advocacy is essential but so are services**. It is not a matter of choosing between the two: both are equally important.*
6. ***Long term support from international partners** can allow local NGOs to develop comprehensive and increasingly sustainable comprehensive services for people with disabilitie**s.***

Part 2: The international and EU legal and political framework

1. Introduction

2. The basic elements of the human rights system

3. The main legal and policy base for the EC's approach to disability and development

1. Introduction

This part of the study presents the political and legal framework that provides the basis for formulating policies on disability from a human rights perspective with the aim of alleviating poverty. The emphasis is overwhelmingly on the UN Convention on the Rights of Persons with Disabilities. This landmark convention comes after a long line of preceding international legal instruments on disability. These are not described in the main text, but in Appendix 5.

2. The basic elements of the human rights system

It will be helpful here to outline the basic elements of the human rights system in order to clarify its mechanisms and highlight some areas that are supported by the EU when it provides technical assistance to partner countries on human rights matters. An understanding of these mechanisms is essential in determining how far the rights of people with disabilities have been recognised.[91]

(a) **Constitutional and legislative frameworks:** A country's constitutional and legislative framework must reflect international human rights standards.

(b) **Effective institutions to promote and protect human rights:** These institutions include central and local level governments, parliaments, the administration of justice, constitutional courts, and an independent human rights body, such as a national human rights institution and/or ombudsperson.

(c) **Procedures and processes ensuring effective implementation of human rights:**
This includes redress mechanisms for individuals whose rights have been violated, and decision-making processes.

(d) **Programmes and policies for human rights education:** This includes human rights education in schools, universities and professional education institutions, human rights training for law enforcement officials, judicial officials and other relevant professionals, as well as awareness-raising campaigns for the public at large.

(e) **Strong civil society networks**: This includes a vibrant democratic civil society with the full and equal participation of men and women, persons with disabilities, an active and independent media and human rights defender communities.

[91] Adapted from: UNFPA (2008): *Disability Rights, Gender, and Development. A Resource Tool for Action.* UNFPA and the Wellesley Centres for Women 2008.

Box 4. Applying the human rights based approach in the context of disability[92]

A **rights-based approach** argues that persons with disabilities are not objects of charity but subjects of rights.
Empowerment: A rights-based approach aims to empower persons with disabilities to make their own choices, advocate for themselves, and exercise control over their lives.
Enforceability and remedies: A rights-based approach means that persons with disabilities should be able to enforce their rights at the national and international levels.
Indivisibility: A rights-based approach must protect both the civil and political rights as well as economic, social, and cultural rights of persons with disabilities.
Participation: A rights-based approach provides that persons with disabilities must be consulted and participate in the process of making decisions that affect their lives.
Access: A rights-based approach ensures that persons with disabilities have access to the physical environment, transportation, information and communications, and to all facilities and services provided to the public.
Inclusion: A rights-based approach considers that persons with disabilities should be included in all reflections and discussions that lead to making decisions that will have an impact on them.

3. The main legal and policy base for the EU's approach to disability and development

3.1 The most relevant European and international instruments

The EU and its Member States have a strong mandate to fight against discrimination and improve the social and economic situation of persons with disabilities. This is given by a number of provisions of the Treaties and other Conventions. Among them are the following:

- Article 3 of the **Treaty on European Union** states that the Union aims to promote peace, its values and the well-being of its peoples. The Union shall combat social exclusion and discrimination, and shall promote social justice and protection. Moreover, in its relations with the wider world, the Union shall uphold and promote its values and interests, and shall contribute to the protection of human rights. Article 19 specifically mentions that the Council may take appropriate action to combat discrimination based on disability.

- Article 1 of the **Charter of Fundamental Rights of the European Union** states that "Human dignity is inviolable. It must be respected and protected". Article 26 states that "the European Union recognises and respects the rights

[92] Adapted from UNFPA (2008).

of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community".

- The **Treaty on the Functioning of the European Union** (TFEU) requires the Union to combat discrimination based on disability when defining and implementing its policies and activities (Article 10) and gives it the power to adopt legislation to address such discrimination (Article 19).

- The **United Nations Convention on the Rights of Persons with Disabilities**, the first legally binding international human rights instrument to which the EU[93] and its Member States are parties, will soon apply throughout the EU. The Convention requires the EU and its Member States to protect and safeguard a full range of civil, political, social, economic and cultural rights and fundamental freedoms of persons with disabilities.

Since 1983, The Commission has supported the development of a European disability policy through a succession of action programmes. The current **EU Disability Action Plan (DAP)** was formulated for the period 2003-2010[94] in two-year phases with the following policy priorities: employment (2004-2005); active inclusion (2006-2007); and accessibility (2008-2009).

In March 2008, the Council asked the Commission to begin working on a **European Disability Strategy** to succeed the DAP[95], inviting the Commission to strengthen efforts to prevent and combat discrimination based on disability and to support the effective implementation of the UN Convention.

Furthermore, the European Parliament provided a strong political support to reinforce efforts in disability and development by issuing the **Resolution on**

[93] *Council Decision of 26 November 2009 concerning the conclusion, by the European Community, of the United Nations Convention on the Rights of Persons with Disabilities* (2010/48/EC). The annex II of the Council Decision refers to a number of EU acts that illustrate the competences of the EU in matters governed by the Convention. In the field of international cooperation the following 3 legal acts mentioned in the annex reflect the EU competence (Regulation (EC) No 1905/2006 of the European Parliament and of the Council of 18 December 2006 establishing a financing instrument for development cooperation; Regulation (EC) No 1889/2006 of the European Parliament and of the Council of 20 December 2006 on establishing a financing instrument for the promotion of democracy and human rights worldwide, and Commission Regulation (EC) No 718/2007 of 12 June 2007 implementing Council Regulation (EC) No 1085/2006 establishing an Instrument for Pre-accession Assistance (IPA)).

[94] COM(2003) 650 final and COM(2007) 738 (in COM(2007) 738 reference to development cooperation was included, in particular to its role in contributing to the implementation of the UN Convention and to needs for possible adjustments in the EU development cooperation policy in order to comply with Art. 32 of the UNCRPD).

[95] *Resolution of the Council of the European Union and the representatives of the Governments of the Member States, meeting within the Council of 17 March 2008 on the situation of persons with disabilities in the European Union* (2008/C 75/01).

Disability and Development[96]. The resolution calls upon the Commission to develop an implementation action plan for its Guidance Note, issue guidelines on inclusive sector policies and an inclusive Project Cycle Management handbook; prepare a training module for services and delegations; and annual reporting to Parliament and the Council. The Parliament also calls upon the Commission to ensure that appropriate resources are available for disability specific actions, and promote the inclusion of persons with disabilities in consultation, formulation of development strategies as well as their implementation.

Although European Parliament resolutions are not binding, they denote a strong political position that compels the relevant EU institutions to take action.

3.2 The Convention on the Rights of Persons with Disabilities (CRPD)

Introduction

Adopted by the UN General Assembly in 2006, the CRPD was envisioned from the beginning of the treaty process as an instrument for promoting both human rights and social development. It is the first internationally legally binding instrument defining minimum standards for the protection of a full range of civil, political, social, economic and cultural rights of persons with disabilities. It is also the first UN Convention to be formally adopted by the EU as a political entity.

The CRPD marks a decisive move away from viewing persons with disabilities as *objects* of charity, towards viewing them as *subjects* who have *rights*. As such, they are capable of claiming those rights and making decisions for their lives based on their free and informed consent, as well as of being active members of society.

The CRPD supersedes previous international legal instruments[97] and policy frameworks[98] relating to disability which at the time placed disability rights on the international agenda, but which, since they were not legally binding, did not result in significant changes. (The other main international and regional instruments are given in Appendix 5.)

For individual countries and the EU, signing and ratifying the Convention requires a check on all existing legislation, policies and programmes to ensure that they comply with CRPD provisions. Ratifying countries need to make sure that persons with disabilities enjoy their rights on a non- discriminatory basis. Countries should take action in the following areas: access to education, employment, transport,

[96] *European Parliament Resolution on Disability and Development* (2006): http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2006-0033&language=EN&ring=B6-2006-0035

[97] For example, Declaration on the Rights of Mentally Retarded Persons, G.A. res. 2856 (XXVI), 26 U.N. GAOR Supp. (No. 29) at 93, U.N. Doc. A/8429 (1971) and *Declaration on the Rights of Disabled Persons*, G.A. res. 3447 (XXX), 30 U.N. GAOR Supp. (No. 34) at 88, U.N. Doc. A/10034 (1975).

[98] World Programme of Action Concerning Disabled Persons, United Nations document A/37/51, Official Records of the General Assembly, Thirty-seventh Session Supplement No. 51.

infrastructure and buildings open to the public, granting the right to vote, improving political participation and ensuring full legal capacity of all persons with disabilities.[99]

The UN Convention covers some issues that fall fully within the competence of the Member States, others that fall fully within the EU's exclusive competence and still others that fall within the competence shared by the Member States and the EU.

While national governments have the primary responsibility to implement the Convention, the EU, as a development partner, will be committed to support these efforts and will have to report on progress made in this field. The adoption by the EU of the UN Convention provides a strong impetus and commitment to re-think and strengthen EC development cooperation on disability.

Since the present study is designed to bring EC development cooperation into conformity with the CRPD, references to relevant Articles are made throughout the text. We summarise here the obligations of most importance for EC development cooperation.

General principles (Article 3)

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
(b) Non-discrimination.
(c) Full and effective participation and inclusion in society.
(d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.
(e) Equality of opportunity.
(f) Accessibility.
(g) Equality between men and women.
(h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

International Cooperation (Article 32)

The EU Treaty gives the European Union competences and obligations in international cooperation. The most important is **Article 32,** which recognises the importance of international cooperation and its promotion for the realization of the rights of persons with disabilities and their full inclusion into all aspects of life.

Article 32 stipulates that international cooperation should:

1. Be inclusive of and accessible to persons with disabilities.
2. Facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices.
3. Facilitate cooperation in research and access to scientific and technical knowledge.

[99] Ibid.

4. Provide technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Article 33 (National implementation and monitoring) is aimed at providing the necessary link between the State Party's international commitment and its implementation and monitoring at national level. Paragraph 1 requires '*States Parties … to designate one or more focal points within government for matters relating to the implementation of the present Convention'* and to support the necessary coordination mechanisms for implementation.

Paragraph 2 requires States Parties to, '*maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention.'*

Paragraph 3 underlines the importance of involving civil society, in particular persons with disabilities and their representative organizations, in the monitoring process. *'Civil society, in particular persons with disabilities and their representative organisations, shall be involved and participate fully in the monitoring process.'* (See Point 7 of Part One 'The disabled people's movement').

Article 28 (Adequate standard of living and social protection)

> 1. *States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.*
>
> *2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right.*

The issue of social protection is complex and is beyond the scope of this report to discuss in detail. Reference may be made to *The WHO CBR Guidelines (2010)*, chapter on Livelihoods,[100] for a summary of the main issues and further references.

Committee on the Rights of Persons with Disabilities

The implementation of the CRPD is monitored by a body of independent experts constituting the Committee on the Rights of Persons with Disabilities. All state parties (including the EU), two years after ratification of the Convention, are required to submit regular reports to the Committee on how the obligations are being implemented, as set out in Article 35, Reports by States Parties. On the basis

[100] WHO, UNESCO, ILO, IDDC (2010): *CBR Guidelines* Geneva.

of the reports received, the Committee makes suggestions and recommendations that it may consider appropriate and which it addresses to the State concerned. Additionally, in the Optional Protocol the Committee received an extended mandate to examine individual complaints regarding alleged violations of the Convention by States that have ratified the Optional Protocol.

Impact of the CRPD

No systematic studies have yet been done on, for example, whether donor funding for disability has increased as a direct result of the CRPD, or on the tangible impact of the CRPD in the lives of persons with disabilities. Nevertheless, it can already be seen that the CRPD and its ratification by many countries has had an impact on the visibility of disability as a human rights issue both nationally and internationally. National governments are taking steps to align their legislation with it, and many NGOs and DPOs are now using the principles in the Convention as a tool to help raise awareness and affect change. At the international level, the need to address disability issues is increasingly being recognised and expressed as a priority at policy level. The present study is one of several such documents commissioned by major donor agencies to bring their development cooperation in line with the CRPD.[101]

However, CSOs point out that there is a need for profound attitude change, both within institutions and organisations at national and local levels, and in the population as a whole, to ensure that people with disabilities are considered, treated, and respected as members of society on equal terms with other citizens. Only in this way will they receive adequate support to become truly included and empowered.

3.3 The external action component of the European Disability Strategy 2010-2020

As already mentioned, the European Commission is in the process of finalising the European Disability Strategy 2010-2020[102]. The overall objective of the strategy is to empower women and men with disabilities so that they can enjoy their full rights and fully benefit from their participation in society. The strategy identifies EU-level action to supplement that taken at Member State level and determines the mechanisms needed to implement the UN Convention at EU level.

The new Strategy identifies eight priority areas for action:

a) accessibility;
b) participation;
c) equality;
d) employment;
e) education and training;
f) social protection;
g) health;
h) external action.

[101] Others are indicated in Part 3, and in Appendix 5.
[102] The EU Disability Strategy 2010-2020 is planned to be adopted by end 2010.

The Strategy identifies key objectives for European Commission and a number of different actions to achieve them.

With particular regard to **external action**, the Strategy aims (among other things): to promote the rights of people with disabilities within EU external action, to reinforce the network of disability focal points in EU delegations and enhance knowledge and awareness on disability matters, to highlight the importance of ratifying the Convention in the enlargement process and development cooperation programmes.

Part 3: Major actors and stakeholders in the field of development and disability

1. Multilateral cooperation

2. Bilateral cooperation

3. Important alliances and fora on disability

1. Introduction

As noted in the Part 2, disability-specific development cooperation has been established for several decades, but mainstreaming disability in overall development cooperation is relatively new, with many agencies starting such work in response to the CRPD, planning for which began in 2004. Since then there has been a surge in efforts by development agencies to formulate disability-inclusive policies.

Four main factors have driven this effort: a strong **DPOs advocacy movement** to make development aid inclusive; **national legislative** and policy frameworks; the advent of the **CRPD**, including the extensive consultation process in formulating it; the realisation that **disability has been absent from key global targets**, especially the MDG's.

There is a great deal of information on efforts to make donor policies inclusive, but very little objective evaluation. It is therefore still too early to say how far these actions have been effective. Nevertheless, it is possible to identify policies and strategies adopted by both multilateral and bilateral donors, taken as a result of the CRPD and before, which can be regarded as good practice.

This Part identifies some of these policies and strategies, but does not attempt an analysis, which, in the absence of objective evaluations, is beyond the scope of this study.[103] The specific role and record of the EU is addressed in Part 4.

2. Multilateral cooperation

2.1 The United Nations

The UN has played, and continues to play, a major role in shaping disability policies and programmes internationally. The agencies listed here are those which have particular importance for the EU in disability in development cooperation. A full list of actions and policies by all UN agencies on disability can be found in the World Bank's *Disability and International Development and Cooperation: a review of policies and practices* (2010).[104]

[103] The information in this section is from:
a) ECOSOC (2010): *Mainstreaming disability in the development agenda. Report of the Secretary General*. UN Economic and Social Council, Commission for Social Development, February 2010;
b) Papers from GPDD 2010 in the framework of the International Development Partners Forum on Disability and Development 15-16 September 2010;
c) World Bank (2010) – see next footnote.

[104] World Bank (2010): *Disability and International Development and Cooperation: a review of policies and practices.* World Bank (2010): *Disability and International Development and Cooperation: a review of policies and practices.* Janet Lord, Aleksandra Posarac, Marco Nicoli, Karen Peffley, Charlotte McClain-Nhlapo, Mary Keogh. May 2010. *See:* http://siteresources.worldbank.org/DISABILITY/Resources/Publications-Reports/Disability_and_Intl_Cooperation.pdf

Agencies responsible for monitoring the CRPD

The Secretariat for the CRPD is jointly operated by the **UN Department of Economic and Social Affairs (UNDESA)** and the **Office of the UN High Commissioner for Human Rights (OHCHR)**.

An **Inter-Agency Support Group for the CRPD** was established following the adoption of the CRPD in 2006. The Group is tasked with promoting compliance with the principles of the Convention and increasing the scale and effectiveness of the involvement of the UN system in disability issues.

The Inter-Agency Support Group is preparing a plan of action to ensure that the programmes and policies of the United Nations system are inclusive of persons with disabilities. The Support Group established a United Nations Development Group (UNDG) task team, involving a number of United Nations agencies, to support UN country teams and relevant stakeholders to mainstream disability in development cooperation.

The task team on disability is developing guidelines for the UN Resident Coordinator system and UN country teams to facilitate the integration of the rights of disabled persons and disability concerns into United Nations programming at the country level. The Guidelines are expected to contribute significantly to ensuring that disability issues are mainstreamed in the process of developing the new common country assessment/UNDAF guidelines.[105]

The **Office of the United Nations High Commissioner for Human Rights (OHCHR)** has the mandate to promote and protect the effective enjoyment by all, including persons with disabilities, of all civil, cultural, economic, political and social rights. The overall mandate includes preventing human rights violations, promoting international cooperation to protect human rights, strengthening and streamlining human rights activities throughout the UN system. [106]

Key point

The Inter-agency Support Group, UNDESA and OHCHR play vital roles in servicing the treaty monitoring body created within the framework of the CRPD.

Other UN agencies with particular relevance

UNDP: As the main coordination agency in the UN system UNDP has demonstrated its commitment to the CRPD through a variety of actions including: data information, collection and analysis; advocacy and promotion of CRPD; inclusion of disability into national legislation, policy and planning, including employment; capacity development of persons with disabilities and DPOs; capacity development of

[105] ECOSOC (2010).
[106] *See generally* http://www.ohchr.org/EN/AboutUs/Pages/WhoWeAre.aspx

national and local governments; access to information and physical accessibility; disability in specific circumstances (e.g. gender, age, conflict). UNDP has also developed a disability awareness online training, and Draft guidelines to apply the CRPD to UNDP programming. [107]

ESCAP: Regional commissions, such as the Economic and Social Council for Asia and the Pacific (ESCAP), which have played a leadership role in promoting disability rights and introducing the issues affecting persons with disabilities to their member countries.[108] ESCAP in particular was instrumental in establishing the **Biwako Millennium Framework**, adopted in 2002, which outlines issues, action plans and strategies towards an inclusive, barrier-free and rights-based society for persons with disabilities.[109]

DSDP: The **Division for Social Policy and Development** (DSDP) of the UN Department of Economic and Social Affairs, Programme on Disabled Persons, prepares publications and information on the issues affecting persons with disabilities; promotes national, regional, and international programs and activities; provides support to governments and NGOs; and gives support to technical cooperation projects and activities.

UN agencies with specialized units on disability

WHO, ILO, and UNESCO each have units at HQ level dedicated to disability. Through its specialist unit Disability and Rehabilitation (DAR), **WHO** has led the development of Community Based Rehabilitation (CBR), which is described in Part 1 of this report. The new *CBR Guidelines*, endorsed by WHO, ILO, UNESCO, and IDDC, are due for publication in October 2010[110]. They bring CBR firmly into the philosophy and spirit of CRPD. In early 2011 WHO DAR and the World Bank will publish the *Global Report on Disability*, the first ever attempt at such a global view of disability.

Historically, the **ILO** has been very active in promoting disability through the development of standards, policy advice and technical cooperation. Of particular importance are the ILO Conventions and Recommendations, which set labour standards applicable to everybody, including persons with disabilities. Others are specifically aimed at persons with disabilities, for example, *ILO Convention 159 - Vocational Rehabilitation and Employment (Disabled Persons), 1983*, and *ILO Code of Practice – Managing Disability in the Workplace, 2001*.[111] The ILO also provides

[107] http://www.undp.org/disability-course-demo/
[108] Edmonds (2005).
[109] ESCAP (2002): *Biwako Millennium Framework for action towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific*.
[110] WHO, ILO, UNESCO, UNDP, IDDC (2010): *Guidelines to Community Based Rehabilitation*. Geneva
[111] Information gathered by GPDD in the framework of the International Development Partners Forum on Disability and Development 15-16 September 2010.

training on employment issues for persons with disabilities at its training centre in Turin, and has published a number of books on disability, work and employment.[112]

UNESCO is the main reference point in the UN system on both inclusive and special education. A major UNESCO achievement was the *Salamanca Statement* in 1994,[113] which calls on the international community to endorse the inclusive education approach in which ordinary schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other conditions.

Key point

The presence of a disability unit in those agencies which have one (WHO, ILO and UNESCO) has enabled the advancement of the issue of disability in ways which would have been impossible without one.

Emergency response agencies

UNHCR (United Nations High Commission for Refugees): In situations of displacement persons with disabilities were previously considered by UNHCR as a vulnerable group and therefore passive recipients of aid. UNHCR now recognises that, in line with the CRPD (Article 11), persons with disabilities need to participate in the identification of their specific needs (health, legal protection, resettlement, shelter and sanitation) and in the delivery of services to meet these needs. UNHCR has accordingly incorporated protection issues related to persons with disabilities in policy documents and guidelines[114].

For example, UNHCR's *Age, Gender and Diversity Mainstreaming (AGDM*) strategy[115] is an important tool for ensuring the inputs of older persons and persons with disabilities in the design of operational plans, including targeted action to support those who are discriminated against and marginalized. The UNHCR manual *A Community-based Approach to Operation*[116] provides guidance on building partnerships with communities and supporting community-based responses to the protection of groups with specific needs. The objective is to respond to the specific needs of persons with disabilities and how to include them in the design and implementation of programmes.

[112] Eg.ILO (2009*): Skills Development in Community Based Rehabilitation*. A good practice guide. ILO Geneva.
[113] UNESCO (1994): *The Salamanca Statement and Framework for Action on Special Needs Education.* UNESCO and the Government of Spain
[114] UNHCR (2002*): Guidelines on the Protection and Care of Children, and the 2006 Executive Committee Conclusion on Women and Girls at Risk.*
[115] UNHCR (2008)*: Report on Age, Gender and Diversity Mainstreaming.*
[116] UNHCR (2007): *A Community-based approach to Operations*.

Key point

Within the context of emergencies and humanitarian aid UNHCR has recognised the need to address the issue of disability specifically in its policy and practice. It is an important reference and partner in emergencies.

The International Committee of the Red Cross (ICRC)

The ICRC has a unique mandate, outside both the UN system and conventional NGOs, to ensure humanitarian protection and assistance to victims of war, under humanitarian law and the Geneva Convention. It is included here to reinforce the importance of development thinking in emergencies, and to illustrate that mainstreaming applies in other specialist treaties, in this case weapons treaties. As part of its responsibility for the victims of war, the ICRC is also concerned with ensuring compliance with the CRPD through inclusion of disability and 'victim assistance' in the Mine Ban Treaty and other weapons conventions.[117] It does this by: (a) Advocating the participation of survivors and practitioners in the various implementation processes; (b) establishment of common national implementation structures to oversee implementation of obligations under the CRPD and the victim assistance obligations under the weapon treaties, such as national focal points, coordination mechanisms, plans etc. (c) monitoring the implementation of victim assistance commitments under weapons treaties through reporting and monitoring mechanisms established under the human rights treaties, in particular the CRPD.[118]

The ICRC is one of the main providers of orthopaedic services to persons with disabilities in emergencies and beyond, and also supplies components to other organisations.

Key point

The ICRC is a key agency in emergencies and in disability. Its experience in both makes it an important referral point and partner in dialogue.

Disability and AIDS

Persons with disabilities may be exposed to HIV/AIDS infection through abuse as well as for other reasons. Deaf and blind people often do not have access to general information on prevention and treatment. In 2008 **UNAIDS** developed a Disability and HIV/AID Policy Brief with the following objectives: to increase the participation of persons with disabilities in the HIV response; to ensure that people with

[117] http://www.icrc.org/web/eng/siteeng0.nsf/html/mines-recommendation-cartagena-280909.
[118] Ibid.

disabilities have access to HIV services, which are both tailored to their diverse needs; and to provide equal access to the services available to others.[119]

2.2 Development Banks

World Bank

The World Bank's approach to disability focuses on inclusive development and human capital development as necessary components to achieve the MDGs. In operational terms, the Bank finances disability-related projects (e.g. in the fields of education, health, infrastructure and employment). It capitalises knowledge by supporting surveys, researches and documenting good practices to use in the formulation of disability-inclusive development policies and to provide technical assistance on disability issues. Additionally, the Bank supports accessible infrastructure in its relevant projects.

In 2008, with support from Finland and Italy, the Bank founded the Global Partnership for Disability and Development (GPDD – see below) to increase collaboration among development agencies, international organizations, civil society organizations, particularly of persons with disabilities.

In collaboration with the Italian Development Cooperation, the World Bank has produced a publication entitled *International Cooperation and Disability Inclusive Development: A Review of Policies and Practices*.[120]

Key point

The World Bank is an essential partner in research, dialogue and implementation of both targeted and mainstream programmes.

Inter-American Development Bank (IDB)

The IDB supports the development of socially inclusive policies throughout Latin America and the Caribbean towards the full inclusion and participation of all individuals regardless of race, ethnicity, gender and disability.

It is currently focusing on statistical and measurement issues related to disability and identified two priorities: first, to analyse existing national data on disability; and second, to promote regional harmonization of definitions in order to have comparable measures of disability and its relationship to poverty, age, gender, ethnicity, education, rural/urban, income and labour force participation. The IDB has published a number of country reports on disability data to guide policymakers in improving disability-specific interventions.

[119] GPDD papers from the International Development Partners Forum on Disability and Development 15-16 September 2010.

[120] World Bank (2010): *Disability and International Cooperation and Development: A Review of Policies and Practices.* Janet Lord, Aleksandra Posarac, Marco Nicoli, Karen Peffley, Charlotte McClain-Nhlapo, Mary Keogh. May 2010

Asian Development Bank (ADB)

The Asian Development Bank (ADB) has implemented both regional and country-based activities on disability since 1999, when ADB changed its overarching goal to poverty reduction. To assist its member countries in incorporating disability issues into poverty reduction strategies and programmes, ADB worked on promoting understanding and building capacity of its members states in relation to inclusion, participation, access to a quality of services for people with disabilities.

One of the major outputs of the ADB technical assistance project is the 2005 publication *Disability Brief: Identifying and Addressing the Needs of Disabled people*[121], which is an introduction to disability issues in development for operational staff and their government counterparts and provides background on disability and tools for addressing the needs of disabled persons. The second major output is *Disabled People and Development*, which describes the evolution of the global response to disability, as well as concepts and tools for addressing disability issues.[122]

Key point

Region-specific banks are important strategic partners. The two documents produced by the ADB are useful resources.

3. Bilateral cooperation

3.1 Introduction

According to the World Bank[123], a range of donor countries have adopted pro-disability policies in their development cooperation. Among EU Member States these include Austria, Finland, Germany, Ireland, Italy, Sweden, and the United Kingdom. Countries outside the EU include Australia, Japan, New Zealand, Norway and the USA. We summarise here examples of good practice promoted by donor governments. A more complete list of what donor governments are doing to promote inclusive development is given in Appendix 6. The EC's own record is reviewed in Part 4 of this study.

3.2 Examples of good practice

Review of own practice

All of the agencies listed in the preceding paragraph have undertaken a review of their own practice to discover how far disability has been integrated into their

[121] ADB (2005): *Disability Brief: Identifying and Addressing the Needs of Disabled people.*
[122] Edmonds (2005).
[123] World Bank (2010): *Disability and International Development and Cooperation: a review of policies and practices.* Janet Lord, Aleksandra Posarac, Marco Nicoli, Karen Peffley, Charlotte McClain-Nhlapo, Mary Keogh. May 2010.

development cooperation. This enquiry has been, in most cases, the basis for policy formulation.

Adoption of the twin track approach
All countries which have adopted a pro-disability policy in their development cooperation have adopted a twin-track approach, i.e. both mainstreaming and targeted programmes. Some, such as Finland, have adopted a 'three-track approach', the third track being inclusion of disability in political dialogue – a practice strongly recommended for the EU (see Part 5).

Organisational capacity
The importance of having a person or team assigned the particular responsibility for disability has been recognised by many agencies. For example, USAID and AusAID have a Disability Team; DFID has a focal person on disability located within broader policy areas such as the Equity and Rights Team, and also has a research team dedicated to disability (see below under Research). JICA has a focal point on disability within the Social Security Team.

Consultation
Consultative and participatory methods for policy formulation and implementation are recognised and practised by most of the donor agencies listed above. For example, AusAID and USAID have reference and advisory groups which include senior disability advocates. DFID and NZAID are developing fora for learning and sharing experiences on disability among DPOs, mainstream development organizations and aid agencies. JICA established an advisory Committee on Support for People with Disabilities, which consists of members from DPOs, NGOs, universities and institutes. Germany uses GTZ for consultative advice on how to include disability in development cooperation.

Partnership with DPOs
Some of the agencies, in particular from the Nordic countries which have strong DPOs at home, work in close partnership with DPO's to subcontract development cooperation to persons with disabilities. For example, the Norwegian Association of the Disabled (NAD), the main national DPO in Norway, is a principle channel for the delivery of aid to disabled groups by NORAD, especially in Africa. A similar approach is taken by agencies where there is decentralization of funding to partner countries such as DFID. JICA provides leadership training for DPOs.

Research
As noted elsewhere in this report, research on disability and poverty has been a major gap until recently. DFID has commissioned extensive research on disability in development, including by DPOs and other experts on disability mainstreaming. In 2000 DFID set up the Knowledge and Research (KaR) Programme on Disability and Healthcare Technology, which subsequently shifted its focus to disability, poverty and development, when DPOs from the South were engaged in the process of research. Its first finding was that disability was not mainstreamed in DFID's programme, and mainstreaming then became the main focus of the KaR Programme. Its research topics since then have included: identifying research gaps on disability

and development; disability policy and legislation, mainstreaming, collection and use of statistical data, inclusive education, and disability in conflict and emergencies. [124]

Norway has also supported important research in disability and development, chiefly through SINTEF, which has conducted studies on the living conditions of persons with disabilities mainly in Africa (Namibia, Zimbabwe, Malawi, Zambia, Mozambique Lesotho, Swaziland), always with the local national DPO as the main partner.[125]

The high quality of the DFID KaR and Norwegian SINTEF research is making a significant contribution to filling the gap in our knowledge of disability and poverty. Both have emphasised the importance of persons with disabilities participating as researchers, and not only as the objects of research.

Including a disability perspective in all construction projects

USAID has adopted two policy directives which (a) require contracting officers and agreement officers to include a disability perspective in all solicitations and in the resulting awards for contracts, grants, and cooperative agreements; and (b) require that contractors and recipients of USAID funding comply with standards for accessibility in all new construction, as well as in renovations of constructions or buildings.[126] JICA is implementing a number of projects with a special consideration for accessibility, including: an airport in Mongolia, a railway system in Bangladesh, a subway system in India, a railway and airport in Vietnam, a subway in Thailand, and a railway system and university building in Indonesia.

Monitoring what the agency does in disability

A significant challenge for all agencies is how to see, from their funding records, what they are doing globally to mainstream disability. But good monitoring mechanisms are essential to comply with the reporting requirements of the CRPD. USAID, AusAID and DFID, have a specific budget line for disability, which enables them to keep track of what the agency does in targeted programmes rather than mainstreaming. Italy has recommended the establishment of a National Observatory for the conditions of persons with disabilities, and creation of an Annual Report to the Parliament that includes a specific section devoted to disability issues.

Collaborating with the GPDD

Norway, Finland and Italy were instrumental, with the Word Bank, in setting up the Global Partnership for Disability and Development (GPDD), which may become an important reference point for agencies to coordinate and learn from other donors and actors.[127] (See description of GPDD below.)

[124] Albert, Bill (no date): *Lessons from the Disability Knowledge and Research Programme*, DFID.
[125] http://www.sintef.no/Teknologi-og-samfunn/global-helse/Velferd-og-levekar/Studies-on-living-conditions-/
[126] *Background on USAID and Inclusive Development* . Paper from GPDD 2010.
[127] Information gathered by GPDD in the framework of the International Development Partners Forum on Disability and Development 15-16 September 2010.

4. Important alliances and fora on disability

The NGO movement, including and especially DPOs, have made a substantial contribution to the evolution of the understanding of disability, and they have been a pillar in lobbying for and formulating the CRPD. The evolution in understanding disability from the charity and medical models to the social and human rights models is reflected in the way disability-specific NGOs have moved from a medical and individual approach to embrace the human rights approach. It is also evident in large generalist NGOs such as Save the Children, World Vision, Oxfam, VSO and IRC, which have incorporated disability into their programming to varying degrees. All these organisations have produced important resources for inclusive practices.[128]

It is not practical or appropriate to list here all NGO initiatives on disability programming. However, this section identifies important alliances and fora for the inclusion of disability in development cooperation that bring together governments, multilateral and bilateral agencies, governments and NGOs.

International Disability and Development Consortium (IDDC)
IDDC was set up by a group of NGOs in northern Europe to share experience and expertise. IDDC is now an association which groups 23 member organisations (both specialised and non-specialised NGOs and DPOs) involved in disability and development.

The **aim** of IDDC is to promote inclusive development internationally, with a special focus on promoting the full and effective enjoyment of human rights by all persons with disabilities living in economically poor communities in low and middle-income countries. The vision and strategy of IDDC is developed collectively.

Its **main objectives** are:

- To promote the inclusion of the disability dimension, as well as appropriate disability-specific approaches, in all development policy and practice.
- To improve the practice of the member organisations by collaborating and sharing experience about policy and practice.
- To support the exchange of information and knowledge about inclusive development, especially between people and organisations in economically poorer countries, by the wide distribution of information.[129]

To achieve these objectives, members share experiences and resources in task groups on different topics: CBR, conflict and emergencies[130], inclusive education, HIV AIDS[131], livelihoods, lobbying and influencing UN agencies and EU member states on mainstreaming and inclusion of disability issues in the MDGs[132].

[128] Some are listed in the References, Appendix 1.
[129] www.iddcconsortium.net.
[130] International Disability and Development Consortium (2000) *Disability and conflict: Report of an IDDC Seminar, May 29th , June 4th 2000.* IDDC.
[131] Irene Banda (2005): *Disability, Poverty, and HIV and AIDS* DPI.
[132] See www.IncludeEverybody.org.

In the EC context, IDCC is an important reference point for inclusion and mainstreaming disability in development. With the support of the EC, IDDC members have produced a number of important tools for improving programming in disability. These include a practical manual[133], a guidance paper[134], and a training manual[135].

*The **Global Partnership for Disability and Development (GPDD)***

Set up in 2005 by the World Bank, the Global Partnership for Disability and Development is a global initiative to strengthen international cooperation to accelerate the integration of disability issues and considerations into mainstream social and economic development efforts. It is an alliance of DPOs, government ministries, bilateral and multilateral donors, UN agencies, NGOs, and national and international development organizations, committed to promoting economic and social inclusion of people with disabilities in low-income countries.

Its chief goals are:

a) Combating the social and economic exclusion and impoverishment of people with disabilities and their families in developing countries by increasing awareness and understanding.
b) Strengthening cooperation among the partners in promoting the well-being of persons with disabilities in the area of disability and social development. [136]

The European Disability Forum (EDF)

The European Disability Forum is an independent European non-governmental organisation that represents the interests of persons with disability in the EU, supported financially by the EU. As the only European platform of persons with disabilities, it is run by persons with disabilities or the families of persons with disabilities unable to represent themselves. For the purposes of this report it has relevance as an example of what a regional representative body can do, and EU Delegations need to be aware of it. It has also produced a large number of papers on matters relating to persons with disabilities in the EU[137], and a useful document on inclusive development cooperation.[138]

The International Disability Alliance (IDA)

Established in 1999, the International Disability Alliance is a network of global and regional DPOs promoting the effective implementation of the UN Convention on the Rights of Persons with Disabilities. IDA comprises nine global and three regional DPOs, with two other regional DPOs having observer status.

IDA was instrumental in establishing the International Disability Caucus (IDC), the network of global, regional and national organizations of persons with disabilities

[133] Vanessa Rousselle, Catherine Naughton, Esther Sommer (207): *Make Development Inclusive,* IDDC, CBM.
[134] Charlotte Axelson (2006): *A guidance paper for an Inclusive Local Development policy* Handicap International, SHIA and HSO.
[135] Handicap International, Healthlink Worldwide, DCDD, PHOS, AIFO, SHIA, CBM (2008): *Disability Mainstreaming in Development Cooperation* IDDC.
[136] http://www.gpdd-online.org/.
[137] EDF website: http://www.edf-feph.org.
[138] EDF Policy Paper (2002): *Development Cooperation and Disability Doc. EDF 02/16 EN.*

and allied NGOs, which was a key player in the negotiation of the CRPD. IDA is now a major international player in the support of the CRPD, both on the international level and the regional/national level.

In order to generate a wider coalition to promote the implementation of the CRPD, IDA has established the IDA CRPD Forum, a structure which is open to any international, regional or national organisation which promotes the CRPD and accepts the DPO leadership.[139]

[139] IDA website: http://www.internationaldisabilityalliance.org.

Part 4: Disability in EC development cooperation

1. Introduction
2. The EU's policy environment regarding disability and development
3. The EU's political stand on disability issues in international fora and political dialogue
4. Financial instruments in EU development cooperation relevant to disability
5. The EU’s record in implementing the twin-track approach
6. Bilateral cooperation with partner countries
7. The EU's partnership with NGOs and DPOs
8. Disability in emergencies and humanitarian aid (ECHO)
9. Institutional arrangements to deal with disability and development
10. Conclusions

1. Introduction

This part of the report presents the findings and analysis of the EC's own work in disability from 2000 - 2009.

The information is derived from headquarters staff, phone interviews with EU Delegations in 12 selected countries, field visits to four countries, and interviews with representatives from international and national DPOs and NGOs specialised in disability[140]. Additional information was derived from Country Strategy Papers and Mid-term Reviews.

2. The EU's policy environment regarding disability and development

Part 2 of the study dealt with the main legal and policy base for the EC's approach to disability and development, which is now mainly guided by the **UN Convention on the Rights of Persons with Disabilities**. The forthcoming **EU Disability Strategy 2010-2020** is intended to establish a series of key actions which will support the implementation of the Convention in external relations.

At a more operational level, the European Commission, in collaboration with civil society, elaborated in 2003 a **Guidance Note on Disability and Development**[141] for Commission staff in Delegations and Headquarters on how to address disability issues effectively in development cooperation activities. The main rationale of the Guidance Note is the realisation that the goal of poverty reduction as expressed in the MDGs cannot be met without considering the rights of persons with disabilities, and that these were still not sufficiently included in the international development work funded by the EU. The Note defines 10 principles to be followed in cooperation activities:

1. Understand the scale and impact of disability and recognise the diversity of the disabled population in the regional setting.
2. Advocate and support the human rights model of disability, rather than the charity or medical models.
3. Pursue a twin-track approach.
4. Include in the mid-term review the extent to which programmes are inclusive of people with disabilities.
5. Ensure that EU funded projects are truly inclusive of disabled people and their families.
6. Recognise women and children with disabilities in programmes.
7. Include disabled people in the workforce.
8. Ensure that EU's services are accessible for people with disabilities.

[140] The questionnaire used for the phone interviews is shown in Appendix 3, and the guide used for interviewing DPOs and NGOs in Appendix 4.
[141] http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf

9. Support capacity building of DPOs.
10. Facilitate communication between disability organisations, governments and other stakeholders.

The Guidelines will be revised and updated to adapt to present commitments and practice in development activities, in line with the UNCPRD.

The Guidance Note, however, is not a policy document and even if it provides guidance to staff on how to deal with disability, its principles (e.g. that EU funded projects should be inclusive of persons with disabilities and their families) have not been systematically applied nor monitored.

The 2005 **European Consensus on Development**[142], which is the main policy statement on development shared by the European Commission and EU Member states, does not specifically mention disability, although it consistently highlights principles of development based on Human Rights. Moreover, Human Rights is identified both as an area of community action and a cross-cutting issue.

Because there is no specific policy document dealing with disability and development, because the European Consensus does not specifically mention disability, and because disability is not considered a cross-cutting issue in the European Consensus, a systematic inclusion of disability in EC development cooperation is problematic. For example, it is absent from the Commission's programme and project forms and checklists, as well as tenders and calls for proposals.

Any future revision of the European Consensus should take into account the obligations regarding development cooperation which the EU will acquire when concluding the CPRD. This, and the subsequent integration of disability concerns in the operational procedures of the institution, may help bridge the existing gap between rhetoric and implementation.

3. The EU's political stance on disability issues in international fora and political dialogue

There are a variety of tools and actions available to the EU in order to advocate respect for the human rights of persons with disabilities and, more generally, to address any form of discrimination in its external relations.

[142] Joint statement by the Council and the representatives of the Governments of the Member States meeting within the Council, the European Parliament and the Commission on European Union Development Policy: "The European Consensus" (2006/C46/01).

International fora

In line with the UN Convention, the EU upholds and advocates respect for the human rights of persons with disabilities in the relevant international fora, and is increasingly including it in its dialogues with partner countries.

At the international level, the EU encourages States to ratify, and comply with, relevant international norms and standards; it also supports the work of special procedures of the UN Human Rights Council and Treaty bodies, the Council of Europe Commissioner for Human Rights, as well as other relevant human rights mechanisms. The EU is also actively engaged on the issue of human rights of disabled persons in the United Nations Commission for Social Development (CSD) and has welcomed the reports of the Special Rapporteur on Disability to the CSD.

In practice, the EU has supported the resolutions relating to the human rights of persons with disabilities at the UN General Assembly (GA) Third Committee and the Human Rights Council. It actively participated in the discussions on the two resolutions on the rights of people with disabilities adopted by consensus in the UN General Assembly, one on mainstreaming rights of persons with disabilities in development cooperation and one on the Convention.

The issue has also featured in a number of EU statements in the UN General Assembly and in particular in the General Assembly Third Committee on Social Development in 2009 when the EU supported a resolution to ensure that persons with disabilities are included in the 2010 high level MDG review[143]. This review presents an invaluable opportunity, five years before the target year 2015, to remind all development actors and governments that MDG efforts should benefit persons with disability on an equal base with other citizens. As already mentioned in Part 1, the Outcome Document of the MDG Review recognized the need to focus on those living in the most vulnerable situations, including specifically persons with disabilities.

Political dialogues

In its relations with partner countries, the EU may raise non-discrimination issues in the political and specialised dialogues, such as human rights dialogues, consultations, subcommittees, and dialogues based on Article 8 of the Cotonou Agreement. An analysis of non-discrimination issues can also be included by EU Heads of Delegation in their reporting. The EU may also issue statements on the occasion of EU/international Days in the field of human rights.

[143] UN General Assembly 3rd Committee, 64th Session, Resolution on Realizing the Millennium Development Goals for persons with disabilities, A/C.3/64/L.5/Rev.1, 6 November 2009, http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N09/597/90/PDF/N0959790.pdf?OpenElement.

***Rwanda**: In the current Country Strategy Paper, Rwanda requested support from the EU for UN Convention implementation. This position is a result of the political dialogue between the government and the Delegation.*

***In Cambodia**, where the government has signed but not yet ratified the CRPD, disability legislation has been inspired by the CRPD, and is based on work done by a joint program (DAC, GTZ, HI and DPOs) supported by the EC with the aim of mainstreaming disability in the PRSP and setting up national legislation.*

4. Financial instruments in EU development cooperation relevant to disability

Since the primary objective of EU development cooperation is the eradication of poverty, and given the close relationship between disability and poverty (see Part 1), the inclusion of persons with disabilities in development cooperation activities - together with other very vulnerable groups - is explicitly or implicitly addressed in most **financial instruments**.

The **EU Development Cooperation Instrument** (DCI)[144], for instance, promotes actions to fight against poverty, inequality, and exclusion of disadvantaged and marginalised groups. It also calls for the involvement of all sections of society, specifically including disabled people, and requires the EC to fund measures that increase access to health facilities and services for disabled people.

This applies to all geographic and thematic programmes funded under the DCI. The **Investing in People Thematic Programme**, in particular, explicitly considers disability as a cross-cutting issue[145] in its four main areas of health, education, knowledge and skills, gender equality, and other aspects of human and social development, which cover employment and social cohesion, children, youth and culture. In the Calls for Proposals process, inclusive projects or projects addressing persons with disabilities can receive extra scores in the evaluation.

The **Non-State Actors and Local Authorities Thematic Programme**[146], an actor-based DCI programme, implicitly includes disability concerns by promoting an inclusive and empowered society and strengthening CSOs and local authorities to benefit marginalised populations, including them in policy making processes, and strengthening capacities and participation in defining development strategies. Disability organisations are eligible to apply and can receive grants to finance empowerment, advocacy and capacity building activities.

[144] Regulation (EC) No 1905/2006 of 18 December 2006 establishing a financing instrument for development cooperation - 27.12.2006 L 378/ Official Journal of the European Union.
[145] Investing in People Strategy, Thematic Programme 2007-2013, DCI.
[146] Non-state actors and local authorities in development, Thematic Programme Strategy 2007-2010.

The two other major financial instruments with a geographical scope for external development cooperation activities are the **European Development Fund (EDF)**, which finances the implementation of the Cotonou Agreement with the Africa, Caribbean and Pacific (ACP) countries, and the **European Neighbourhood and Partnership Instrument (ENPI)**, benefiting the countries of the Mediterranean region and Eastern Europe. Both instruments support, and build on, EU values and principles of democracy and respect of human rights, promoting policies and reforms that contribute, *inter alia*, to social development, social inclusion and non-discrimination. In both regions, the EU engages in political dialogue regarding protection of the rights of persons with disability and encouraging the ratification of the CRPD.[147]

A revision to the Cotonou Agreement came into force on 1 November 2010 which aims to ensure that development cooperation is inclusive of disability concerns. It introduces a complete framework to address the multidimensional aspects of development (political, economic, social and cultural and environmental) and strengthens the ACP-EU commitments and tools towards the achievements of the MDGs. It focuses, *inter alia*, on health and education, two key sectors where accessibility and non-discrimination for persons with disabilities are essential.

It also strengthens political dialogue regarding non-discrimination stating "The dialogue shall focus, inter alia, on […] discrimination based on any kind of ground, […] or others status." This Non-Discrimination clause will allow raising any ground of non-discrimination in political dialogue, (including discrimination on the grounds of disability) and promoting the signature, ratification and implementation of the CRPD.

Another instrument relevant to disability inclusion is the **European Instrument for Democracy and Human Rights (EIDHR)**. This instrument promotes the mainstreaming of the rights of people with disabilities throughout its strategy and projects, and gives specific capacity building support to disability NGOs and DPOs working on human rights and political participation and representation. The 2011-2013 EIDHR Strategy Paper explicitly requires that all projects show how disability, if relevant, is taken into account in the design, implementation and monitoring of activities. It also foresees supporting civil society's role in promoting human rights and democratic reform, in facilitating conciliation of group interest and consolidating political participation and representation. This offers a wide scope for specific activities in favour of persons with disabilities and offers space to include their concerns in the projects.

The four EU financial instruments mentioned above also finance initiatives under the **Joint Africa-EU Strategy**, as defined in its action plan and thematic partnerships. The vision, principles and objectives of the Strategy offer unprecedented opportunities to address the needs, human rights and aspirations of disabled people and reflect a political commitment of addressing disability. The Strategy specifically

[147] See for instance: Communication from the Commission to the European Parliament and the Council on the Implementation of the European Neighbourhood Policy in 2008, Progress Report Egypt, SEC(2009) 523/2, http://ec.europa.eu/world/enp/pdf/progress2009/sec09_523_en.pdf

mentions the need to undertake targeted actions to address discrimination and inequalities faced by persons with disabilities, particularly in the education and health sectors. It points at strengthening the entire education system, paying particular attention to the inclusion of children and youth with disability, and highlights the need to strengthen health systems and scale up access to universal health focussing on persons with disability, as well as other targeted groups.

The Strategy, with its action plans on MDGs, democratic governance and human rights strategic partnerships, highlights disability as one of the key cross-cutting issues, and identifies disability rights as an area where cooperation in international fora can be enhanced. This demonstrates, in principle, the commitment by both the EU and African governments to addressing disability in all efforts to alleviate poverty by mainstreaming it in political dialogue, programming, implementation and evaluation of programmes.

5. The EC's record in implementing the twin-track approach

As already discussed in this study, the EC intends to reach persons with disabilities in its development cooperation by pursuing a twin-track approach, that is through the mainstreaming of disability concerns and through specific interventions dealing with the special problems and needs of persons with disabilities.

The European Commission estimates that between 2000 and 2009, it has funded over 440 projects **specifically targeting persons with disabilities** in 82 partner countries[148]. The main activities supported include capacity building and policy development; community-based rehabilitation; the promotion of human rights; social inclusion (for instance, through employment, education and health); and humanitarian and emergency assistance.

These projects were **mainly implemented in partnership with NGOs** funded by thematic budget lines (e.g. Non-State Actors and Local Authorities, or the EIDHR) and, to a lesser extent, through the bilateral (geographic) cooperation.

Regarding **mainstreaming**, although the Commission recognizes the need to include a disability perspective in all development programmes, and tools have been designed to help staff to mainstream disability into their day to day work[149], much remains to be done.

Examples of programmes where disability has been successfully mainstreamed include the Sexual and Reproductive Health programme in Jamaica (a joint

[148] Estimation based on the Commission CRIS database. It includes projects in the framework of development cooperation, but also a small sample of projects financed by the Pre-Accession Instrument and by emergency and humanitarian aid.

149 In collaboration with the IDDC, through the EU funded Project Make Disability Inclusive (see: http://www.make-development-inclusive.org/).

programme with UNFPA) – which pays special attention to the sexual and reproductive rights of persons with disabilities, which are often neglected in this type of programme. A programme for resettlement of war-displaced people in the north of Sri Lanka is an example where disability was factored into the project design from the start[150]. A programme of food security for ultra-poor women in Bangladesh run by ICCO in co-operation with Dark and Light Blind Care and the Leprosy Mission together with numbers of Bangladeshi implementing organisations is a further good example. However, despite these and other initiatives, disability is not currently systematically mainstreamed.

6. Bilateral cooperation with partner countries

The place of disability in bilateral cooperation

In line with the Paris Declaration and the Accra Agenda for Action[151], the priority areas for EC aid are defined in agreement with the national authorities to ensure that these correspond to the beneficiary's national strategy and priorities for development. However, because of its record and experience, and also its major contribution in development aid, the EU is in a good position to propose the inclusion of issues to which it attaches particular importance in the CSP.

Given that the Country Strategy Papers normally concentrate EC aid in a few (two or three) priority areas, **it is unusual that a partner country identifies disability as a focal area of cooperation with the EU**. However, the point of mainstreaming is not that the mainstreamed topic becomes a special focus, but that **it is included as a matter of course** in all development planning. Persons with disabilities (like other vulnerable groups) are affected by almost any priority area of cooperation.

The adoption of the CRPD by partner countries is leading national governments[152] to acknowledge that they will require support to adjust their legislation and policies to the Convention. Given that the Convention deals basically with all sectors (education, health, employment, social protection, etc.) the EU is particularly well placed to support the efforts of national governments to align to the Convention in the priority areas that have been identified in the Country Strategy Paper.

[150] Socio-economic empowerment of Conflict-affected communities in the Northern and Eastern Provinces of Sri Lanka ACTED and HI EuropeAid/127572/D/ACT/LK.

[151] The EU is a signatory to the Paris Declaration on Aid Effectiveness (2005), an international agreement to which over one hundred countries and organizations committed to increase efforts in ownership, alignment, harmonization, mutual accountability and managing aid for development results with a set of monitorable actions and indicators. The Accra Agenda for Action builds on the commitments agreed in the Paris Declaration. Recognizing the relationship between poverty and disability, The Accra Agenda for Action of 2008 called on all donors to include persons with disabilities as a cross cutting issue in development cooperation.

[152] The list of counties that have signed and ratified the Convention and its Protocol can be found on the site of the Secretariat for the Convention on the Rights of Persons with Disabilities, United Nations, http://www.un.org/disabilities/countries.asp?id=166.

Examples of EC support for welfare to rights-based policies in partner countries:

***Chile** has embarked on a detailed disability census as a prelude to introducing better legislation and policy, moving from welfare to rights. Inclusive education is now seriously on the agenda. The EU is also supporting the government in the implementation and compliance of international conventions (including ILO Convention 159, Vocational Rehabilitation and Employment – Disabled Persons).*

*In **Morocco** the EC supported the first disability survey.[153] This had the double effect of raising the issue of disability in the Government's agenda and also setting standards for data collection in order to produce a credible and useful survey.*

The EU should ensure that the analysis elaborated at the programming stage addresses poverty alleviation in an inclusive and equitable manner in line with the goals and commitments undertaken by the EU in the European Consensus, CPRD, and the Accra Agenda. The involvement of civil society organizations, and particularly Disabled Persons' Organizations, at this stage should be further encouraged.

Reasons why disability is not included in bilateral cooperation

Staff interviewed for this study referred to the difficulty of including persons with disabilities during the **implementation of projects and programmes** for several reasons, including:

- lack of specialised knowledge in this field and the lack of time to acquire a better understanding of disabilities issues;
- lack of time to coordinate the actions with other donors and agencies and more specifically the member states cooperation mechanisms;
- the fact that attention to persons with disabilities comes in addition to a number of other "official" (mentioned in the European Consensus) cross-cutting issues;
- lack of clear technical guidelines as to how to mainstream disability[154] in specific sectors of cooperation (such as in education, health, transport, environment);
- the absence of accessibility requirements in tender documents (e.g. the general conditions of standard work contracts, etc).

A further difficulty is the fact that **budget support** has become the preferred aid modality for EU development cooperation. This means that funds are disbursed directly to the partner government's Treasury to support its poverty reduction programme or a specific sector policy, and progress checked against a set of agreed indicators and policy dialogue. Since the programme is directly implemented by the

[153] Survey by HI-CREDES, project MEDA "Appui au Developpement Humain" on behalf of Secretariat of State for Family, Childhood and People with Disability (www.sefsas.gov.ma).
[154] A practical manual *Disability Mainstreaming in Development Cooperation* (IDDC-Steps 2009) was produced with EC support.

partner government with its own procedures, the Commission will have to include disability as an issue to discuss during the policy dialogue with the partner countries. For instance, in the case of support to the education sector, the inclusion of children with disabilities should be included in the policy dialogue.

Unless a project or programme specifically targets persons with disabilities, it is unusual that **monitoring** and **evaluations** address disability. But monitoring and evaluation are vital to provide an overall picture of the relevance, efficiency, effectiveness, impact and sustainability of the projects and programmes financed by the EC which may have had an impact on the situation of persons with disabilities. (See also Section 9 below).

7. The EC's partnership with NGOs and DPOs

Since most of the work in disability funded by the EC is through NGOs, clearly relationships with civil society organisations are very important. The following paragraphs summarise the main issues that have emerged in a general review of these relationships for this study, through interviews with both EU delegations and EC Headquarters as well as CSOs.

a) EU Delegations are **generally seen as supportive, open and interested in disability issues**. Most Delegations have developed a constructive relationship with both NGOs and DPOs working in this area. They are available to provide advice when needed and help facilitate CSO initiatives to promote disability.

b) The **level of support depends on the level of civil society activism** in the country. In LDCs the CSO sector is extremely important, usually because the government's capacity to deliver services is weak. However, civil society activism often depends on the political environment of a country; for example, in Chile years of dictatorship had suppressed the CSO sector, and NGOs are only now beginning to emerge.

c) The level of support depends to a large extent **on the level of commitment by the Delegation to disability**. Some Delegations consult with CSOs over the development of the Country Strategy Paper and the Mid-Term Review either through formal workshops and meetings, or through informal consultations.

Russia: *To promote and raise awareness on disability concerns, the EU Delegation in Moscow organised meetings, mail groups and training on disability for NGOs and DPOs. 'We have hosted round-table discussions on the CRPD, education, employment, etc. We have done whatever is possible. We have not followed official policy, but common sense.'*

d) As consultations usually take place on EU premises, the **accessibility of EU Delegations** can be considered a condition for mainstreaming disability concerns in EU cooperation. Nevertheless, Delegations are not always equipped to offer the facilities needed for a proper participation of people with disabilities. The EC has

commissioned an occupational health and safety audit of Delegations 2009-2010, which among other issues, should report on accessibility problems. An action plan will follow to progressively address the problems detected.

e) Even though the *Guidance Note on Disability and Development* (2003) provides some clear principles (e.g. the human rights approach), in reality there may be **significant variations in the approach adopted** by each Delegation or Headquarters services. While this may at times leave room for experimentation with promising pilot projects and practices, the overall consequence can be a lack of coherence in the way the EC approaches disability.

f) In applications for EU funds it is possible to propose **holistic disability approaches** that incorporate health and medical aspects as well as social inclusion, integration and rights-based approaches. This encourages CSOs working in the area of disability to apply for funding. On the other hand, many are soon discouraged by the strict EC criteria for selection and the lengthy and rigid funding procedures.

g) **DPOs especially have difficulties accessing EC funding** because of lack of capacity. As a result, it is common that DPOs are supported indirectly, through other CSOs funded by the EC which, among other things (e.g. support of a specific advocacy programme), seek to support the capacity development of DPOs.

Case Study 2: Cambodia - Mainstreaming[155]

In Cambodia making the PRSP inclusive began in 2006 when a committee of DPOs was created and supported by local key actors on disability called the 'National Strategic Development Plan (NSDP) Inclusive Committee'. The objective was to develop activities aiming at improving PRSP knowledge, identifying entry points to promote the disability dimension to poverty reduction through small scale and visible initiatives.

Handicap International with the Disability Action Council (DAC) and NSDP Inclusive Committee developed programs to mainstream disability in development policies targeting employment, health, education sectors and gender as a cross cutting policy. Specifically the project aimed to mainstream disability into the National Strategic Development Plan (NSDP) and its 2009 update. Those were the priorities of the persons with disabilities as expressed by the NSDP Inclusive Committee. These projects combine the efforts of six key DPOs and organizations working for disability to speak with one voice in the PRSP.

Consultative meetings between donors and the Cambodian government and civil society are held annually to discuss development issues and donor commitments more specifically to monitor the implementation of the NSDP.

[155] Supported by GTZ, Spanish Development Cooperation (AECID), AusAID, HI Federation, EU.

Research was facilitated in order to increase the factual base for disability and policy change, and to make existing data more easily accessible. Hence the project fostered an evidence based approach. By developing advocacy and awareness tools and drawing up a list of recommendations, disability organizations enhance their capacities to influence the decision-making process. The main national and local authorities are able to meet their responsibilities more effectively using technical support, such as inclusive development and accessibility planning.

At local level, following micro-projects to promote the inclusion of people with disabilities, several commune councils have signalled their intention to include disability issues in their development plans.

KEY main results

- *At the commune level inclusion of disability in Commune Investment Plans is successful (but follow up is necessary).*
- *Disability as a development issue is part of the capacity development action towards DPOs on national as well as local level (training and technical support).*
- *Mainstreaming and the social model are starting to be understood versus the traditional approach promoting impairment specific interventions.*
- *Partners request support to develop a number of practical tools[156] for mainstreaming disability.*
- *The draft version of good practice for mainstreaming disability is available.*
- *A first set of IEC materials has been developed based on studies[157].*
- *Donors, agencies, and other NGOs are requesting training on mainstreaming[158].*
- *Increased media[159] attention on disability as a rights and development issue.*

***Lesson learned**: Mainstreaming disability may be successful with a multi-actor strategy, at different levels (national, regional, and community), based on realistic actions, training and awareness raising and with the user's participation.*

8. Disability in emergencies and humanitarian aid (ECHO)

The CRPD states in **Article 11, Situations of risk and humanitarian emergencies,**

[156] Mainstreaming Guideline is available as well as training, baseline, checklists etc. http://www.delkhm.ec.europa.eu/en/index.htm

[157] The following research tasks were facilitated by the project: F (2007): Situation Analysis: PRSP & Disability in Cambodia. Cambodia; MRTC/HI F (2009): Review and Gap Analysis of Statistics on PWDs in Cambodia. Cambodia; HI F (2009b): Disability, legal Obligations and Policies in Cambodia. A First Orientation on Inclusion of Disability and PWDs. Cambodia; for copy contact: coordo-technical@hicambodia.org.

[158] Workshop outline, speeches & presentation of EC to understand better about mainstreaming PWDs and disability into their program are available.

[159] Media and broadcasting diffusion have been organized.

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

The role of ECHO

ECHO, the EU's General Directorate for humanitarian aid and civil protection, is one of the world's biggest donors in crisis situations. During the last 10 years, ECHO has contributed an average of €1 billion per year in emergency aid. ECHO does not intervene directly on the ground but implements its mandate by providing funding to about 200 partners - non-governmental organizations, UN agencies, other international organizations such as the ICRC, and some specialized agencies from EU Member States. In 2009, funding was distributed as follows: NGOs 47%, UN agencies 39% and International Organizations (e.g. ICRC) 14%.[160]

Support for disability

In compliance with the provisions of the EU Consensus on Humanitarian Aid which was adopted in 2007, ECHO is committed to taking into account particular vulnerabilities when responding to humanitarian needs. In this context special attention is paid to persons with disabilities and to addressing their specific needs.

Persons with disabilities are increasingly considered a target population in emergency situations in two ways:

- For those injured during the disaster or conflict: immediate care, to prevent impairments and provide rehabilitation and orthopaedics devices.
- Special attention for those living with a disability under a crisis situation, including Internally Displaced Persons (IDPs).

Disability NGOs included in general relief efforts

In this spirit, some disability specific NGOs have received ECHO funding to be part of the general process of relief (e.g. Handicap International after the 2006 Tsunami and the recent earth quakes in Iran, Pakistan and Haiti). The main difficulty is to mobilize in a very short time a significant capacity for action, with funding limited to short periods of three to six months. (This problem does not only affect disability specific action).

Emergency situations related to conflicts are increasingly complex and chronic. Humanitarian staff are at greater risk in doing their jobs, and there is a risk too for the funding and the infrastructure provided. This demands specific competences in the NGOs concerned and a strategy based on reinforcement of existing resources in the field. In the conflicts in Afghanistan and Iraq, post-earthquake Pakistan and tsunami-affected Sri Lanka, NGO CBR programmes were already in place before the

[160] ECHO Annual Report for 2009.

emergency, which were used as the base for emergency action. ECHO aims to invest in disaster preparedness and to bridge the gap with development more specifically in the reconstruction phase.

Disability in disaster preparedness

Disaster preparedness is an important subject and ECHO "*aims at identifying those geographical areas and populations most vulnerable to natural disasters, and puts a high priority on enabling disaster preparedness projects to be implemented where appropriate*[161]".

Some countries exposed to a high risk of earthquake have started to include disability in disaster preparedness. For example, Iran has requested a reinforcement of a CBR network in the line of disaster preparedness in Tehran (at high risk of earthquake) where 14 million people live and 80% of the buildings are not earthquake resistant.

9. Institutional arrangements to deal with disability and development

The EC does not have a specialised service dealing with disability and development in its headquarters. The Directorate-General for Development (policy) and EuropeAid Cooperation Office (implementation) have services which deal with this issue, and which liaise with other key services in the Directorate-General for external relations, namely ECHO (humanitarian aid) and the Directorate-General for Employment, Social Affairs and Equal Opportunities (focal point for Disability within the Commission).

At the Delegation level, beginning in 2009, an informal **network of Disability Contact Persons** has been set up. Some 77 Delegations have appointed one. The degree of involvement of contact persons generally depends on the profile of disability in EC development cooperation in each country, as well as personal interest.

In the interviews conducted for this study, some contact persons showed high levels of personal commitment and knowledge, and have enabled the EC to play a significant role in the development of the disability sector in the host country. Contact persons are key to promote awareness among colleagues and promote the inclusion of disability concerns in EU development cooperation. For example, the focal point in Russia stated that "no one can work in the Delegation without being aware of disability issues".

The Commission intends to progressively reinforce this network, in particular through training and providing arenas for exchanges and mutual learning.

[161] ECHO 2009 annual report.

Personal commitment at senior management levels in Delegations may also be key to enhance the responsiveness and knowledge of its staff. For example the Head of Delegation in Mali initiated awareness training on disability for the Delegation staff, and in Tanzania the Head of Delegation has started the process of developing a Disability Action Plan.

Despite these examples, there is a pressing need to raise awareness within the EC about disability issues and the UNCPRD and to train staff both at headquarters and in Delegations.

As already mentioned in Part 2, as a party to the CRPD, the EU will have to submit regular reports to the Committee on the Rights of Persons with Disabilities on how the obligations (including Article 32) are being implemented. An effective **monitoring of progress** in this field therefore becomes an important challenge for the Commission, as well as other development partners. Indeed, statistical monitoring is generally carried out in accordance with the OECD-DAC Codes and there is currently no direct identification in DAC statistics of donors' aid activities for disability. Therefore the Commission will have to rely on an internal codification arrangement. Steps are being taken to include persons with disabilities as a "target marker" in the next modification of the Commission's internal codification system, but this will have to be accompanied by information and communication measures towards staff in order to ensure that the code is being properly applied and specific indicators are set up at the programming phase.

10. Conclusions

1. Although the legal and policy base for the EU's work on disability and development is provided, among others, by the CPRD and the forthcoming EU Disability Strategy 2010-2020, there is currently no specific EU policy document on disability and development. The existence of such a document would be essential to a systematic application and monitoring of the EU's commitments in this field.

2. The EU upholds and advocates respects for the human rights of persons with disabilities in the relevant international fora and is increasingly including it in its dialogues with partner countries (including political and specialised dialogues, such as the human rights dialogues).

3. Given that the primary objective of EC development cooperation is the eradication of poverty, the inclusion of persons with disabilities is explicitly or implicitly foreseen in the EC's financing instruments.

4. Although the Commission has supported an important number of specific interventions targeting persons with disabilities, much remains to be done in order to mainstream disability concerns in sector projects and programmes.

5. Moreover, it is important to note that most of the EC's focus on disability in development cooperation has been through projects implemented by NGOs. It has been addressed much less in its bilateral/geographic cooperation.

6. The adoption of the CRPD by partner countries is leading national governments to acknowledge that they will require support to adjust their legislation and policies to the Convention. The EU is particularly well placed to support these efforts in the framework of its sector programmes.

7. Given their technical knowledge on the subject, as well as their constructive activism, the EC has established fruitful partnerships with NGOs and DPOs both at headquarters and Delegation level. The effectiveness of such partnerships depends on several factors, but it is generally acknowledged that consultations with NGOs and DPOs are key for the inclusion of disability concerns in the EC's development cooperation.

8. ECHO has made considerable use of disability-specific NGOs in emergencies, both for programmes targeted at persons with disabilities, and for inclusion in mainstream relief programmes.

Part 5: Recommendations

1. Introduction
2. Recommendations at the political level
3. Recommendations for the implementation of development cooperation
4. Recommendations at organisational level

1. Introduction

This chapter proposes a series of recommendations based on the findings and conclusions of the study, and are made taking the CRPD as a conceptual frame which stipulates in Article 32 that international cooperation measures should:

- be inclusive of and accessible to persons with disabilities;
- facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and good practices;
- facilitate cooperation in research and access to scientific and technical knowledge;
- provide technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

It is worth recapitulating the main findings of this study reflecting the challenges encountered by the EC to ensure that disability concerns are taken into account in all relevant development activities:

- The EU lacks a specific policy document on disability and development.
- The EU upholds and advocates respect for human rights of persons with disabilities in international fora and increasingly in bilateral dialogues.
- The inclusion of persons with disabilities is implicitly or explicitly foreseen in the EC's financial instruments.
- Mainstreaming disability concerns in sector projects and programmes should be carried out.
- More attention to disability should be paid in EC's geographic programmes.
- The EU should actively encourage the adoption and implementation of the CRPD by its partner countries.
- Partnerships with NGOs and DPOs should be continued and reinforced to strengthen the inclusion of disability concerns in EC development cooperation.
- Lessons from ECHO's partnership experience with disability-specific NGOs in emergencies should be built on.

The recommendations are grouped in three levels:

a) Political
b) Implementation of development cooperation
c) Organisational/institutional

2. Recommendations at the political level

General principle: Promote the rights of persons with disabilities, including non-discrimination on the basis of disability, within the EU external action.

Promotion of the rights of persons with disabilities in international fora and in its relations with partner countries.

In line with the CRPD and the EU's own values, the rights of persons with disabilities, including non-discrimination on the basis of disability, should be promoted in international fora, as well as in political dialogue on judicial matters with partner governments.

In line with Article 32 of the UNCRPD, the EU should promote the implementation and the intent of the Convention between and among States and as appropriate in partnership with relevant international and regional organizations and civil society. In order to do this, it is recommended that the EU adopts a pro-active approach by incorporating the rights of persons with disabilities in its work with key partners in regional and international fora (including the UN Human Rights Council, Social, Humanitarian and Cultural Committee of the UN General Assembly, ILO, OSCE, Council of Europe, etc.).

Moreover, whenever relevant, the EU should include in dialogues with partner countries (including political and specialised dialogues, such as the human rights dialogues) the rights of persons with disabilities, and seek to promote international commitments as well as the implementation of these commitments at domestic level, through legislation and policy-making. In order to do this, the EU should use the reports submitted by the State Parties in the framework of the CRPD.

3. Recommendations for the implementation of development cooperation

General principle: The EC should implement a twin-track approach to include disability-related concerns: mainstreaming plus addressing the particular needs of persons with disabilities.

To ensure that concerns of persons with disabilities are appropriately addressed in all EU funded development activities, the EU should increase its efforts to actively pursue the twin-track approach as advised in the *Guidance Note on Disability and Development (2003)*, by mainstreaming disability issues across all relevant projects and programmes and through specific projects targeting the needs of persons with disabilities.

The recommendations below suggest concrete actions during the programming and implementation of development cooperation to make it more inclusive and based on the principles of the UN Convention.

3.1 Include disability in sector policy dialogues

EU Delegations should include disability concerns, compliance with and implementation of the CRPD in sector policy dialogue with partner countries (e.g. in the framework of support programmes to the education sector).

Active participation of persons with disabilities in sector policy dialogues is to be encouraged whenever possible, for instance, by inviting their organisations to consultation meetings regarding policies and reforms that have an impact on their rights and wellbeing.

3.2 Conduct a disability analysis during the programming phase

The country analyses performed during the programming phase of EU cooperation should take into account the situation of persons with disabilities. This includes relevant information on the country's status in ratifying the CRPD, reporting schedule, location of the focal point in government, monitoring mechanisms in place, number of people with disability in the population, main causes of impairment, etc.

When relevant, a disability analysis should also take into account more detailed information regarding, for example, prevalence of disability by age, sex, rural/urban areas; proportion of population with a disabled family member; distribution of assistance services; extent of participation restrictions (unemployment, exclusion from school, use of public transport; etc.). Such information is obtainable from locally researched statistical data, information gathered from consultations with disabled peoples' organisations, available studies, and consultations with other donors.

3.3 Include disability considerations in monitoring mechanisms (e.g. donor coordination groups, joint assessments activities, etc.)

This is an important entry point for dialogue with partner governments. Specific indicators on disability need to be established, backed by quality research.

3.4 Support partner governments to adopt and implement the CPRD

Provide financial and technical support when possible and appropriate to partner governments on legal matters to adjust their legislation and implement it according to the CRPD. The lack of resources and expertise of partner governments in the field of disability remains a major obstacle to adjusting legislation appropriately as well as enforcing and applying its

principles in practice. The support provided by the EU should include developing capacity of government agencies both at national and local levels to take decisions and actions which promote disability inclusiveness.

3.5 Support research and documentation in the field of disability

There is a need for more and better documentation and data on disability issues, especially national statistics, to raise public awareness of the situation of persons with disabilities, formulate policies and design specific intervention strategies. Many government statistics are unreliable and insufficient. The EU could support the reinforcement of capacities of the national statistical services to include in their data collection system the capability of obtaining disability-disaggregated data.

Other means of data compilation, analysis, surveys, and research to develop reliable information may be supported. These include qualitative research on the living conditions of persons with disabilities, and the relationship between disability and poverty. DPOs and persons with disabilities generally should be encouraged to undertake such research.

3.6 Support NGOs and DPOs to enhance their advocacy skills

Greater support to NGOs and DPOs should be provided to develop and enhance their capacity to negotiate and advocate for people with disabilities in exchanges with national and sub-national authorities. This will contribute to raising awareness of decision makers on issues that promote the rights of people with disabilities, ensure that the issue is put on the political agenda and provide an opportunity to inform decision makers.

3.7 Include the private sector in programming

The private sector is frequently open to suggestions for disability inclusion, often for reasons of corporate responsibility and image. Both governments and NGOs should be encouraged to factor the private sector into plans for job placement and training in particular.

4. Recommendations at organisational level

General principle: The EU should improve its knowledge and procedures in order to better address disability in development in line with the principles and commitments undertaken in the CRPD.

Actions proposed below will contribute to developing an institutional strategy on how to work with disability and have it effectively internalised by staff of all levels

(both by staff working specifically on disability matters as well as management staff and operational staff working on any other development-related matters).

4.1 Adopt a policy paper regarding disability

The adoption of a Communication (or policy paper) on disability is an important condition to ensure that the necessary management and institutional support is available to define and implementation strategy and put in place actions, mechanisms and resources that will contribute to the integration of disability in all development cooperation activities, bridging the gap between rhetoric and implementation. A policy paper will facilitate the adoption of disability as a cross-cutting issue, the elaboration of proper thematic evaluations and the introduction of mechanisms to ensure that disability concerns are integrated throughout the project cycle management process.

Such a policy paper should reflect a political and strategic stand, in line with the CRPD, defining a vision which covers human rights, inclusion and empowerment of persons with disabilities in development. It should also be in close harmony with the EU Disability Strategy 2010-2020 currently being developed by the Commission.

4.2 Issue guidelines on how to make EC development activities disability inclusive

The guidelines should serve the dual purpose of raising awareness on the CRPD and offer operational suggestions on how to integrate disability in all the EC's development activities. They will identify entry points within the framework of the EC's aid modalities, particularly sector support and project modes. The guidelines should include practical information on where to find existing useful tools and make practical recommendations on how to mainstream disability in specific sectors. These guidelines need to be practical, easily accessible, and user-friendly.

4.3 Introduce disability markers in all internal templates used throughout the PCM

The Commission should introduce in the existing templates designed for the drafting of Country Strategy Papers, Mid-term reviews, Project identification and formulation, iQSG and QSG assessment forms, Results Oriented Monitoring (ROM), etc. a checking mechanism that will ensure the concerns of persons with disabilities were considered and included.

During programme implementation, disability mainstreaming should be assessed by monitors and evaluators (e.g. by being included in the terms of reference for the evaluation of in the criteria for ROM). The interim and final

reporting templates for grant beneficiaries could include reference to positive action to specifically address disability.

4.4 Introduce specific and mainstreaming training activities

A training strategy should be defined within the External Relations Services that will address different categories of staff (including management, operational and contracts and finance staff). A training package should be made available that includes CRPD awareness raising material, disability mainstreaming mechanisms, and tools for specific disability related projects. Elements of the training should be included on the EuropeAid training on PCM and in the pre-posting training for all staff assigned to delegations (civil servants, contract agents, Junior Experts, etc.), including headquarters staff responsible for coordination, project management and operational support to EU delegations.

Mainstreaming of disability should also be part of specific social sector training programmes, and other thematic training (transport, state reform, human rights, gender, etc.) offered for the EU Delegation and headquarters'' staff.

The use of information technology and making disability mainstreaming training available online should be considered to widen the training opportunities for persons, particularly working in EU Delegations.

It is also recommended to open up the training opportunities on disability to other donors, as well as local stakeholders (e.g. CSOs, government officials, etc.).

4.5 Provide best-practice and exchange of information opportunities

In addition to training activities, EuropeAid should promote exchanges of experiences and good practice among headquarters and delegation staff through the organisation of thematic workshops or seminars, the development of an on-line network as well as during training sessions.

Exchange knowledge and experience with other actors that are active in delivering effective programmes in support of disabilities concerns (other development partners, DPOs, and umbrella organisations).

An on-line knowledge bank should be developed to make available and disseminate material that is of interest to persons working in the field of development, specifically on disability matters, as well as social and other sectors. This would comprise training materials, articles, studies, publications, other donor’s experiences, best practices, an on-line ‘blog’ for exchanges among colleagues, and a data base of local experts.

4.6 Reinforce the Network of the Disability Contact Persons network (in Headquarters and Delegations)

The Commission should extend and reinforce the network of contact persons for disability both at headquarters and in delegations. The focal point in EuropeAid should provide support to EU delegations to include persons with disabilities in development cooperation (in line with Art. 32 of the Convention), coordinate the contact persons network in EU delegations, facilitate dialogue and harmonisation of approaches on integration of disability concerns among EU delegations, carry out activities related to the reporting obligations (identifying and keeping track of disability-related EU-funded initiatives) and liaise with other donors and civil society.

All EU delegations dealing with development cooperation should appoint a disability contact person if they have not already done so. The functions of disability contact person for staff in delegations may be added to other tasks and responsibilities. These functions should be specifically stated in job descriptions and time should be allocated to include them.

Contact persons should be provided with training and guidelines, and assigned to build linkages with the relevant ministries and CSOs working in the field of disability in order to facilitate mainstreaming of disability issues. Contact persons should maintain a permanent dialogue with colleagues responsible for other sectors to ensure that disability concerns are taken into account in all projects and programmes, whatever their focus is.

Governments and CSOs working in disability need to be informed of the nomination of such contact persons. Contact persons should also provide necessary information to the EuropeAid focal point for reporting purposes to the CRPD Committee.

4.7 Tracking of funding allocated to disability

The EU should promote a deliberation in the framework of the DAC Committee on the introduction of a DAC code to track the support provided by all members of OECD to disability concerns. (Although some of its members will be requested to report on what it has done in support of persons with disabilities, as required by the CRPD, the OECD has not, at the time of this report, initiated such a deliberation.)

In the meantime, the EC should at least create its own tracking mechanism for reporting to the Committee on CRPD.

4.8 Stronger collaboration with CSOs and DPOs should be developed

Strengthening collaboration with specialised CSOs and DPOs should contribute to progress in the implementation of the CRPD in partner

countries and to a better integration of disability concerns in the implementation of development programmes.

Collaboration is understood both ways. The EU may benefit from better understanding of disability specific issues, and the CSOs and DPOs may be supported in their advocacy and service delivery work.

EU Delegation contact persons should raise awareness among specialised CSOs and DPOs when calls for proposals for which they can apply are published.

4.9 Reinforce communication strategies in projects dealing with disability

Most disability specific programmes foresee an allocation of funds for communication activities. The EC should ensure that these funds are used in a way which is conducive to change the negative representation of persons with disability.

4.10 Introduce a disability element in the EC external action procurement processes

The EC should consider including measures to require participants in tender processes and calls for proposals to guarantee non-discrimination against persons with disabilities, and, as far as possible, their inclusion in the implementation of projects financed by the EC.

The evaluation grids of calls for proposals may award extra points for proposals which demonstrate that disability will be mainstreamed, or which include concrete actions in favour of people with disabilities.

All tenders, particularly supplies (equipment) and works tenders (infrastructure), should contain a clause requiring that equipment and infrastructure purchased are suitable for and accessible to persons with disabilities. They should also demonstrate that they are in compliance with national laws regarding disability accessibility in the beneficiary country.

4.11 Make EU Delegations accessible

All EU delegation premises should be accessible to persons with disabilities to enable them to actively participate in consultations, training activities and employment.

4.12 Employ persons with disabilities on EC staff

A powerful way of demonstrating a commitment to the principles of the CRPD, as well as raising awareness among staff working for the EC, is to

ensure that persons with disabilities are encouraged to apply for positions in the EC.

4.13 Undertake an evaluation of the impact of the EC's actions in disability-related actions

Undertake a proper evaluation following the standard methodology for thematic evaluations of EC activities in support of disability concerns.

4.14 Reinforce the link between emergency and development

The EC (ECHO) should systematically take into account the needs of persons with disabilities in emergency situations and put in place disability-specific assistance mechanisms in all its interventions (Art. 11). These services and assistance should be planned and delivered with a mid-term perspective to ensure the transition between the immediate reaction phase and the development phase.

Specific attention and qualification is required during the emergency phase and disability-specific NGOs, who have the human, operational and technical capacity, need to be brought in at an early stage.

ECHO has made considerable use of disability-specific NGOs in emergencies, both for programmes targeted at persons with disabilities, and for inclusion in mainstream relief programmes. This experience needs to be developed and made a general strategy.

Appendices

1. References
2. Countries selected for phone interviews with Delegations
3. Questionnaire used to interview EU Delegations
4. Interview guide for CSOs
5. Other International and Regional Instruments directed at Disability
6. Countries which have included disability explicitly in their development cooperation.

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Appendix 2: Countries selected for phone interviews with Delegations

COUNTRY	CONTINENT	DEV. STATUS	CRPD STATUS	PRIORITIES IN DEVELOPMENT & HUMAN RIGHTS	GOVERNMENT POLICY ON DISABILITY
Afghanistan	Asia	LDC	Ratified + protocol	Rural development, governance, health, social protection, mine action, regional cooperation.	National Disability Action Plan. Disability included in health and education. Implementation v. weak
Bangladesh	Asia	LDC	Ratified + protocol	Human and social development, good governance and human rights, economic and trade development, environment and disaster management, food security and nutrition	Disability Welfare Act about to be replaced with a Disability Rights Act
Laos	Asia	LDC	Ratified	Democratic process marginalized or minority groups. Human Rights related to women, children, persons with disabilities.	No policy or strategy
Madagascar	Africa	LDC	Signed + protocol	Legal government. Severe poverty and emergency.	No policy or strategy
Mali	Africa	LDC	Ratified + protocol	Institutional change, infrastructure, opening up of the northern region, governance. Private sector, culture and human rights. Links with disability are education and health.	No policy or strategy
Mozambique	Africa	LDC	Signed	Gender, HIV/AIDS.	Much on paper but little in practice.
Nepal	Asia	LDC	Ratified + protocol	Caste inequalities (*dalits*), indigenous communities, women. As a result of CRPD disability is now beginning to be included.	No policy, but approach generally welfare oriented.
Rwanda	Africa	LDC	Ratified + protocol	Rural development, infrastructure, governance, accountability, budget support.	Law for Equality for all, Modification of the 2003 law in 2007 and setting up of the Federation of Disabled people with a seat offer in parliament. Accessibility measures such as parking, streets, new building, public office, main hotels with accessible toilets etc.
Tajikistan	Asia	LIC	No	Social protection has received a lot of funding, including disability. Disability is mainstreamed in CBR.	Laws on accessibility to jobs etc exist but are not applied.
Chile	Latin America	UMIC	Ratified + protocol	Social cohesion and inclusion, innovation and competitiveness, and higher education.	Serious policy backed by census. Mainstreaming in education. Disability considered part of social protection. Persons with disabilities categorised as a vulnerable group with the elderly, youth and ethnic minorities.
Venezuela	Latin America	UMIC	No	Social work and support of civil society in human rights.	Law on disability came into force in January 2007 but is poorly implemented.
Russia	Europe/Asia	UMIC	Ratified + protocol	Political rights, freedom of association, and an independent media. The priorities in social inclusion are: persons with disabilities, elderly, migrants, minorities, homeless people.	National policy in place. Institutions being phased out. Inclusive education hot topic.

Appendix 3: Questionnaire used to interview Delegations

A. Questions about EC Cooperation in the country in general

1. How were CSOs consulted in the development of the CSP? How were they involved in the mid term review?

2. Are there are any other donors (including Member States), or international organizations active on disability in your host country? Which ones?

3. What are the key priorities for the delegation in human rights and social inclusion? (Note: The development priorities are those established in the Country Strategy Paper – however, in decentralised Call for Proposals (such as the European Initiative for Human Rights and Democracy) the Delegation may identify its priorities for the Call, which in many countries have included disability issues.)

4. Which cross-cutting issue would you prioritise given your country's context?

5. In your host country, how are disability issues covered in sectoral policies, such as health, social development, education and others?

6. How could your cooperation with the government be improved on this issue?

B. Questions related to policy and political dialogue with the government

7. In your political dialogue, to what extent is the delegation guided by international treaties, especially ones the host country is party to? Can you give examples?

8. Do you know whether the Delegation (political section) raises issues of disability during policy discussion with the government'?

9. From the country development stakeholders' point of view, is disability a priority issue for the country?

10. Does a focal point, special ministry, or official body exist in the country regarding disability? Have you established any contacts with it?

C. Questions about understanding of disability

11. Are you informed about the UN Convention on the Rights of Persons with Disabilities, about the EU's position regarding this Convention, and whether your host country has signed/ratified it and how is it implementing it?

12. What is your view on the situation of people with disabilities in this country?

13. Does your host country have its own policy and strategy on disability? If yes, has it received any support from the EU?

14. Are any people with disabilities employed in your EC Delegation? Is the office accessible?

15. Are you aware of the EC's *Guidance Note on Disability*? Do you ever use it? Do you have any comments on it? What's useful/not useful? Are there any kinds of tools you would find more useful? What kind of support do you need from HQ?

16. Are you familiar with the *Make Development Inclusive* documents sponsored by the EC in 2004?

17. Have you read any other documents by other organisations relating to making development inclusive of disabled people ?

18. What kind of on-going training programmes or ad hoc training have there been at the delegation on disability issues?

D. Questions about type of projects funded

19. Is the list of projects supported in disability over the past ten years which we sent you in advance accurate? How many are CSOs and how many are government?

20. Do you know of any projects where disability issues have been specifically included, e.g. in health or education? What analysis and steps were taken to include people with disabilities?

21. Who do you consult on disability?

22. What are the main obstacles for mainstreaming disability issues in bilateral projects/programmes of any sector (education, health, infrastructure, etc)?

E. Questions about relationships with NGOs

23. What are your main coordination mechanisms for working with CSOs (meetings, mailgroups, training, etc)?

24. Do you see the EC's role as primarily funding support, or do you think it is wider than this? If you think it is wider, please give examples of the type of non-funding support you have given (e.g. raising awareness, putting things in the political agenda, etc.)

F. Questions about monitoring and evaluation

25. When formal evaluations are done, how are the results used for learning by the EC, the government and NGOs working in this field?

26. How do you monitor and evaluate mainstreaming of cross-cutting issues such as gender?

27. How do you know whether mainstreaming has worked or not? What in your experience are good indicators of successful mainstreaming?

G. Questions about Communication

28. Do you have any communication strategy regarding inclusion or mainstreaming of disability in your country program? How have the budgets for communication of the projects dealing with disability been used, and have they been effective?

29. Is there anything else you wish to raise on the topics we have discussed?

Appendix 4: Interview guide for CSOs

Disability

1. Are disability issues considered as a priority in your country by the government?
2. What are the principal programmes in your country that aim to address disability issues? (government programmes, development programmes implemented by international development agencies or non-governmental organisations)
3. Are people with disabilities being included: a) in programmes or projects addressing disability issues? b) in development programmes in general (which are not specifically addressing disability issues)?
4. How are the DPOs in your country involved in these activities? Have you been involved in designing and/or implementing programme components concerning disability, or mainstreaming disability in development programmes or projects ?
5. Overall, how do you assess the impact of the activities addressing disability issues? Globalement, comment evaluez-vous (What is working? What is not working?)
6. How might the situation be improved (concrete suggestions)?
7. The UN Convention on the Rights of Persons with Disabilities
8. Did your country sign the UN Convention on the rights of persons with disabilities? If yes, how is the UN Convention applied in your country?
9. Has legislation regarding disability been adopted? If yes, in what areas (accessibility, inclusion, equality and non-discrimination…)
10. Are the laws applied in practice? - Which laws are being applied, which laws are not - and why? (resources/incentives…)
11. How would you assess the level of awareness about the rights of people with disabilities – In the population? Among disabled people themselves?
12. Have you seen any changes in your country since the UN Convention was signed? (what changes?)

The EC

1. Please explain how the EC is contributing to the development activities concerning disability in your country: a) at a strategic/policy level? B) at an operational level?
2. What thematic areas is the EC focusing on in your country to improve the situation for people with disabilities? (equality and non-discrimination, accessibility, participation and inclusion, livelihood …)
3. What activities is the EC engaging in/supporting/funding in your country? (policy influencing, awareness-raising, microcredit, capacity building of DPOs, statistics about people with disabilities …)
4. Overall, how do you assess the contribution of the EC to the development activities concerning disability in your country?

5. What recommendations do you have for the EC in the area of disability? - Any other comments?

Informants for telephone interviews with DPOs and CSOs

DPOs and INGOs in Europe:
Chair, Disabled peoples International Europe
Board Member, European Disability Forum
Director of the CBM EU liaison office, Brussels
Director of ADD UK

INGO country offices:
Programme Director, Handicap International Madagascar
Programme Director, Handicap International Mali
Technical Coordinator, Handicap International Afghanistan
Regional Manager and Programme Manager, CBM Nepal
Programme Manager, CBM Bangladesh

Local NGOs, DPOs and DPO networks:
President of COPH, DPO network in Madagascar
President of FEMAPH, the Federation of DPOs in Mali
President of Perspektiva, DPO in Russia
Chair, AGHR, DPO in Rwanda
Director of DAO, local NGO in Afghanistan
Programme Manager, CDD, local NGO in Bangladesh
Programme Manager, LDPA, DPO in Laos

Appendix 5: Other International and Regional Instruments directed at Disability

Introduction

The models of disability described in Part 1 of this report have had an important influence on the formulation of international instruments relating to disability. These have, over the years, reflected the thinking about disability that was current at the time. The *United Nations Declaration on the Rights of Mentally Retarded Persons*[162] and the *Declaration on the Rights of Disabled Persons*,[163] adopted in 1971 and 1975 respectively, were the first international instruments to set out human rights principles relating specifically to persons with disabilities. The adoption of these instruments represented, at the time, progress in terms of situating disability rights on the international agenda. Nonetheless, these documents were soon seen as outdated by the disability community as they reflected medical and charity models of disability which served to reinforce paternalistic attitudes.[164]

The first signs of change came in 1982 with the adoption of the *World Programme of Action Concerning Disabled Persons*, which emphasised the principle of equality of persons with disabilities, and their participation in development became, in theory, an integral part of development objectives. The World Programme of Action defined the role of persons with disabilities in development as both agents and beneficiaries and provided, for the first time, an international policy framework for disability-inclusive development.[165] This was not, however, a legally binding convention and did not result in significant wide-scale changes in programming.

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

A significant outcome of the Decade of Disabled Persons (1981-1990) was the adoption in 1993 of the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* by the General Assembly on 20 December 1993 (resolution 48/96 annex). Although not a legally binding instrument, the Standard Rules are the precursor to and foreshadow the CRPD. They represent a strong moral and political commitment of governments to take action to attain equalization of opportunities for persons with disabilities. The Standard Rules are a powerful tool to guide policy-making and provide an important basis for technical and economic cooperation. In particular Rule 14 of the Standard Rules, on policymaking and planning, stipulates that

[162] Declaration on the Rights of Mentally Retarded Persons, G.A. res. 2856 (XXVI), 26 U.N. GAOR Supp. (No. 29) at 93, U.N. Doc. A/8429 (1971).
[163] *Declaration on the Rights of Disabled Persons*, G.A. res. 3447 (XXX), 30 U.N. GAOR Supp. (No. 34) at 88, U.N. Doc. A/10034 (1975).
[164] Katherine Guernsey, Marco Nicoli and Alberto Ninio (2007), *Convention on the Rights of Persons with Disabilities: Its implementation and relevance for the World Bank* 3 World Bank, June 2007.
[165] Ibid.

'needs and concerns of persons with disabilities should be incorporated into general development plans and not be treated separately'.[166]

Instruments related to women and children

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and **The Convention on the Rights of the Child (CRC)** are important complementary conventions to the CRPD. Using these conventions in conjunction with the CRPD enables a more comprehensive human rights-based approach that takes into account specific vulnerabilities based on age, gender, and disability that result in violence and discrimination against women and children and especially women and children with disabilities. When viewed together, the three conventions strengthen the general pursuit of all women's and children's rights.[167] However, the failure of the CEDAW in particular to mention the rights of disabled women is a striking example of the reason why persons with disabilities need their own human rights convention.

Article 6 of CRPD stresses the multiple discrimination that women with disabilities experience: "*1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. 2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention*".

The Convention on the Rights of the Child (CRC) (1990, ratified by all UN member states except the US and Somalia) is concerned with protecting children from injury and providing adequate protection to children with disabilities.

The central provision of this Convention concerning the rights of disabled children is Article 23:

- "*States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self reliance and facilitate the child's active participation in the community*."
- Article 23 (2) concerns the right of the child with disabilities to special care.
- Article 23 (3) provides that assistance to the child and those responsible for his or her care "…*shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development ".* Services for children with disabilities should, wherever possible, be provided free of charge.

[166] UNFPA (2008).
[167] UNFPA (2008).

The CRPD enlarges the protection of human rights of children, without the limitation of the CRC (Article 7 – Children with disabilities): "*1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. 2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. 3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right".*

Instruments related to employment

Independence and social standing depend heavily on being economically active. Article 27 of the CRPD recognises the right of persons with disabilities to work, on an equal basis with others. The International Labour Organisation (ILO) promotes the economic empowerment of persons with disabilities through international labour standards, policy development, research, publications, and technical cooperation projects. For example, Convention 159, *Concerning Vocational Rehabilitation and Employment of Disabled Persons,* was adopted in 1983, and has been ratified by 73 ILO member states.

This Convention requires ILO member states to adopt national vocational rehabilitation and employment policies that are based on the principles of equal opportunity and equal treatment, with an emphasis on mainstreaming when appropriate and on community participation. The ILO *Code of Practice on Managing Disability in the Workplace,* adopted in 2001, reinforces the importance of removing barriers to recruitment, promotion, job retention, and return to work that persons with disabilities face. It also advocates addressing the issues affecting persons with disabilities within the framework of labour markets rather than social protection policies. The code promotes the business case for employing persons with disabilities, human rights of persons with disabilities, and the economic empowerment that contributes toward independent living and sustainable livelihoods.[168]

(Earlier ILO instruments such as the *Recommendation concerning Vocational Rehabilitation of the Disabled* (ILO Recommendation No. 99 1955) were superseded by Convention 159.)

The CRPD states in Article 27 (Work and employment):

"*1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those*

[168] http://www.ilo.org/skills/lang--en/index.htm.

who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

(g) Employ persons with disabilities in the public sector;

(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour".

Instruments related to education

Education is the essential basis for employment, and for opportunities to achieve self-fulfilment. Without access to education, persons with disabilities will always remain marginalised.

The **CRPD** states in Article 24 Education: States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
c. Enabling persons with disabilities to participate effectively in a free society.

UNICEF has estimated that 90% of children with disabilities can join regular education programmes if a limited number of prerequisites are complied with. Regular schools are expected to educate all children with a slight disability who require little support, but it is preferable if all disabled children can get access to the general school system. This of course requires specific measures in order to meet the needs of students with disabilities.

The **Sundberg Declaration (**adopted by the UNESCO World Conference on Actions and Strategies for Education, Prevention and Integration, Malaga November 1981, article 6), states: "*Education, training, culture and information programmes must be aimed at integrating disabled persons into the ordinary working and living environment."* The **Convention on the Rights of the Child** also supports the inclusion of disabled children in mainstream educational and social environments.

The **Salamanca Statement and Framework of Action (**adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca June 1994) on special needs education calls for inclusion to be the norm in the education of all disabled children. According to the Salamanca Statement**,** all children, regardless of their physical, intellectual, social, emotional or other conditions should be accommodated in ordinary schools. The framework of action adds that "…*regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system."*

Regional instruments directed to disability[169]

There have been a number of regional initiatives for mainstreaming disability in development cooperation, often in the context of a regional decade on disability. We present here examples, which include the African Decade of Persons with Disabilities, the Arab Decade of Disabled Persons, the Asian and Pacific Decades of Disabled Persons and, most recently, the Pacific Regional Strategy on Disability. This section describes how these regional initiatives specifically address mainstreaming disability in development.

African Decade of Persons with Disabilities (2000-2009 extended until 2019)

The objective of the African Decade of Persons with Disabilities (2000-2009) was to empower all stakeholders in development to work in partnership to include disability and persons with disabilities in all aspects of development in the African context. The work of the Decade was carried out through a number of priority themes such as livelihood opportunities, promoting a disability-inclusive perspective in poverty reduction strategy papers and regarding HIV/AIDS.10 A significant role was assigned to development cooperation, including promoting intersectoral approaches to policy and programmes, public sector/private sector partnerships and facilitating capacity development and sharing experiences across the region.

In 2009, the African Decade was extended until 2019, and States re-committed to implementing key thematic social issues through empowering and providing persons with disabilities with equal opportunities, safeguarding their rights and enlisting their participation and mainstreaming their concerns in all development programmes. In this context, the African Union and the European Union (EU) have developed action points on disability under the Millennium Development Goals for health and education in their Joint EU-Africa Strategy and Action Plan (2008-2009).

Arab Decade of Disabled Persons (2003-2012)

The period 2003-2012 was proclaimed the Arab Decade of Disabled Persons jointly by the League of Arab States and the Arab Organization of Disabled Persons. The impetus for the decade was a meeting held on the theme “Disability conditions in the Arab world: Towards an Arab decade on disability”, hosted by the Economic and Social Commission for Western Asia (ESCWA) in Beirut in October 2002.

The main target areas identified for the Decade were education, health, legislation, rehabilitation and employment, accessibility and transport, children with disabilities, women with disabilities, older adults with disabilities, media and public awareness, globalization and poverty; and sports and recreation. The Decade has been instrumental in shaping and promoting a regional perspective on the rights of persons with disabilities in development, including its gender perspective.

[169] The information here is from: ECOSOC (2010): *Mainstreaming disability in the development agenda. Report of the Secretary General*. UN Economic and Social Council, Commission for Social Development, February 2010.

The Asian and Pacific Decades of Disabled Persons

During the concluding year of the United Nations Decade of Disabled Persons (1983-1992), Member States of the Economic and Social Commission for Asia and the Pacific (ESCAP) declared an Asian and Pacific Decade of Disabled Persons for the period 1993 to 2002, which was followed by the second Decade, from 2003 to 2012.

A major outcome of the first decade is the *Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific.* Adopted in 2002, this sets forth regional policy recommendations for action by governments and concerned stakeholders in the region and identifies seven areas for priority action in the new decade. The regional framework for action explicitly incorporates the Millennium Development Goals and their relevant targets to ensure that concerns relating to persons with disabilities become an integral part of efforts to achieve the goals. The Biwako Millennium Framework incorporates disability concerns into national policies and programmes to achieve the targets of the Millennium Development Goals.

Pacific Regional Strategy on Disability (2010-2015)

In October 2009 the Pacific Island Forum of Disability Ministers endorsed the Pacific Regional Strategy on Disability 2010-2015 to support member countries to promote the rights of persons with disabilities in the region. The Strategy seeks to provide a framework for the coordination of Government, civil society and other development partners in building a disability-inclusive Pacific, and strengthen the commitment of all stakeholders in line with the CRPD and other human rights instruments relating to disability.

The Forum aims to develop an implementation plan including a monitoring and evaluation framework and to coordinate the mobilization and provision of resources and technical assistance for Forum island countries to implement the Strategy. The Forum also endorses the issue of disability-inclusive development as part of Government priorities in all Forum island countries; and agreed to designate a focal ministry to deal with disability issues with allocated budgetary resources.

Appendix 6: Countries which have included disability explicitly in their development cooperation

1. EU member states

Austria

In Austria the Federal Development Cooperation Act of 2002 sets forth development policy criteria and includes basic principles by which programmes and projects are to be governed, including consideration for the needs of children and persons with disabilities. The Three-Year Programme on Austrian Development Policy for the period 2008-2010 states that the intention of the Austrian Development Cooperation (ADC) is to account for persons with disabilities in its programmes and projects and pay due attention to inclusive development. ADC programming includes both disability-specific projects and the inclusion of disability within mainstream programmes. In 2005, the ADC released a focus paper on disability within the context of development cooperation. The paper identifies seven guiding principles to support the integration and equality of persons with disabilities.[170]

Finland[171]

In 2010, Finland launched a new Disability Policy Action Plan that applies to all Finnish Ministries, including the Ministry of Foreign Affairs. It assigns responsibilities for disability inclusion in all of the various ministries' mandated areas. In 2009, the Ministry for Foreign Affairs also had established a "3-track" approach to disability that ensures that disability is one of the cross cutting issues integrated in all development action through the following three complementary steps: 1) mainstream disability in all sectors; and 2) complement universal provisions with targeted, additional support and services to equalize access and opportunities for persons with disabilities and to empower them; and 3) include disability in policy dialogue, country negotiations and multilateral cooperation and information dissemination. Currently 2.5% of all of Finnish bilateral Official Development Assistance (ODA) goes to disability-specific activities which are primarily channelled through NGOs/DPOs including support to the Finnish Disabled Peoples International Development Association (FIDIDA) that has been contracted as a partner agency to coordinate development cooperation projects of Finnish DPOs. Finland also has supported global mainstream activities such as providing support to the UN Special Rapporteur on Disability, the Education for All Flagship, the Global Partnership on Disability and Development (GPDD) as well as inclusive education initiatives in Ethiopia, South Africa and the Balkans.

[170] See ADC, *Focus: Persons with Disabilities within ADC* (2005) (www.entwicklung.at/uploads/media/Focus_Persons_with_disabilities_01.PDF).

[171] Final report of the International Development Partners Forum on Disability and Development, GPDD, September 2010.

Germany[172]

In 2006, the Federal Ministry for Economic Cooperation and Development (BMZ), published a policy paper entitled "Disability and Development" which promotes the social model of disability, a rights-based approach, and stipulates the twin-track approach. In 2009, Germany ratified the Convention on the Rights of Persons with Disabilities and published a study on the implications of Article 32 for German development Cooperation. GTZ has a small team within the Social Protection Section ("Sector initiative Persons with Disabilities"). The goal of the initiative is to improve the inclusion of persons with disabilities in strategies, concepts and programs of German Development Cooperation.

The Sector Initiative of Persons with Disabilities has established three levels of interventions: 1) policy and strategy development that provides ongoing consultancy to the Federal Ministry of Economic Cooperation and Development and incorporate an inclusive perspective into sector and country strategies; 2) sensitization, orientation and consultancy for GTZ staff and other German implementing agencies which provides short-term consultancies for studies, internal workshops and training, and referral of experts as well as the development of information material for GTZ staff; and, 3) implementation and operational support which provides good practices on how to make existing GTZ programs inclusive of persons with disabilities as well as server as a resource centre for new approaches and methodologies.

Ireland

The Irish AID Programme prioritizes the reduction of poverty, inequality and exclusion in developing countries and is characterized as part of the global effort to achieve the Millennium Development Goals.[173] Irish AID states that "traditionally disability has received limited attention from aid agencies and donors" and that "if the Millennium Development Goals are to be achieved, the needs of disabled people must be considered alongside other development challenges by national governments, donors, international organizations and NGOs". The Irish AID *White Paper on Irish Aid* addresses disability within a disability-specific framework, undertaking to examine the possibilities for increased activity in the area of disability and development, such as support for specific programmes to address the needs of disabled people.

Italy[174]

Italy ratified the Convention on the Rights of Persons with Disabilities in 2009 and has fully supported the inclusion of Article 32 in the Convention as a fundamental instrument for promoting both human rights and development. The Italian Cooperation (IC) has started a process for reviewing its policies to promote the mainstreaming of disability. For this purpose a study on IC policies and project activities implemented in the period 2000-2008 has been carried out. Based on the findings of the study, a series of recommendations both at internal (national) level and at external relations level were elaborated in order to strengthen the efforts to promote disability in the IC agenda in line with the spirit of the UN Convention.

[172] Ibid.
[173] See www.irishaid.gov.ie/about.asp.
[174] Final report of the International Development Partners Forum on Disability and Development, GPDD, September 2010.

Recommendation for international development cooperation include: updating guidelines on disability issues of the Directorate General of Development Cooperation (DGCS); establishing a twin track approach; programming initiatives and projects targeting persons with disabilities; formulating initiatives and projects targeting persons with disabilities; ensuring compliance with the policies on issues regarding disability; classifying projects according to the OSCE-DAC categories; collaborating with other cooperation agencies for development; involving and supporting organization of persons with disabilities; increasing the value of NGOs; providing training to IC staff on disability and awareness; involving the corporate world; improving accessibility for projects funded by the Italian Cooperation; exchanging information and experience with the Italian institutions and focusing on their knowledge and experience, and; including persons with disabilities in mitigation and humanitarian aid for emergencies.

The IC has also supported The World Bank/Disability Development Team for carrying out a review of policies and practices of bilateral and multilateral agencies in mainstreaming disability in development agenda with the objective of building a wide knowledge on international efforts on the issue.

The IC is supporting the GPDD through the World Bank, and in collaboration with Finland and Norway.

Sweden

The Swedish International Development Agency's poverty policy underlines the importance of carrying out poverty analyses that include the situation of persons with disabilities and facilitate their participation in social development. The Agency adopted a disability position paper in 2005, entitled *Children and adults with disabilities*, which emphasizes that the 'situation of persons with disabilities shall therefore generally be taken into consideration in SIDA's overall development analysis and in planning, implementation, monitoring and evaluation activities'.[175] In October 2009 SIDA published its *"Human Rights for Persons with Disabilities – Sida's Plan for Work",* which aims to increase knowledge and understanding of disability of Sida's personnel and to specify how Sida will include human rights of persons with disabilities in its development cooperation.

United Kingdom

In 2007 the United Kingdom's Department for International Development (DFID) released a 'How To' paper entitled, *Working on Disability in Country Programmes*.[176] The document sets out the rationale for prioritizing disability inclusion in development, emphasising the link between poverty and disability and the impossibility of achieving the Millennium Development Goals without including disability.

[175] SIDA (2005): *Children and adults with disabilities*, Swedish International Development Agency, Department of Democracy and Development (2005) (www.make-development-inclusive.org/docsen/SWChildrenandadultswithdisabilities.pdf).

[176] DFID (2007): *How To Note: Working on Disability in Country Programmes*, United Kingdom Department for International Development (2007) (www.make-development-inclusive.org/docsen/howtonotedfid.pdf).

Disability programming supported by DFID includes both disability-specific initiatives as well as disability components within the framework of a mainstream programme. DFID began its approach to mainstreaming through the launching of an issues paper entitled *Disability, Poverty and Development*.[177] The paper and the approach it articulates were directly inspired by the pursuit of greater equality for women — a "twin-track" approach "combining attempts to take account of women's needs and rights in the mainstream of development cooperation work, as well as supporting specific initiatives aimed at women's empowerment". As defined by the Department, the approach both encourages specific projects to address the needs of persons with disabilities, as well as wider efforts to mainstream disability equality into wider poverty reduction strategies.

2. Countries outside the EU

Australia

The Australian Agency for International Development (AusAID) approach to disability and development is articulated in the strategy *Development for All: Towards a disability-inclusive Australian aid program 2009-2014.* The process of developing the approach included consultation with the Australian disability community and stakeholders in developing countries where AusAID works. The strategy identifies a number of barriers to disability-inclusion in development, including that disability issues are not included in the Millennium Development Goals; there is often a lack of institutional support for disability inclusion in development; staff may be resistant on account of lack of knowledge or skills, and have concerns over added workload and lack of resources, as well as lack of monitoring and accountability mechanisms.

Canada[178]

Canada ratified the Convention on the Rights of Persons with Disabilities in March 2010, underlining its commitment to the rights of persons with disabilities. The Canadian International Development Agency (CIDA), Canada's lead agency for development assistance provides funding to reduce the impact of poverty on the most excluded groups and individuals, including persons with disabilities, and to promote their active participation in civil, political, economic, social, and cultural life. CIDA does not have an overarching "disability strategy" in terms of its international cooperation, however, CIDA's development assistance directly and indirectly addresses disability issues, such as those related to armed conflict, landmines, humanitarian emergencies, natural disasters, and discrimination.

Japan[179]

In 1999, JICA established an advisory Committee on Support for People with Disabilities, which consists of 11 members from DPOs, NGOs, universities and institutes. In 2004, JICA also established a focal point on disability ***within*** the Social Security Team. In 2003, JICA established Guidelines on Disability which seeks to

[177] See www.dfid.gov.uk/Documents/publications/disabilitypovertydevelopment.pdf.
[178] Final report of the International Development Partners Forum on Disability and Development, GPDD, September 2010.
[179] Ibid.

establish the full participation and equality of persons with disabilities through empowerment and mainstreaming activities. Examples of empowerment include: 1) providing director support to persons with disabilities through leadership training, independent living training, vocational rehabilitation, active involvement in Community Based Rehabilitation (CBR), consultation for persons with disabilities and their families and providing advice for DPOs, etc., and; 2) developing an empowering environment through CBR and development of CBR workers, capacity development of professionals, advice for policy development and awareness raising. Mainstreaming is accomplished through: 1) participation of persons with disabilities in JICA programs through involvement of persons with disabilities as beneficiaries of projects in various sectors as well as participation of persons with disabilities as implementers of projects targeting disability; and, 2) developing an environment for mainstreaming disability in JICA through providing awareness raising and capacity development of staff members, establishing a barrier-free environment in JICA and supporting staff members with disabilities.

New Zealand

New Zealand's International Aid and Development Agency's has funded a number of individual in-country projects throughout the Pacific region, many of which include capacity-building support for DPOs. In addition, the New Zealand Disability Strategy provides for a long-term process of ensuring that New Zealand is an inclusive society for all persons with disabilities.[180] As a cross-cutting issue in government strategy, it informs the wide variety of domestic and international policies and sets forth 15 objectives, each of which is underpinned by detailed actions.[181]

Norway[182]

The Norway Agency for Development Cooperation (NORAD) is a directorate under the Norwegian Ministry of Foreign Affairs (MFA) and is responsible for providing support to Norway NGOs as well as implement Humanitarian Assistance. In 2002 NORAD adopted a plan of action entitled, "The inclusion of disability in Norwegian development cooperation", which covers Norwegian policy concerning persons with disabilities, relevant international agreements and conventions, including discussion on challenges linked to development and disability issues, and sets forth practical guidelines for how the work can be implemented.

Norway approaches international cooperation using a twin track approach by both supporting specific disability programs and working to make all of its programs inclusive of persons with disabilities. Concerning specific programming, NORAD

[180] See *New Zealand's aid programme — an overview*, NZAID (www.nzaid.govt.nz/library/docs/factsheet-nzaid-overview.pdf); see also *Towards A Safe and Just World Free of Poverty: NZAID Policy Statement*, NZAID (2002) (www.nzaid.govt.nz/library/docs/nzaid-policy-statement.pdf).

[181] See "New Zealand Disability Strategy: Making a World of Difference Whakanui Oranga", New Zealand Ministry of Health, Minister for Disability Issues (2001) (www.odi.govt.nz/nzds). For a copy of progress reports on the Strategy, see "Progress in Implementing the New Zealand Disability Strategy: 2003-2004", New Zealand Minister for Disability Issues, Office of Disability Issues, Ministry for Social Development (2004) (www.odi.govt.nz/nzds).

[182] Final report of the International Development Partners Forum on Disability and Development, GPDD, September 2010.

provides funding to Atlas Alliance, a Norwegian Disabled Persons Organization, which then supports programs related to disability in developing countries. NORAD also supports other initiatives related to disability including providing support to the GPDD.

USA[183]

The United States signed the CRPD in July 2009 but has not yet ratified the Convention. In 1997, USAID established Policy on Disability that promotes inclusion of persons with disabilities both within USAID programs and in host countries where USAID has programs.To strengthen the disability policy, two additional policy directives were established. The first, in 2004, states that all solicitations for funding as well as subsequent awards, must include language stating that implementing partners will not discriminate against persons with disabilities and that they will follow the 1997 disability policy. The second, established in early 2005 requires all new construction and major reconstruction be made accessible. Additionally, USAID plans to establish a publically accessible on-line complaint form to assist in monitoring the implementation of its policy and directives.

Currently the USAID Disability Team is comprised of three individuals who are working to make all programs inclusive. The team serves as technical support for missions (USAID's in-country offices), and Washington-based offices and bureaus. The team also manages over 40 grants in approximately 30 countries. USAID also encourages each mission, geographic and technical bureau to appoint a disability focal point.

The 1997 Disability Policy encourages, but does not require, all USAID Washington and field missions to develop disability action plans. Reporting on inclusion of disability action plans is part of the organization's reporting system. Currently less than 25% of USAID field missions have developed such a plan. The Disability Team, through training, resources and tools, actively promotes the development of these plans and provides on-site technical assistance either directly or through grants to US DPOs. The Disability Team is responsible for developing a bi-annual strategy and report which includes recommendations for the agency.

Through the Disability Program, USAID allocates between $4-5M each year for activities that specifically target persons with disabilities and promotes the mainstreaming of persons with disabilities into USAID's development programs. Additional directed budgets also include activities and programs for persons with disabilities. With the support of the disability program, more than 75% of mission, bureaus and offices report undertaking programs benefiting persons with disabilities.

In 2005, with the substantive input from international disabilities leaders, USAID develop a six-hour online course on the topic on disability and inclusive development. USAID is working to update the course to include information on the CRPD and lessons learned. While the course is currently not mandatory, having taken the course is mandatory if a mission or office wants to access disability funding from the Disability Program. USAID also provides in-person training for new USAID staff members and has worked with Washington offices and Bureaus, such as the Office for Foreign

[183] Ibid.

Disaster Assistance (OFDA) to include modules on disability in an effort to make technical offices more inclusive. Every two year, USAID publishes a report on the implementation of the Disability Policy as well as keeps an updated website on the agencies activities, initiatives, and programs related to disability and inclusive programming.

USAID has four levels of reporting on disability activities. First, all Missions and offices must submit an Operational Plan (at the beginning of the FY) and a Performance Plan and Report (at the end of the FY). A mandatory component of the Performance Plan is reporting against a key issue, "Inclusive Development: Participation of Persons with Disabilities." As well, offices and Missions must report against four questions ranging from whether or not they have a disability inclusion plan to describing how persons with disabilities have been included in the planning and implementation of their programs. Second, bi-annual reporting is done through the "Report on the Implementation of USAID Disability Policy." Third, USAID maintains an online repository of our policies, tools, resources, publications, and summaries of country programs on their website: www.usaid.gov/about/disability. Last, USAID is implementing a new initiative to provide an online, fill-able form, where members of the public, DPOs, NGOs, etc. can anonymously provide feedback on specific instances where USAID is not in compliance with its disability policy and policy directives.