



Development for All Towards a disability-inclusive Australian aid program 2009–2014

Supporting analysis

Contents

| | |
|--|------------|
| Introduction | 1 |
| Section 1 AusAID Consultation paper for the development of a Disability Strategy for Australia's aid program July 2008 | 3 |
| Section 2 Acknowledgement of the organisations that supported the development of the <i>Development for All Strategy</i> | 13 |
| Section 3 Summary of priority issues arising from consultations | 27 |
| Section 4 An overview of the policies and activities of international donors in disability-inclusive development assistance in Asia and the Pacific | 35 |
| Section 5 International donor experience in disability and development focussing on Asia and the Pacific—A summary of lessons learnt | 87 |
| Section 6 Summary of AusAID's disability-related activities to date and lessons learnt | 123 |
| Section 7 United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) | 155 |
| Section 8 Biwako Millennium Framework for Action (BMF) | 175 |
| Section 9 Biwako Millennium Framework for Action and the UN Convention on the Rights of Persons with Disabilities—Implications for AusAID's disability-inclusive development strategy | 195 |

Introduction

This Companion Volume accompanies *Australia's Development for All: Towards a disability-inclusive Australian aid program 2009–2014* strategy, which was launched by Australia's Parliamentary Secretary for International Development, Mr Bob McMullan MP, on 25 November 2008.

The *Development for All* strategy was informed by significant background research and analysis and extensive consultations and feedback. AusAID undertook to publish this Companion Volume as a resource in implementing the strategy. The Companion Volume is a collection of resources and reports, comprising nine sections, each of which may be downloaded as a discrete part. A broad outline of the rationale for and the structure of the Companion Volume is set out below.

The participatory process of developing the *Development for All* strategy was a new approach for AusAID but also—we believe—unusual within the wider international donor community. The process of research and analysis accompanying the consultations affirmed the critical importance of acknowledging the work of existing players, and the value of reflecting on and incorporating lessons learned from others. The participatory consultation processes emphasised the importance of listening to, and learning from, a range of voices—but as a priority listening to people with disability in partner countries as the end stakeholders and whom AusAID intends will be the ultimate beneficiaries of the strategy.

The Consultation Paper used to inform the strategy—reproduced in **Section 1**—was used by AusAID Disability Taskforce and by AusAID Posts in partner countries to seek early input from stakeholders within partner countries and yielded significant and important feedback to inform the Strategy. Hearing the voices of people most directly affected by this strategy—people with disability in partner countries themselves—was of critical importance in respecting and living the principle of ‘nothing about us without us’, and the central role people with disability must play in policies and programs concerning them.¹ Participatory processes are not a new concept in development.

Extensive consultations were conducted with a wide range of stakeholders—including people with disability, other donors, the international development community, partner governments, academic and research institutions, civil society organisations and other interested parties. The response was overwhelming. Affording opportunity to a wide range of stakeholders allowed a richness of experience and practical insight to also shape the strategy. A list of stakeholders who gave their time in providing input and submissions is set out in **Section 2**. Whilst it is impossible to capture every nuance of the diversity of views expressed in consultations and from the submissions received from over 500 people and organisations, a summary of the main views and opinions expressed is summarised in **Section 3**.

¹ See UN Convention on Rights of Persons with Disabilities, Art 4(3).

Sections 4, 5 and 6 set out the background research and analysis that informed and underpinned the strategy. As a relatively new player in the area of disability-inclusive development, Australia has the advantage of being able to review and analyse the experience of other donors and to learn from that experience. **Section 4** summarises the range of activity and broad approach of other bilateral and multilateral donors in disability inclusive development, with a focus on work in Asia and the Pacific. **Section 5** moves to a reflection on what lessons can be learnt from the experiences of these donors, including from other cross cutting issues such as gender. We hope that these lessons learnt will provide an ongoing reference and continue to influence the strategy's implementation, but also be of wider application to others working in this field.

In setting the direction for AusAID's future work, we needed to take stock of past and existing work- which involved an analysis of our past experience in this area. A review of AusAID's activities and past experience in disability and development up to November 2008 is set out in **Section 6**. This will be useful as a baseline against which we can measure future progress, including AusAID's progress against Outcome 4 of the Strategy.

Finally, any development policy must also acknowledge the existing international and regional context, including relevant regional and international frameworks and their implications. The UN Convention on the Rights of Persons with Disabilities (CRPD) is a multilateral treaty, binding in international law on States Party, and a new international benchmark for the rights of people with disability globally. It was concluded, adopted and brought into force more quickly than any previous human rights treaty. As a party to this treaty, Australia has certain obligations to act in a manner consistent with its obligations, including Article 32 (relating to development assistance and regional and international cooperation). Many of Australia's partners are also party to, or signatories to, this important Convention, and others hope to become parties in the near future. Another key regional framework for Asia and the Pacific, particularly in the decade leading up to the CRPD, has been the Biwako Millennium Framework (BMF) which sets out objectives, priorities and targets for action toward an inclusive, barrier-free and rights-based society for people with disability in Asia and the Pacific. The CRPD and BMF are reproduced for ease of reference in **Sections 7 and 8** respectively. **Section 9** provides an analysis of the implications of each of these instruments and frameworks for the strategy, particularly for guiding principles, and to inform programming decisions for implementation of the strategy.

Finally it should be noted that this publication is based on information that was available during 2008 at the time of formulating the strategy. Recent developments in this field have been rapid, and much additional work has occurred. Readers should therefore independently verify the current policies and activities of relevant donors and seek up to date information.

Sharing the body of work informing the strategy is important as an accountability measure for ourselves, in demonstrating a commitment to informed evidence based policy, and to allow others to learn from it and to use it in shaping their own responses to disability-inclusive development. Publicly available information about disability-inclusive development processes can be scarce, much work done by donors and NGOs may not be recorded and thus lessons learnt are difficult to capture. Building the evidence base and better understanding around responsive and effective disability-inclusive development is an ongoing challenge. We hope that this collection of resources will help build that evidence base and be of use to other partners.

Section 1

AusAID consultation paper for the development of a Disability Strategy for Australia's aid program July 2008

1. Introduction

Throughout July and August 2008, AusAID conducted a range of consultations to inform its Disability Strategy.

The process of consultation undertaken in developing the strategy is outlined in Appendix 1 of Development for All.

As part of these consultations, AusAID Posts in partner countries were tasked with distributing a Consultation Paper to inform discussions and seek feedback and responses. The Consultation Paper was available in both pdf and word (accessible) versions, and written versions were available in other local languages.

Audio and Braille versions of the consultation paper were also made available.

To help facilitate consultations, AusAID Posts were also provided with a range of supporting material including:

- > a Guidance Note detailing priority groups to be targeted, the preferred approach to meetings, practical advice to ensure that meetings and discussions were accessible and comfortable, and guidance for recording and reporting outcomes; and
- > Letters of invitation to stakeholders requesting their contributions to the Consultation Paper; one letter requesting written responses, the second inviting stakeholders to a face-to-face meeting.

The Disability Taskforce also provided a list of some known stakeholders in each country to supplement to the networks Posts already had.

The number, nature and breadth of consultations undertaken depended on the size of the country, the number of people with disability and related stakeholders, and the size and capacity of Posts to undertake consultations.

Country programs managed within AusAID Canberra were also requested to forward the Disability Strategy Consultation Paper to key stakeholders inviting their written responses.

The Disability Taskforce carried out more in depth face to face consultations in several countries—Samoa, Vanuatu, Thailand, Laos and East Timor—to capture a wide range of cultures and country perspectives and experiences.

AusAID received written submissions from nearly 500 people and organisations internationally, responding to issues in the Disability Strategy Consultation Paper—including from partner Governments, disabled peoples organisations and individuals with disability, civil society organisations, international and Australian NGOs, other donors, research institutions, consultants, private companies and interested individuals. (Refer Section 2 for list of contributors).

Postscript: A paper has now been published in the Australian Development Bulletin which outlines the consultation process and strategy development in more detail.¹

¹ See Pratt, K (2009) 'AusAID: Inclusive Development: a new era in consultation', in Thomas, P and Legge, M (eds) *Disability Disadvantage and Development in the Pacific and Asia*, *Development Bulletin*, Special Issue No 73, April 2009, pp 22-26, www.devnet.anu.edu.au



Australian Government

AusAID

CONSULTATION PAPER

DEVELOPMENT OF A DISABILITY STRATEGY FOR AUSTRALIA'S AID PROGRAM

July 2008

Australian Agency for International Development
255 London Cct Canberra ACT 2601 GPO Box 887 CANBERRA ACT 2601
Telephone +61 2 6206 4000 Fax +61 2 6206 4880 www.ausaid.gov.au ABN 62 921 558 838

CONTENTS

1. Introduction.....3

2. Concepts informing the Disability Strategy.....4

3. Principles of the Disability Strategy5

4. Strategic framework.....6

5. Measuring success8

Acknowledgements

AusAID acknowledges the following partners for their valuable contribution to the development of this consultation paper:

- Pacific Disability Forum
- Pacific Islands Forum Secretariat
- Australian Disability and Development Consortium
- United Nations Economic and Social Commission for Asia and the Pacific
- New Zealand's International Aid and Development Agency, NZAID

1. Introduction

It is widely recognised that people with disabilities are among the poorest and most vulnerable in developing countries. The United Nations estimates that approximately 10% of the world's population, or approximately 650 million people, have a disability and about 80% of the population with a disability live in developing countries¹.

The Australian Government is committed to ensuring that the benefits of development reach those who are most excluded and as such people with a disability have been identified as a priority for Australia's aid program.

The Australian Government's first Disability Strategy for its overseas aid program is being developed. It will define what actions will be taken through the development assistance program to assist people with disabilities.

The Disability Strategy will be launched in December, 2008.

The purpose of this paper is to inform and guide discussion during the consultation process with international and domestic stakeholders on developing the Government's new Disability Strategy.

Consultation meetings will be held in the Pacific, Asia and in Australia. The participation and leadership of people with disabilities will be central to the consultation process.

Preliminary discussions with AusAID executive, heads of select posts, thematic and sectoral areas have identified key issues and questions to guide the public consultation process. Following the public consultations further discussions with AusAID program areas will be held regarding approaches to implementing the Strategy.

Braille and audio versions of the consultation paper are available from the Disability Taskforce (see contact details below).

Submissions on the issues outlined below or on other additional areas are welcome. Please provide comments by email or post by August 8th, 2008.

Contact details provided on original Consultation Paper are now out of date and have been removed to avoid confusion.

¹ UN Secretariat Disability Paper (E/CN.5/2008/6 available at www.ods.un.org)

2. Concepts informing the Disability Strategy

2.1 Definition

A broad definition of disability is proposed for the Disability Strategy - *"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 others²."*

2.2 Social Inclusion

"Social inclusion" means being able to participate equally as others in the society where one lives.

People with disabilities face many barriers to full participation and are likely to face an increased risk of social exclusion. This may include being unable to access education, health services, earn a living or participate in decision making.

Social exclusion is a major contributor to the level of poverty which people with disabilities experience, particularly those who live in developing countries. It has been argued that to achieve the targets set for the Millennium Development Goals and to alleviate poverty, people with disabilities must be actively included in development processes and activities.

It is proposed that "Social Inclusion" of people with disabilities will be an overriding principle of the Disability Strategy. The Strategy will aim to reduce barriers faced by people with disabilities in our partner countries and promote their equal participation and access to opportunities, services and benefits of development.

2.3 Models of disability

The "medical model" defines people with disabilities by their condition or impairment. The medical model focuses on the individual and tends not to consider the physical, social and attitudinal factors which contribute to disability. This model seeks to improve or cure the condition and as result reduce the disability.

In recent years the "social model" of disability has become a preferred model. The social model looks beyond an individual's impairment to focus on the environment where the person is living. It describes disability as a consequence of the barriers; attitudinal, environmental and social, which can prevent people from participating like others in society. Improvement of the lives of people with disabilities through the social model focuses on the reduction and removal of these barriers.

It is proposed that a more integrated approach which addresses both the individual's impairment and the environmental disabling factors be considered for the Disability Strategy.

Inclusion and access to opportunities and services by people with disabilities is best achieved by efforts which focus on both the individual and the environment. Disability specific services for the individual, such as medical and rehabilitation services are necessary and important. These services will only be of benefit if there is also a change in the environment where the person is living. Similarly, a focus on removing environmental barriers will have limited impact unless the individual also has the ability to access that barrier free environment.

² The Convention on the Rights of Persons with Disabilities (Article 1)

It is also important that diversity amongst people with disabilities is taken into account. Not all people with disabilities are the same. Different forms of disability are more likely to affect people's life chances; the arrangements and requirements for people with mobility impairment are completely different to those with intellectual disabilities. People with disabilities are also men and women, from rural and urban areas, with more or less education. All these differences need to be taken into account in programming.

It is anticipated that a spectrum of programs will be implemented through the Disability Strategy. These could include: prevention of impairments, medical and rehabilitation services, enabling access to mainstream services and strategies in support of the social and economic inclusion of people with disabilities. Programs will also take account of gender differences and seek to promote gender equality.

Question 1

What definitions and models that describe disability are helpful to consider for the Disability Strategy?

3. Principles of the Disability Strategy

The following principles are proposed to guide the development and implementation of the Disability Strategy:

- i. **Active Role for People with Disabilities:** Promote and support the participation and leadership of people with disabilities. Recognise and benefit from their knowledge and experience and respect their contributions.
- ii. **Recognise Rights:** People with disabilities hold the same rights as other people. Their rights should be respected and protected as outlined in UN Convention on the Rights of Persons with Disabilities.
- iii. **Balanced focus on Prevention and Service Provision:** Providing services and strategies for people with disabilities to promote their maximum inclusion is essential as are interventions that reduce preventable impairments.
- iv. **Focus on Women and Children:** Women and children often face the greatest barriers and discrimination due to disability. Our strategies need to focus particularly on women and children with disabilities and women and girls who more often take on the role of carer.
- v. **Understand Country Differences:** Goals and priorities for improving disability will vary from country to country. Our strategies should be responsive to the specific needs and priorities identified in each country.
- vi. **Support People-People Links and Promote Partnerships:** The combined commitment, influence and experience of disabled people's organisations, non government and faith based organisations in partner countries and the region will be drawn upon to work together to ensure people with disabilities in developing countries are actively included in the development process.

Question 2

Are these suitable principles to guide our work? Are there others?

4. Strategic Framework

4.1 Beyond Mainstreaming

Mainstreaming is a process that is often used to ensure that a cross-cutting issue is taken into account in development programs. In the case of disability, mainstreaming can be used as a process of assessing the implications that any planned policy, program or activity will have on people with disabilities. Where it is appropriate, mainstreaming should also ensure that activities are designed in a way that contributes to achieving positive outcomes for people with disabilities.

However, in recognition that mainstreaming has been a sometimes overused term, has often lacked effective accountability mechanisms, and is therefore at risk of losing its impact, ***the Strategy will seek to move beyond standard mainstreaming to a more strategic form of mainstreaming.*** This approach to mainstreaming will seek to ensure that disability considerations are much more than a single reference in a report or a ticked box with no action or change for people with disabilities. Strategic mainstreaming will 'influence' the shape and direction of country strategies and sectoral initiatives from the start, not simply be an 'add-on'. The tangible effects of this approach will be that the overall focus and priorities, budgets and outcomes of initiatives will be different to what they would otherwise have been.

This strategic approach to mainstreaming is likely to have a clearly defined focus on certain priority sectors – such as education, infrastructure, health and humanitarian assistance – and may also be rolled out first in countries where the doors are most open.

This strategic mainstreaming will also need to work with the different forms of aid that Australia uses in delivering its development assistance program – not only bilateral aid, but also multilateral cooperation and regional programs where doing so can enhance the outcomes at the national level.

Above all, ***this strategic mainstreaming approach will seek to drive transformational change in the way Australia's aid program is delivered*** – to ensure that a focus on people with disabilities is an inherent part of all aspects of program planning and development. This is an ambitious aim, and ideas on how to best do this are sought.

Question 3

Is mainstreaming a useful approach for the disability strategy? How can we make sure mainstreaming of disability is meaningful, and not simply an 'add-on'?

Question 4

Which countries in the Pacific and Asia regions may be good locations to start the implementation of a disability mainstreaming approach and why? What are the criteria that AusAID may use to make these choices?

Question 5

How can multilateral and regional programs be used as a vehicle to improve disability outcomes at the national level?

4.2 Disability Specific Initiatives

People with disabilities often have specific needs which are most effectively met through specific disability focused initiatives.

These initiatives are well captured in the Biwako Millennium Framework for Action³ and include: self-help organisations of people with disabilities and related family and parent associations, women with disabilities, early detection, early intervention and education, training and employment, including self-employment, access to built environments and public transport, access to information and communications and poverty alleviation through capacity-building, social security and sustainable livelihood programs.

The Australian Government's commitment to address avoidable blindness in Asia and the Pacific is one example of a disability specific initiative. A program is currently being developed to improve diagnosis, prevention and treatment of vision impairments as well as strengthen existing eye care training institutions and the capacity of health care workers.

Other types of disability specific programs that could be considered for inclusion in the Disability Strategy are: road safety, nutrition, mental health, maternal and child health, awareness and education on diabetes prevention, diagnosis and early intervention and community based rehabilitation services.

The Disability Strategy will need to determine how AusAID can achieve a balanced approach between disability specific and mainstream initiatives.

Question 6

What are the priority disability specific initiatives that AusAID should focus on and why?

Question 7

How should the Strategy define and address the prevention of impairment?

Question 8

How do we ensure that we get the correct balance between mainstream and disability specific initiatives?

Question 9

What are the criteria that AusAID could use to make these choices for Qs 6-8 above?

4.3 Improving our understanding of disability and development

Information on the prevalence of disability and the relationship between disability and poverty is weak. Information around the effects of multiple forms of discrimination, for example gender and disabilities, is also very poor. The lack of information weakens the case for allocating resources and for making informed policy and programming decisions about disability in development.

Australia is keen to contribute to efforts to improving the evidence-base and understanding around disability and development, ensuring that research activities are sensitive to the local context and cultural systems. This may be by support to: in-country research organisations, participatory research approaches and enquiry and through knowledge and information

³ <http://www.unescap.org/esid/psis/disability/bmf/bmf.html>

sharing which will help to inform and influence the development of national policies and programs.

Question 10

How can people with disabilities have an increased role in improving knowledge and understanding of disability and development? What assistance is needed to support this increased role?

Question 11

What types of enquiry will be most helpful in improving our understanding of disability and development and therefore improve the evidence base?

Question 12

What are priority areas and issues we need to know more about and why?

Question 13

How can AusAID most effectively help increase knowledge and understanding on disability within countries?

5. Measuring Success

Australia is committed to ensuring maximum benefit is gained from the funding it provides in support of disability and development initiatives and that these initiatives result in positive and meaningful change for people with disabilities. We want to be certain that the funds are used wisely and to best effect.

As part of the development of the Strategy we need to define ways to measure what parts of the Strategy have worked well and where there are areas that need improvement. Most importantly we need to be able to specifically say *“these are the people whose lives have improved and this is how we are measuring that”*. While recognising that meaningful and sustainable change takes time, understanding our successes and weaknesses will help us to improve our approach in the future.

Measuring the effectiveness of this strategy may be done in many ways and ideally with the contribution of a range of stakeholders. Of particular importance is the involvement of people with disabilities as the primary stakeholders in the measurement process.

The Government is committed to sharing our results with development partners, external stakeholders and our taxpayers. Sharing results and lessons learnt within AusAID is important and will assist ongoing improvement of our work.

Question 14

What are some of the changes that we want to see from a comprehensive Disability Strategy?

Question 15

How can we best measure these changes respecting the different contexts and cultures where the Strategy will be implemented?

Question 16

How can we best ensure that people with disabilities are involved in the measurement process?

Question 17

What will a successful comprehensive Disability Strategy achieve and how will we know?

Section 2

Acknowledgement of the organisations that supported the development of the *Development for All Strategy*

AusAID's Disability Taskforce acknowledges and sincerely thanks the hundreds of people with disability, their families, communities, Disabled People's Organisations, service providers, NGOs, government agencies and many others who generously gave their time and shared their views, including nearly 500 written submissions, in support of the development of the strategy.

| Contributing organisation | Country |
|--|-----------|
| Ability First Australia | Australia |
| Aboriginal Disability Network | Australia |
| Accredited Auslan Deaf Education Network | Australia |
| Asia Pacific Forum | Australia |
| Austcare | Australia |
| Australia Pacific Islands Disability Support (APIDS) | Australia |
| Australian Association of the Deaf Inc | Australia |
| Australian Business Volunteers (ABI) | Australia |
| Australian Council for International Development (ACFID) | Australia |
| Australian Disability and Development Consortium (ADDC) | Australia |
| Australian Federation of Disability Organisations (AFDO) | Australia |
| Australian International Health Institute | Australia |
| Australian National University (ANU) | Australia |
| Australian Red Cross (ARC) | Australia |
| Australian Volunteers International (AVI) | Australia |
| Australian Youth Ambassadors for Development (AYAD) | Australia |
| Basic Needs | Australia |
| Better Hearing Australia Victoria Inc | Australia |
| Cardno Acil Pty Ltd | Australia |
| Carers New South Wales | Australia |
| Caring and Living as Neighbours (CLAN) | Australia |
| Caritas Australia | Australia |
| Catholic Women's League Australia Inc (CWLA) | Australia |
| Centre for Eye Research, University of Melbourne | Australia |

Contributing organisation

Country

| | |
|---|-----------|
| Centre for International Child Health at Royal Children's Hospital, University of Melbourne | Australia |
| Centre for International Mental Health, University of Melbourne | Australia |
| Christian Blind Mission (CBM) Australia | Australia |
| Communication Rights Australia (CAUS) | Australia |
| Deaf Education Network | Australia |
| Deaf Society of New South Wales | Australia |
| Department of Planning and Community Development, State Government of Victoria | Australia |
| Disability Council of New South Wales | Australia |
| Disability In-Service Training Support Service (DISTSS) | Australia |
| Disability Studies and Research Centre, University of New South Wales (UNSW) | Australia |
| Emergency Architects Australia | Australia |
| Encompass Community Services | Australia |
| Faculty of Education, Queensland University of Technology (QUT) | Australia |
| Faculty of Health Sciences, University of Sydney | Australia |
| Faculty of Health, Medicine, Nursing and Behavioural Sciences, Deakin University | Australia |
| Fiji Association of the Deaf (FAD) | Australia |
| GHD Hassall | Australia |
| Global Health Institute (GHI) | Australia |
| House with No Steps (HWNS) | Australia |
| Inner Melbourne VET Cluster (IMVC) | Australia |
| Institute for Sustainable Futures, University of Technology Sydney (UTS) | Australia |
| Interact Australia | Australia |
| International Women's Development Agency (IWDA) | Australia |
| iRap Asia Pacific | Australia |
| KPMG | Australia |
| Lions Australia | Australia |
| McIntosh Management Services | Australia |
| Mental Illness Fellowship Victoria | Australia |
| Monash University Accident Research Centre (MUARC) | Australia |
| Motivation Australia | Australia |
| National Disability Services Ltd (NDS) | Australia |
| Ovens & King Community Health Service | Australia |
| People with Disability Australia (PWDA) | Australia |
| Physical Disability Council of Australia Ltd. (PDCA) | Australia |
| Plan International | Australia |
| RedR Australia | Australia |

Contributing organisation

Country

| | |
|---|------------|
| RI Global | Australia |
| RMIT University | Australia |
| Royal Institute for Deaf and Blind Children (RIDBC) | Australia |
| Royal Institute of the Blind | Australia |
| Save the Children | Australia |
| School of Human Services, Griffith University | Australia |
| School of Occupational Therapy and Social Work, Curtin University | Australia |
| SCOPE | Australia |
| St Vincent's Mental Health Service | Australia |
| Sunnyfield | Australia |
| The Asialink Centre, University of Melbourne | Australia |
| The Australian Employers' Network on Disability (AEND) | Australia |
| The Australian Human Rights Commission (HREOC) | Australia |
| The Australian Sports Commission (ASC) | Australia |
| The Fred Hollows Foundation | Australia |
| The Leprosy Mission | Australia |
| The Nossal Institute for Global Health, University of Melbourne | Australia |
| The Spastic Centre | Australia |
| Transcultural Mental Health Centre (TMHC), The Diversity Health Institute | Australia |
| Transparency International Australia | Australia |
| Vision 2020 Australia | Australia |
| Vision Australia | Australia |
| Volunteering for International Development from Australia (VIDA) | Australia |
| Women with Disabilities Australia (WWDA) | Australia |
| World Blind Union (WBU) | Australia |
| World Health Organization (WHO) | Australia |
| World Vision | Australia |
| Bangladesh Protibandhi Kallyan Somity (BPKS) | Bangladesh |
| Centre for Disability and Development (CDD) | Bangladesh |
| Handicap International | Bangladesh |
| Jatiyo Protibondhi Unnayan Foundation (JPUF) | Bangladesh |
| National Forum of Organisations Working with the Disabled (NFOWD) | Bangladesh |
| International Federation For Spina Bifida & Hydrocephalus | Belgium |
| Light for the World, Brussels | Belgium |
| Action on Disability & Development (ADD) | Cambodia |
| Association of Blind Cambodians (ABC) | Cambodia |
| Austcare | Cambodia |

Contributing organisation

Country

| | |
|---|----------|
| Australian Red Cross (ARC) | Cambodia |
| Cambodia Trust | Cambodia |
| Cambodian Disabled Peoples Organisation (CPDO) | Cambodia |
| Cambodian Mine Action Authority (CMAA) | Cambodia |
| Cambodian National Volleyball League for the Disabled (CNVLD) | Cambodia |
| Cambodian Red Cross (CRC) | Cambodia |
| Capacity Building of People with Disability in the Community Organisation | Cambodia |
| CARE | Cambodia |
| Council for Development of Cambodia (CDC) | Cambodia |
| Disability Action Council (DAC) | Cambodia |
| Disability Development Services Pursat (DDSP) | Cambodia |
| Friends International | Cambodia |
| Handicap International, Belgium | Cambodia |
| Handicap International, France | Cambodia |
| HelpAge International | Cambodia |
| International Federation of Red Cross and Red Crescent Societies (IFRC) | Cambodia |
| International Labor Organization (ILO) | Cambodia |
| International Women's Development Agency (IWDA) | Cambodia |
| Jesuit Service | Cambodia |
| Komar Pikar Foundation | Cambodia |
| Krousar Thmey | Cambodia |
| Landmine Disability Support (LMDS) | Cambodia |
| Ministry of Education, Youth and Sport | Cambodia |
| Ministry of Health | Cambodia |
| Ministry of Planning | Cambodia |
| Ministry of Social Affairs, Veterans and Youth Rehabilitation | Cambodia |
| National Centre of Disabled Persons (NCDP) | Cambodia |
| National Institute of Statistics | Cambodia |
| New Humanity | Cambodia |
| Social Services of Cambodia | Cambodia |
| The European Union (EU) | Cambodia |
| Transcultural Psycho-social Organization (TPO Cambodia) | Cambodia |
| UK Department for International Development (DfID) | Cambodia |
| United Nations Children's Fund (UNICEF) | Cambodia |
| Veterans International | Cambodia |
| World Bank (WB) | Cambodia |
| World Vision | Cambodia |

Contributing organisation

Country

| | |
|--|--------------|
| Youth with Disabilities Foundation for Education and Employment (Yodiffee) | Cambodia |
| The Cook Islands Disabled People's Organization (DPO) | Cook Islands |
| Ahisaun Fundasaun (ASA) Health Care and Education for the Handicapped | East Timor |
| Asian Development Bank | East Timor |
| Association for the Equality of the Disabled people of Timor (ASSERT) | East Timor |
| Disability Unit, Ministry of the Labor and Solidarity | East Timor |
| Disabled People's Organization, Dili | East Timor |
| Embassy of Japan | East Timor |
| Fundasuan Fuan Nabilan Ba Matan A'at (Inner Light to the Blind) School for the Visually Impaired | East Timor |
| International Council for Education of People with Visual Impairment (ICEVI) | East Timor |
| International Labor Organization | East Timor |
| Irish Aid | East Timor |
| Klibur Aleizadus Timor Loro Sa'e (Katilosa) | East Timor |
| Klibur Domin Home for Sick, Disabled and Displaced People | East Timor |
| Maryknoll Sisters Mission | East Timor |
| Ministry of Education and Culture | East Timor |
| Ministry of Health | East Timor |
| Plan International–Timor Leste | East Timor |
| Secretariat of State for Vocational Training and Employment | East Timor |
| Sekolah Luar Biasa School for Children with Disability | East Timor |
| The Leprosy Mission | East Timor |
| United Nations Educational, Scientific and Cultural Organisation (UNESCO) | East Timor |
| World Bank | East Timor |
| World Vision | East Timor |
| Leonard Cheshire Disability | England |
| UK Department for International Development (DfID) | England |
| Christian Blind Mission (CBM) | Fiji |
| Counterstroke Fiji | Fiji |
| Department of Social Welfare, Ministry of Women, Culture and Heritage and Social Welfare | Fiji |
| Early Intervention Centre | Fiji |
| FemLINK Pacific | Fiji |
| Fiji Association of the Deaf (FAD) | Fiji |
| Fiji Crippled Children's Society | Fiji |
| Fiji Disabled People's Association | Fiji |

Contributing organisation

Country

| | |
|---|-----------|
| Fiji National Council for Disabled Persons | Fiji |
| Fiji Red Cross Society | Fiji |
| Fiji Society for the Blind | Fiji |
| Fiji Sports Association for the Disabled | Fiji |
| Gospel School for the Deaf | Fiji |
| International Labor Organization | Fiji |
| Japan International Cooperation Agency (JICA) | Fiji |
| Land Transport Authority | Fiji |
| Ministry of Education | Fiji |
| Ministry of Health | Fiji |
| Ministry of Local Government and Urban Development | Fiji |
| National Rehabilitation Medicine Hospital | Fiji |
| New Zealand Agency for International Development (NZAID) | Fiji |
| Pacific Disability Forum | Fiji |
| Pacific Eye Institute | Fiji |
| Pacific Island Forum Secretariat (PIFS) | Fiji |
| Project Heaven | Fiji |
| Psychiatric Survivors Association | Fiji |
| Ra School for Special Education | Fiji |
| Spinal Injury Foundation | Fiji |
| Suva Intellectually Handicapped School | Fiji |
| The Provincial Administration, Ra Province | Fiji |
| The Provincial Administration, Rewa Province | Fiji |
| United Blind Persons of Fiji | Fiji |
| United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) | Fiji |
| University of the South Pacific (USP) | Fiji |
| Women with Disabilities Pasifika Network | Fiji |
| Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ, the German Development Cooperation) | Germany |
| The Leprosy Mission Trust India | India |
| Federasi Kesejahteraan Penyandang Cacat Tubuh Indonesia (Federation for Welfare of Physical Disabled) | Indonesia |
| Federasi Nasional Kesejahteraan Tuna Rungu Indonesia (Federation for the Welfare of Hearing Impaired) | Indonesia |
| Helen Keller International | Indonesia |
| Himpunan Wanita Penyandang Cacat Indonesia (The Indonesian Association for Disabled Women) | Indonesia |

Contributing organisation

Country

| | |
|---|-----------|
| Japan International Cooperation Agency (JICA) | Indonesia |
| Ministry for People's Welfare (Menkokesra) | Indonesia |
| Ministry of Social Welfare | Indonesia |
| Mitra Netra Foundation (Friends of the Blind) | Indonesia |
| Persatuan Orangtua Anak dengan Down Syndrome Harapan Kita Hospital | Indonesia |
| Persatuan Penyandang Cacat Indonesia (The Indonesian Disabled Peoples Association) | Indonesia |
| Persatuan Tunanetra Indonesia (PERTUNI, The Indonesian Association of Visually Impaired) | Indonesia |
| The Indonesian Association of Women with Disabilities, South Sulawesi | Indonesia |
| United States Agency for International Development (USAID) | Indonesia |
| World Health Organization (WHO) | Indonesia |
| Yayasan Autisma Indonesia Autism Foundation of Indonesia | Indonesia |
| Yayasan Kristen Untuk Kesehatan Umum Yogya Christian Foundation for Public Health | Indonesia |
| Yayasan Pembinaan Anak-Anak Cacat The Indonesian Society for Care of Disabled Children | Indonesia |
| World Federation of the Deaf | Japan |
| Aia Maea Ainen Kiribati (National Council of Women) | Kiribati |
| Kiribati Association for the Blind | Kiribati |
| Kiribati Association of Non-Government Organisations (KANGO) | Kiribati |
| Kiribati School for the Disabled | Kiribati |
| Ministry of Education | Kiribati |
| Ministry of Health and Medical Services. | Kiribati |
| Ministry of Internal and Social Affairs | Kiribati |
| Ministry of Labour and Human Resource Development | Kiribati |
| Ministry of Public Works and Utilities | Kiribati |
| National Planning Office, Ministry of Finance and Economic Development | Kiribati |
| Red Cross Society | Kiribati |
| Te Toa Matoa | Kiribati |
| Asian Development for the Disabled | Laos |
| Association for Aid and Relief, Japan (AAR) | Laos |
| BasicNeeds | Laos |
| Catholic Relief Services (CRS) | Laos |
| Centre for Promotion of Women, Ethnic, and Disabled Peoples (CPWEG), Ministry of Education | Laos |
| Cooperative Orthotic and Prosthetic Enterprise (COPE) | Laos |

Contributing organisation

Country

| | |
|---|------------------|
| Department of Pension, Invalid and Disabilities, Ministry of Labour and Social Welfare | Laos |
| Digital Divide Data | Laos |
| Handicap International, Belgium (HIB) | Laos |
| Lao Disabled Women's Development Center (LDWDC) | Laos |
| Lao National Disabled People's Association | Laos |
| MAG International | Laos |
| Save the Children, Norway | Laos |
| The National Regulatory Authority for UXO/Mine Action Sector in Laos PDR, United Nations Development Programme (UNDP) | Laos |
| The National Rehabilitation Centre (NRC) | Laos |
| United Nations Children's Fund (UNICEF) | Laos |
| Union Aid Abroad—APHEDA | Laos |
| World Education Consortium | Laos |
| Asian Paralympic Committee | Malaysia |
| Department of Education | Nauru |
| ActionAid Nepal | Nepal |
| Disabled Women Association | Nepal |
| Forum for Human Rights and Disabled | Nepal |
| Handicap International | Nepal |
| Ministry of Women, Children and Social Welfare | Nepal |
| National Association of the Physically Disabled | Nepal |
| National Federation of the Disabled Nepal (NFDN) | Nepal |
| Nepal Association of the Blind | Nepal |
| Human Rights Commission | New Zealand |
| New Zealand Agency for International Development (NZAID) | New Zealand |
| The WHO Pacific Islands Mental Health Network (PIMHNet) | New Zealand |
| International Committee of the Red Cross (ICRC) Special Fund for the Disabled | Nicaragua |
| Community Health and Education Forum | Pakistan |
| Special Life Foundation | Pakistan |
| The Fred Hollows Foundation | Pakistan |
| Asian Development Bank | Papua New Guinea |
| Callan Services for Disabled Persons | Papua New Guinea |
| Department for Community Development | Papua New Guinea |
| Divine Word University | Papua New Guinea |
| National Assembly of Disabled Persons (ADP-PNG) | Papua New Guinea |

Contributing organisation

Country

| | |
|--|------------------|
| National Paralympic Committee | Papua New Guinea |
| New Zealand Ministry of Foreign Affairs and Trade (MFAT NZ) | Papua New Guinea |
| PNG Sports Federation and Olympic Committee | Papua New Guinea |
| PNG Sports Foundation | Papua New Guinea |
| Port Moresby Sheltered Workshop | Papua New Guinea |
| Save the Children | Papua New Guinea |
| United Nations Children's Fund (UNICEF) | Papua New Guinea |
| United Nations Development Fund (UNDP) | Papua New Guinea |
| World Bank | Papua New Guinea |
| World Health Organization (WHO) | Papua New Guinea |
| Adaptive Technology for Rehabilitation, Integration and Empowerment of the Visually Impaired (ATRIV) | Philippines |
| Alyansa ng May Kapansanang Pinoy (Alliance of Disabled Filipinos) | Philippines |
| Autism Society (ASP) | Philippines |
| Catholic Ministry to Deaf People Inc | Philippines |
| Christoffel Blinden Mission (CBM) South-East Asia & Pacific Regional Office | Philippines |
| Christoffel Blinden Mission, Community Based Rehabilitation (CBM-CBR) | Philippines |
| Council for the Welfare of Children | Philippines |
| Department of Education | Philippines |
| Department of Health | Philippines |
| Handicap International | Philippines |
| Liliane Foundation | Philippines |
| National Council on Disability Affairs | Philippines |
| National Economic and Development Authority (NEDA) | Philippines |
| National Statistics Office | Philippines |
| NORFIL Foundation, Inc. | Philippines |
| Philippine Cerebral Palsy, Inc (PCPI) | Philippines |
| Philippine Foundation for the Rehabilitation of the Disabled, Inc. | Philippines |
| School of Deaf Education and Applied Studies, De La Salle–College of Saint Benilde (DLS-CSB) | Philippines |
| SM Foundation | Philippines |
| Special Training, Employment, Advocacy and Management for Deaf Persons Foundation, Inc. (STEAMDPFI) | Philippines |
| Tahanang Walang Hagdanan, Inc. (House With No Steps) | Philippines |
| The Center for Agriculture and Rural Development, Mutually Reinforcing Institutions (CARD MRI) | Philippines |
| The Nova Foundation for Differently Abled Persons, Inc. | Philippines |
| Accident Compensation Board | Samoa |

Contributing organisation

Country

| | |
|---|-----------------|
| Aoga Fiamalamalama School for the Handicapped | Samoa |
| Digicel | Samoa |
| Faatuatua Christian Secondary School | Samoa |
| Faculty of Education, National University of Samoa | Samoa |
| Loto Taumafai Society for People with Disabilities | Samoa |
| Ministry of Education, Sports and Culture | Samoa |
| Ministry of Finance | Samoa |
| Ministry of Health | Samoa |
| Ministry of Women, Community & Social Development | Samoa |
| National Health Services | Samoa |
| New Zealand Agency for International Development (NZAID) | Samoa |
| Nuanua O Le Alofa (NOLA) | Samoa |
| SamoaTel | Samoa |
| Special Needs Education Society Inc (SENESE school) | Samoa |
| The National University of Samoa | Samoa |
| United Nations Development Program (UNDP) | Samoa |
| Women in Business Development Incorporated (WIBDI) | Samoa |
| World Health Organization (WHO) | Samoa |
| Community Based Rehabilitation (CBR) | Solomon Islands |
| Community Based Rehabilitation (CBR) Services for the Visually Impaired and Blind | Solomon Islands |
| Kilu'uf Hospital | Solomon Islands |
| Ministry of Education and Human Resource Development | Solomon Islands |
| Ministry of Health and Medical Services | Solomon Islands |
| New Zealand Agency for International Development (NZAID) | Solomon Islands |
| Pacific Eye Institute | Solomon Islands |
| People with Disability Solomon Islands | Solomon Islands |
| San Isidro Care Centre | Solomon Islands |
| Short Workshops In Mission (SWIM) | Solomon Islands |
| Solomon Islands Disability Support Centre | Solomon Islands |
| The National Referral Hospital | Solomon Islands |
| The Red Cross Special Development Centre | Solomon Islands |
| World Health Organization (WHO) | Solomon Islands |
| Handicap International | Somaliland |
| Association for Development of Lanka's Differently Abled Persons | Sri Lanka |
| Association of Disabled Ex-Service Personnel | Sri Lanka |
| Ceylon Association for the Mentally Retarded | Sri Lanka |
| Disability Organizations Joint Front (DOJF) | Sri Lanka |

Contributing organisation

Country

| | |
|--|-------------|
| FRIDSRO | Sri Lanka |
| Handicap International | Sri Lanka |
| Mentally Handicapped Children and Families Educational Project (MENCAFEP) | Sri Lanka |
| Ministry of Education | Sri Lanka |
| Ministry of Social Services and Social Welfare | Sri Lanka |
| National Council for Mental Health | Sri Lanka |
| Sri Lanka Central Federation for the Deaf | Sri Lanka |
| Sri Lanka Council for the Blind | Sri Lanka |
| The National Disability Policy Drafting Committee | Sri Lanka |
| Volunteer Service Overseas (VSO) | Sri Lanka |
| Swedish Organisations of Disabled Persons International Aid Association (SHIA) | Sweden |
| Department of Violence and Injury Prevention and Disability, World Health Organization (WHO) | Switzerland |
| Geneva International Centre for Humanitarian Demining | Switzerland |
| Global Alliance for Improved Nutrition (GAIN) | Switzerland |
| Global Road Safety Partnership (GRSP) Secretariat | Switzerland |
| International Committee of the Red Cross (ICRC) Special Fund for the Disabled, Geneva | Switzerland |
| International Labor Organization | Switzerland |
| The European Commission | Switzerland |
| United Nations Educational, Scientific and Cultural Organisation (UNESCO) | Switzerland |
| United Nations Office of the High Commissioner for Human Rights (OHCHR) | Switzerland |
| Asia-Pacific Development Center on Disability (APCD) | Thailand |
| Disabled Peoples' International, Asia-Pacific Region (DPI-AP) | Thailand |
| International Labor Organization | Thailand |
| Handicap International | Thailand |
| Japan International Cooperation Agency (JICA) | Thailand |
| United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) | Thailand |
| United Nations Educational, Scientific and Cultural Organisation (UNESCO) | Thailand |

Contributing organisation

Country

| | |
|--|---------|
| Ministry of Education, Women Affairs and Culture | Tonga |
| Ministry of Finance and National Planning | Tonga |
| Naunau o e Alamaite Tonga Association (NATA) | Tonga |
| New Zealand Agency for International Development (NZAID) | Tonga |
| Prison Department, Ministry of Police | Tonga |
| Star of Hope Foundation | Tonga |
| The 'Ofa Tui 'Amanaki Centre for Special Education | Tonga |
| The Aalonga Centre | Tonga |
| The Mango Tree Respite Centre | Tonga |
| Tonga Institute of Education | Tonga |
| Tonga Red Cross Society | Tonga |
| Vaiola Hospital | Tonga |
| British Overseas NGOs for Development (BOND) | UK |
| UK Department for International Development (DfID) | UK |
| Global Partnership for Disability and Development (GPDD), University of Syracuse | USA |
| United States Agency for International Development (USAID) | USA |
| World Bank | USA |
| Department of Women's Affairs, Strategic Planning and Policy | Vanuatu |
| Diabetes Association | Vanuatu |
| Disability Promotion & Advocacy Association (DPA) | Vanuatu |
| Embassy of France | Vanuatu |
| FSPV Youth and Mental Health Project, The Foundation for the Peoples of the South Pacific | Vanuatu |
| International Labor Organization (ILO) | Vanuatu |
| Ministry of Education | Vanuatu |
| Ministry of Health | Vanuatu |
| Ministry of Justice and Social Welfare | Vanuatu |
| Ministry of Youth and Sports | Vanuatu |
| National Council of Chiefs | Vanuatu |
| National Statistics office | Vanuatu |
| New Zealand Agency for International Development | Vanuatu |
| Save the Children | Vanuatu |

Contributing organisation**Country**

| | |
|---|---------|
| The European Union | Vanuatu |
| United Nations Children's Fund (UNICEF) | Vanuatu |
| Vanuatu Disabled Peoples Association | Vanuatu |
| Vanuatu Society of Disabled People | Vanuatu |
| Won Smal Bag | Vanuatu |
| World Health Organization (WHO) | Vanuatu |
| Asia Injury Prevention Foundation | Vietnam |
| Caring and Living as Neighbours (CLAN) | Vietnam |
| Inclusive Development Action (IDEA) | Vietnam |
| Netherlands Leprosy Relief | Vietnam |
| Union Aid Abroad | Vietnam |

Section 3

Summary of priority issues arising from consultations

The process of consultation and feedback undertaken in developing the strategy from July to October 2008 is outlined in Appendix 1 of *Development for All*.

In addition to face-to-face consultations, AusAID received written submissions from nearly 500 people and organisations internationally, responding to issues in the Disability Strategy Consultation Paper (which is reproduced in Section 1). These submissions provided a rich source of perspectives including some culturally specific insights, which will be extremely useful to country programs informing for example situational analysis but also broader implementation of the strategy going forward.

While it is impossible to capture all the issues raised in submissions, this Section seeks to provide a broad summary of themes and priorities.

It was striking that despite a very real diversity across countries—in the level of development, in cultures and in operating contexts—there were many common themes and recurring issues raised in the consultations and made in submissions. Key overarching themes included the following:

- > Many participants expressed appreciation for the participatory consultation processes adopted and the opportunity AusAID provided for them to express their views and provide input into the strategy development process. It was felt that this input would contribute to a more comprehensive, effective and relevant disability strategy for Australia's aid program.
- > This was supplemented by calls to continue to affirm the role of people with disability and their representative organisations—ie Disabled People's Organisations (DPOs)—as key players in the implementation, monitoring, review and evaluation of the strategy. This theme was frequently raised during the consultations, across all countries and by all stakeholder groups involved.
- > Associated with this is the need to strengthen leadership and capacity to enable that role, and to provide opportunities for cooperation between developing countries. Many noted that DPOs must be appropriately resourced and supported to have the capacity to effectively undertake their advocacy, awareness-raising, advisory and related roles.
- > There is a need to increase awareness and understanding of disability generally across all levels—within families, communities, government and service providers—to reduce stigma and discrimination and to promote inclusion.
- > There is a need to improve coordination and utilise existing structures and systems. This means avoiding duplication and considering how AusAID can work with what is in place on the ground and within national systems.
- > There are very real needs in terms of access by people with disability in our partner countries to basic affordable assistive equipment and aids, particularly in remote and rural areas.
- > Access to education and employment were consistently highlighted as priority areas by people with disability themselves.

- > The UN Convention on the Rights of Persons with Disabilities (CRPD) and the Biwako Millennium Framework (BMF) were raised as important frameworks, particularly in moving away from medical or charity based models toward an approach which emphasises rights of people with disability.
- > While some Australian non-government organisations (NGOs) take a different view, prevention of avoidable impairment and prevention of worsening existing impairment is considered to be important by people in developing countries, including by people with disability.
- > Participants expressed a strong preference for national or local approaches, identifying this as more appropriate than regional approaches on most issues.
- > There is a need for a long-term comprehensive commitment in relation to disability in development to ensure predictability, sustainability and effectiveness.

Analysis of some major points made in relation to issues raised in the Consultation Paper is outlined below.

Approaches and principles

- > Many identified the development of a disability strategy by the Australian Government as a window of opportunity for financial, technical and other forms of assistance to support the work of governments, civil society organisations and DPOs in Asia and the Pacific and to build on existing initiatives.
- > Some NGOs, DPOs and donors pointed out that because there is much to be done in the area of disability inclusive development, it would be prudent to start in a focused way and build on early successes (where doors are open) rather than trying to focus on everything at once. After the foundations are in place it will then be possible to scale up.
- > Many also mentioned the need to strengthen and build on existing local and regional networks, expertise and linkages, and to take a long-term perspective, recognising the time realistically needed to bring about real and sustainable changes in the lives of people with disability.
- > Many in Pacific island countries noted the need to recognise and build on the seven BMF priorities, since most governments in the Asia-Pacific region have signed BMF, its priorities are familiar to DPOs, and detailed strategies are in place for each priority.
- > Most submissions supported the shift from an overly medical approach to disability to social models and rights-based approaches.
- > The *social model* was supported by many in the region as being holistic, as reflecting the principles of the strategy and emphasising the importance of creating a nurturing and supportive environment for people with disability.
- > Many (particularly people with disability and DPOs) noted the importance of ensuring a *human rights approach* as it provides the necessary framework to support and strengthen advocacy on the rights of people with disability who have been marginalised for too long. This approach is helpful for countering negative attitudes, discrimination and stigma. Many Australian stakeholders also noted that this would be in conformity with Australia's commitment to and ratification of the UN CRPD.
- > Some noted that adopting a social or rights-based model in no way lessened the need to ensure robust quality health systems and accessible and affordable services for people with disability, particularly those living with chronic illness.

- > Others suggested that the medical model and the social model could both be used for addressing, for example, rehabilitation and reintegration, especially for people who are blind and affected by leprosy.

Mainstreaming and disability-specific approaches

- > The overwhelming majority of submissions cited the need for both mainstreaming and disability-specific approaches. Most advocated a ‘twin-track’ approach, which sees both mainstreaming and disability-specific initiatives as complementary and mutually reinforcing. In some cases, disability-specific interventions might be required before mainstreaming would be possible.
- > Some noted that successful mainstreaming requires training and implementation infrastructure, and that it is not safe to simply assume that mainstreaming will be easily acceptable or adapted and applicable to all forms of disability.
- > There was a call for the needs and concerns of people with disability to be more visible in national development plans, strategies and budgets, and not ‘mainstreamed out of the picture’.
- > There is a need to consider how to mainstream disability into other regional initiatives, not just BMF.
- > Types of disability-specific programs that were explicitly noted for possible consideration were:
 - road safety
 - nutrition
 - diagnosis and early intervention
 - community-based rehabilitation services
 - mental health initiatives
 - maternal and child health
 - awareness-raising and education on diabetes prevention
 - tropical disabling diseases
 - initiatives that address early intervention, detection and prevention, including training for parents and carers
 - services offering disability rehabilitation
 - training and education, e.g. renewal of scholarships for special needs teachers and incorporation of disability into the main education curriculum
 - capacity building for teachers to understand disability
 - capacity building of DPOs (addressed in detail below)
 - support for human rights institutions and law schools to provide education on disability rights
 - relevant research initiatives e.g. on issues facing women and girls with disability.

Priority areas—focus on quality of life

- > Across submissions and throughout Asia and the Pacific there was strong agreement that increased access to education is a high priority.
- > Many submissions mentioned a need for early childhood education and early intervention, and education for life. Adult education, literacy, and vocational and technical education and training were equally important, especially given the missed educational opportunities faced by many people with disability early in life.
- > Access to the built environment was also consistently raised as a key priority, and as a necessary precondition for other forms of access (e.g. access to education, employment, goods and services, and community participation).
- > There is a fundamental lack of awareness and understanding about disability at all levels—especially family and community levels. This leads to a lack of action and reinforces exclusion. There is a significant need for initiatives to reduce stigma, discrimination (and even neglect and abuse) and to promote inclusion.
- > Lack of basic services and equipment prevents active participation and inclusion for people with disability and even creates disability, but many opportunities exist for simple, low-cost, scaled-up efforts to address these needs.
- > Other priorities identified included:
 - elimination of attitudinal, cultural and physical barriers to participation
 - employment opportunities (including self-employment and access to microfinance)
 - poverty alleviation through capacity building
 - access to information and communications
 - access to other infrastructure and public transport
 - early identification, intervention and education for families and carers
 - emergency and continuing medical care—from accident to stabilisation
 - improved medical services. In countries where rehabilitation services cannot be accessed except through government health services, there is a need to strengthen health services, including rehabilitation services
 - improved mental health outcomes, including through a shift from institutionalised to community or family-based care
 - support for psycho-social rehabilitation
 - improved data collection and support for disability-related questions to be included in national censuses
 - development of sign languages and Braille in national languages
 - support for treatment of epilepsy.
- > Both DPOs and civil society organisations noted that often national disability policies and/or legislation exist, but countries often lack the capacity, resources and coordination needed to drive real change for people with disability.
- > Many noted that some impairments receive insufficient focus and attention, or none at all, particularly intellectual disability, mental illness, deafness, blindness, autism, learning disabilities and leprosy.

- > Some also pointed out that people who are Deaf or hearing impaired can face particular discrimination because of unmet communication needs and a lack access to information. Many noted that development of and support for and recognition of sign language was a priority for this group.
- > Some noted the need to also consider long-term or chronic illness.
- > Many submissions highlighted the need to ensure that the differences between urban and rural areas are recognised and taken into account. Rural settings, for example, face significant disadvantage and have less access to services.

Involving people with disability and strengthening DPOs

In many cases, DPOs are functioning with minimal resources and capacity, but with increased support there is enormous potential for them to raise awareness and lead change. Main points made under this theme included:

- > ‘Nothing about us without us’—people with disability must be involved.
- > The need for people with disability to:
 - have greater participation in the development process
 - have appropriate support as the key advocates for disability issues
 - be empowered to contribute significantly to both the economic and social well-being of society
 - be able to avail themselves of services
 - be strategically appointed to relevant positions to play the lead role in the implementation, monitoring and evaluation of AusAID’s disability strategy
 - be involved in every stage—from consultation to implementation, to reporting on and evaluating implementation
 - be engaged as researchers
 - have a stronger role in monitoring to ensure their own country compliance with relevant legislation and CRPD.
- > DPOs should be given every opportunity to strengthen their capacity, to promote the *abilities* of people with disability and to encourage people with disability to become role models.
- > Some suggested there is a need to identify and promote DPOs that have a successful track record of innovative program delivery and to learn from them.
- > To build the capacity of DPOs, improve the quality of education and training delivery, including through the use of more participatory learning approaches.
- > Many people with disability and DPOs noted that the role of people with disability must be central—that is a strategy should encourage and strengthen organisations ‘of’ people with disability, rather than organisations ‘for’ people with disability.
- > Some suggested a need to clarify the definition of DPO— e.g. an appropriate definition might be: ‘self-help organisations of people with disability which are led, managed and run by people with disability, democratically elected for and involved in the planning, decision-making, implementation and ongoing management of their own programs and organisational affairs’
- > There is a need for DPOs to represent people with different *types* of disability to ensure DPOs are representative.

Changes stakeholders wanted to see as a result of the disability strategy

- > Overall, the submissions called for:
 - genuine improvement in the lives of people with disability at all levels of society
 - social inclusion, so that people with disability are able to enjoy all their human rights (social, economic, political and cultural)
 - people with disability being able to access appropriate education at all levels
 - the availability of robust, reliable and useful data to inform policy making and programs
 - development outcomes that reach people with disability in rural and remote communities (not just those in urban areas)
 - more countries to ratify the UN CRPD, formulate national disability plans and provide funding to implement those plans.
- > *People with disability* commonly emphasised that they would like to see:
 - accessible and affordable services
 - a barrier-free environment
 - attitudinal changes in policy makers to be more sensitive to disability issues
 - increased awareness among people with disability of their rights
 - increased involvement by people with disability in matters affecting them
 - budgeting for disability issues at national and local government levels.
- > People with disability in Pacific island countries mentioned achievement of BMF strategies and outcomes as desirable outcomes.
- > *Government* stakeholders sought opportunities for exchange of expertise and open communication between partner countries for sharing information on best practice and capacity building opportunities. They noted the draft strategy's acknowledgment of different cultural responses to disability issues and hoped that the strategy would allow entry points that are tailored to particular cultures.
- > *Non-government/civil society stakeholders* often referred to:
 - improved quality of services (education, health and infrastructure) and livelihood opportunities through better qualified human resources and more inclusive program development and implementation
 - the need for clear policy and consistent implementation, including established measures to ensure inclusion of people with disability in community and government planning and provision of services.
- > *International donors* submitted that laws need to be enacted at the national and local levels protecting and ensuring the rights of people with disability.

Prevention

- > Many welcomed the Australian Government's Avoidable Blindness Initiative as helpful and much needed.
- > Many also noted that significant opportunities exist to strengthen prevention of impairment through support for unexploded ordnance, road safety and improved health care programs.
- > Some submissions noted that prevention efforts should be linked across programs such as health, education and governance, and should build on existing programs.

- > People with disability also noted that prevention of impairment should go beyond health promotion and public health services such as immunisation, vitamin A treatment, nutrition, and campaigns on road and workplace safety, to also include preventing deterioration or worsening of an existing impairment.
- > Some noted that early detection of disability and early intervention and support are also needed, not just prevention.

Regional and international influence

- > Some submissions explicitly noted that the current involvement of development partners in the disability sector in the Pacific (such as NZAID and the Japan International Cooperation Agency) will be greatly complemented by AusAID's disability strategy and related initiatives.
- > One report noted that the strategy is a vital opportunity to strengthen the linkages (and commitments) of BMF, in particular building on commitments to:
 - self-help organisations of people with disability and related family and parent associations
 - women with disability
 - early detection, early intervention and education
 - training and employment, including self-employment
 - access to built environments and public transport
 - access to information
 - poverty alleviation through capacity-building, social security and sustainable livelihood programs.
- > Many submissions noted that Australia could play a key role promoting disability and development in appropriate regional and international forums.
- > Many NGOs also suggested that Australia could play a role in encouraging mutual support and partnerships among NGOs.
- > Several submissions called for Australia to promote public-private collaborative efforts, and joint programs of government institutions and NGOs and DPOs.
- > Many stakeholders also urged realism, suggesting that despite the fact that many international players currently work in various ways in the area of disability, their work has been limited in creating real change necessary for inclusion.
- > Some suggested that international efforts suffer from duplication, lack of coordination and lack of scale and resources to progress agendas.
- > Others suggested that some multilateral organisations face a 'disconnect' between policy and practice—they are willing to change at the local level, but cannot succeed without senior commitment and leadership action.
- > Overall, most stakeholders, including other donors, felt that Australia could exert considerable international influence and leadership in the region.

Research

- > There was overwhelming agreement that there is a lack of reliable and accessible national and local data in relation to disability prevalence, types, age, gender and impacts and that this gap needs to be addressed.
- > This lack of data, including on the prevalence of the multiple forms of discrimination (e.g. gender and disability) impedes evidence-based allocation of resources and informed policy planning and budget decisions relating to disability.
- > There is also a need to improve the broader understanding of disability and development and the relationship between disability and poverty.
- > Strategies—such as in-country research organisations, participatory research approaches and enquiry and knowledge and information sharing—were proposed to help inform and influence the development of national policies and programs.
- > Submissions across all stakeholder groups noted that there is a lack of information or quality information about disability and poverty (for example, there is no standard definition of disability in the region).
- > Some noted the need for further relevant research initiatives on the status of women and girls with disability.
- > There were strong views that people with disability themselves should participate in and partner in research on disability in development.

Section 4

An overview of the policies and activities of international donors in disability-inclusive development assistance in Asia and the Pacific

Introduction

This report builds and expands upon a research report prepared for AusAID in October 2008. It provides an overview of the policies and activities of other major donors and key multilateral agencies in relation to disability and development and aid activities for people with disability in Asia and the Pacific. The aim is to provide background analysis to inform the development of the Australian aid program's strategy for disability-inclusive development.

Information in this report was sourced largely through publicly available documentation from major OECD Development Assistance Committee (DAC) member donors, with particular attention to the policies and activities of the New Zealand and UK aid agencies. Activities and approaches of the European Commission, the World Bank and the Asian Development Bank and United Nations agencies were also investigated. A full list of sources is provided at the end of this report.

Borrowing from the Asian Development Bank's nomenclature, disability activities can be classed into three categories:

- > *disability-specific* (those targeting people with disability as the direct beneficiaries)
- > *disability-relevant* (those responding to the needs of people with disability but requiring some specific intervention to make the outputs accessible to people with disability, e.g. inclusive education initiatives)
- > *disability mainstreaming* (those that incorporate the first two activity types but extend to institution-wide commitments to addressing and incorporating the needs of people with disability in all activities).

Disability-specific interventions were the most readily identifiable activities, and most of the information in this report pertains to activities of that nature. Disability-relevant and mainstreamed activities were generally more difficult to identify and fewer in number.

Overview of findings

Who are the donors?

Around half of the OECD DAC member countries give some profile or level of priority to disability-related development assistance in their aid programs. Most of these donors have either an explicit disability-inclusive development policy statement, or statements on approaches to disability-inclusive assistance couched within broader policy contexts (e.g. within policies on health, education, or addressing social exclusion). Most of the disability-specific policy documents have been produced by donors since 2000.

Among the DAC donors that have a disability-specific policy or that have afforded disability-inclusive assistance some level of priority are:

- | | |
|-----------|------------------|
| > Austria | > New Zealand |
| > Finland | > Norway |
| > Germany | > Sweden |
| > Italy | > United Kingdom |
| > Japan | > United States |

The European Commission also has a separate policy on disability and development. The approaches of bilateral donors are discussed in Part 1.

Several multilateral donors are also active in this area, including the Asia Development Bank, the World Bank and various UN agencies, including the World Health Organisation. These are discussed in Part 2.

Part 1 – Bilateral Donors

General policy and delivery approaches

In general, bilateral donors' policy statements on disability-inclusive development espouse a human rights approach. Objectives are often expressed in terms of supporting people with disability to achieve full participation in development and in society. Donors that align themselves with a social model of disability tend to focus on reducing and removing barriers to societal participation. To achieve this, most donors appear to follow what has become known as the 'twin-track' approach. That is, they support disability-specific interventions while at the same time working towards integrating (or 'mainstreaming') disability considerations into all areas of aid programming.

Most agencies appear to use a similar mix of aid modalities for their disability-specific initiatives, namely bilateral cooperation (including provision of technical assistance), delivery through NGOs and civil society organisations, or support for the activities of multilateral organisations.

The US Agency for International Development (USAID) has one of the most structured approaches to policy implementation. Its first policy paper addressing disability in development in 1997 was accompanied by a 'mandatory reference' setting out key aspects of policy implementation. USAID is also among the few donors that prepare consolidated, regular reports on performance against their policies. The most recent of USAID's biennial reports was published in 2005.¹

The World Bank has a dedicated Disability Team, a disability and development website² and an active policy of incorporating disability issues in mainstream activities.

A unique modality was the joint support from Norway and Finland for a specific World Bank facility, the Trust Fund for Environmentally and Socially Sustainable Development. The fund has four main 'windows' of assistance; disability-related initiatives are included under the 'social protection' window. The fund has supported data studies and other research, as well as efforts to mainstream disability-inclusive development within the World Bank itself.

The Asian Development Bank's approach is also based on mainstreaming disability-inclusive development.

¹ USAID (2005a).

² www.worldbank.org/disability

Donors in Asia and the Pacific

The bilateral donors active in disability-inclusive development in Asia and the Pacific include Japan (JICA), New Zealand (NZAID), the United Kingdom (DFID) and the United States (USAID). JICA, active since the early 1980s, has one of the longest histories of involvement in disability-inclusive support in the region.

The majority of the investment in disability in the Asia-Pacific region has been undertaken in Asia. NZAID is the only one of the four donors currently active in the Pacific. However, Japan's regional-level activities have included Pacific Island participants.

Most disability-inclusive development activities in Asia and the Pacific are country-specific; there are only a small number of regional-level initiatives. Significant regional-level activities include the Asia-Pacific Development Center on Disability in Bangkok and training and scholarship programs, both funded by Japan; and mental health initiatives in the Pacific and the Pacific Disability Forum, both supported by New Zealand.

This study identified around 100 significant disability-specific activities implemented over the last 10 to 15 years across Asia and the Pacific. This figure is not comprehensive and, as noted above, comprises mainly disability-specific activities. Expenditure on these activities was not consistently available, and it was therefore not possible to provide an accurate measure of the total financial investment in disability-inclusive development in the region.

The sectors or themes most commonly targeted in the region for disability-inclusive assistance among these four donors are:

- > **Education**—Efforts have focused on inclusive education for children with disability. These have been mostly individual, local activities, except in the case of Vietnam where several donors (including AusAID) are supporting a co-financed education initiative with the World Bank.
- > **Health and rehabilitation**—Efforts have focused on support for rehabilitation clinics, community-based rehabilitation (CBR) initiatives, provision of aids, and capacity building. Activities have again been largely local and stand-alone.
- > **Capacity building** for empowerment of Disabled People's Organisations (DPOs)—Efforts have included advocacy and rights training, promotion of rights and awareness-raising.

The activities are broadly summarised in Appendix 2. In Asia and the Pacific, NGOs were the most common implementation partners. Where possible, implementation partners for the activities are also identified in Appendix 2.

Policies and activities of leading bilateral donors in the region

This section summarises the policy approaches and significant activities of some of the most active donors in Asia and the Pacific.

UK Department for International Development (DFID)

General policy approach

DFID's policy paper *Reducing poverty by tackling social exclusion*, released in September 2005, provides the agency with an overarching policy framework within which to work on disability-inclusive support. This policy built on a number of earlier initiatives, including an issues paper³ and results from research under DFID's Disability Knowledge and Research (KaR) program.

Social exclusion analysis was not presented in the 2005 paper as a mandatory policy. A 2007 evaluation paper noted that it would take time and effort to embed a social exclusion approach across DFID because of its size and decentralised nature.⁴ It also noted that there was a need for greater clarity on who had the mandate to enforce policy implementation. Under DFID's decentralised organisational arrangements, country offices have the responsibility for determining the composition of in-country programs. There is therefore no uniform approach to disability within the agency.⁵

The 2007 evaluation paper also made a number of recommendations to embed social exclusion policy within DFID, including:

- > clarifying the position of social exclusion analysis in the next update of the DFID Blue Book of mandatory procedures, in the Country Assistance Plan guidance and in the DFID Corporate Plan
- > ensuring that social exclusion is incorporated in the DFID Action Plan on Results, including setting out the results agenda for different parts of DFID, in particular, at the country, agency and international levels
- > spreading greater understanding of social exclusion analysis throughout the organisation.

DFID released a 'How to Note' in November 2007 that suggests ways for its country programs to incorporate support for people with disability. DFID recently appointed a disability specialist to support country offices to implement the suggestions in the Note.

DFID does not include prevention activities in its disability approach, taking the view that prevention of impairments is chiefly a health issue.⁶

Significant activities

DFID operates Programme Partnership Agreements (PPAs) with major international NGOs for the delivery of aid to developing countries. Significant contribution to work on disability is made through its PPA with the British NGO Action on Disability and Development (ADD) and by World Vision UK. World Vision UK has a specific PPA outcome linked to disability mainstreaming. Its aim is to support country offices to move towards more disability-inclusive activities. In the Asia-Pacific region, the most active programs are in Cambodia and India.

ADD supports Disabled Peoples Organisations (DPOs) in Africa and Asia to influence policy and practice to end social exclusion and poverty. The bulk of its activities are in Africa. In Asia, it is active in Cambodia and Bangladesh.

ADD assists DPOs by campaigning, advocating and lobbying for equal rights; helping them run more sustainable, democratic, efficient and inclusive organisations; and supporting them to set up self-help initiatives to improve their standards of living. ADD's long-term aim is to assist in the

³ DFID (2000).

⁴ Gaynor & Watson (2007).

⁵ Thomas (2004), supported by comments from DFID disability specialist to AusAID, 2008.

⁶ Comments from DFID on AusAID's Disability Strategy Consultation Paper, 2008.

development of strong local networks and DPOs that will continue to work effectively after ADD's direct involvement ceases.

In Cambodia, ADD has focused on capacity building of district-level DPOs, including training in disability rights and advocacy. In Bangladesh, ADD has worked with other groups to further the awareness of voter rights among people with disability (see Appendix 2).

Another significant avenue for support is through DFID's Civil Society Challenge Fund, which is the main source of funding for civil society organisations (see Appendix 2.)

DFID is noted for its support for research into disability and development, particularly through the Disability KaR program, which was launched in 2000. The first tranche of funding (£1.2 million) supported more than 20 projects to 2003. An evaluation report commissioned in 2002 recommended that a second phase focus less on healthcare technology and more on disability as a human rights issue in development. The main emphasis of the second phase of Disability KaR shifted to issues to do with disability, poverty and development. More information on individual research projects can be found on the KaR website⁷.

The second phase of KaR has now finished. DFID has advised that a new £2.2 million three-to-five-year cross-cutting research program into disability and poverty is currently under development. Follow-on from KaR outputs will occur mainly in Africa.

Activities in the region

DFID supports activities in a number of Asian countries (see Appendix 2). Many of these activities have been supported through the Civil Society Challenge Fund in South Asia. These include the promotion of access and rights to education for children in Bangladesh; enhanced participation of people with disability in community development in Pakistan; and capacity building among deaf and blind organisations in India.

DFID also supports several initiatives in Cambodia. These include the promotion of rights and sustainable livelihoods among landmine victims, and the furthering of inclusive education and training through support for the Cambodia Trust, one of a consortium of NGOs working with the Government of Cambodia. As noted above, DFID also supports the work of ADD in Cambodia.

In Vietnam, DFID is one of a number of co-financing partners, along with AusAID, supporting the Primary Education for Disadvantaged Children initiative.

New Zealand Agency for International Development

General policy approach

From its establishment in 2002, NZAID has mainstreamed human rights throughout the agency's operations. Accordingly, disability perspectives are incorporated within NZAID's policy framework. Specific examples of this include:

- > the Human Rights Policy, which notes three primary aspects for mainstreaming: strategy and policy, programs, and organisational culture and processes
- > the Health Policy, which supports a twin-track approach, with mainstreaming across all activity and specific initiatives to enhance the empowerment of people with disability. It also commits NZAID, over time, to developing a mainstreaming approach to disability

⁷ www.disabilitykar.net

- > the Education Policy, which recognises education as a human right and stresses that bilateral programs should include a particular emphasis on disability-inclusive measures
- > specific program strategies, such as the Papua New Guinea Strategy (2008–2018), that recognise human rights problems in some areas, including discrimination against people with disability.

The development of the above strategies is guided by the *NZAID guideline for developing a programme strategy*, a tool that requires an analysis and integration of human rights considerations, including disability.⁸

Annual high-level consultations with partner governments examine progress towards achievement of development objectives as specified in the country strategies, and challenges affecting this (including human rights). At the activity level,⁹ implementation is supported by the *Screening guide for mainstreamed and cross-cutting issues*, which specifically refers to the key human rights issues (including people with disability), and how they may be affected by the activity.¹⁰

NZAID also provides support for disability mainstreaming and specific initiatives through untagged support to multilateral agencies and contestable funds, including:

- > the KOHA—Partnerships for International Community Development facility, which provides funding for NZ NGOs working with in-country partners on community development initiatives
- > the Humanitarian Action Fund, an NGO fund that focuses on all phases of humanitarian programs
- > the Asia and Latin America Development Assistance Facilities, which provide funding for NZ private sector organisations working with their in-country counterparts.

Activities in the region

NZAID has been active at the regional level in the Pacific in supporting disability-specific initiatives. Activities cover:

- > empowerment of DPOs, including establishment and support for DPO networks such as the Pacific Disability Forum,¹¹ human rights training and support for attendance of delegates with disability at major regional and international conferences
- > mental health, working with the Foundation of the Peoples of the South Pacific International and also the Pacific Island Mental Health Network.

Significant disability-specific activities are current in:

- > Cook Islands, where NZAID supports the implementation of the national disability strategy

⁸ NZAID (2007d).

⁹ NZAID notes that ‘activities’ encompass all instruments from small grants through to large-scale multi-year support to sector-wide approaches (SWAPs).

¹⁰ NZAID (2007c).

¹¹ The Pacific Disability Forum is the peak non-government organisation in the Pacific representing Pacific Islanders with disability and their rights and entitlements. The forum’s purpose is to promote and facilitate Pacific regional cooperation on disability-related matters for the benefit of people with disability. More information can be found at www.pacificdisability.org

- > Samoa, where advocacy for people with disability is supported through funding for a national DPO, and a local NGO is funded to provide educational and outreach services for children and families with disabilities
- > Vanuatu, where grant aid funds have been given to a local DPO to help develop a national disability policy.

NZAID notes that mainstreaming of disability-inclusive assistance is most evident in education sector-wide programs, where education for children with disability is becoming an increasingly important component.

Japan International Cooperation Agency

General policy approach

JICA's main objective in regard to disability and development is to ensure that people with disability are able to participate fully in social life and development and are able equally to gain opportunities available to people without disabilities. The *JICA thematic guidelines on disability* (2003) promote a two-pronged strategy:

- > empowering people with disability and their families
- > mainstreaming support for people with disability in all JICA projects.

Activities in the region

JICA has the longest history of targeted aid and development for people with disability in the region. JICA's activities are also considerably more numerous than those of other donors in Asia and the Pacific.

JICA has used a mix of delivery mechanisms: working with NGOs, supporting volunteers, and providing infrastructure and technical assistance. A significant current investment is its support for the Asia-Pacific Development Center on Disability, based in Bangkok. JICA constructed and founded the centre in 2002 and has supported it since. The centre works towards empowerment of people with disability through training and establishment of networks. JICA also supports medical and vocational rehabilitation and education.

JICA's activities have the widest spread of the four main donors operating in the Asia-Pacific, taking in Bangladesh, Burma, Cambodia, China, East Timor, Indonesia, Laos, Philippines, Sri Lanka, Thailand and Vietnam.

A list of JICA's earlier activities (pre-2003) in the region—drawn from the 2003 *JICA thematic guidelines on disability* report—is included at Appendix 2. These projects are active across several Asian countries, and include education, medical and vocational rehabilitation and provision of services and aids to people with disability.

In 2006, the Japan Bank for International Cooperation issued a paper titled *Making development projects inclusive/accessible for persons with disabilities in ODA loan operations*. Since most projects financed by the bank are for infrastructure, its activities aim to strengthen accessibility, for instance, in public transport and public buildings.¹²

¹² UNESCAP (2007: para 13).

USAID

General policy approach

USAID had some disability-inclusive activities before 1996.¹³ The agency launched a formal policy on assistance for people with disability in 1997, the objectives of which include:

- > the promotion of the participation of, and equalisation of opportunities for, people with disability in USAID policy, country and sector strategies, and activity design and implementation
- > increased awareness of disability concerns in USAID programs and host countries
- > engagement of other US government agencies and international partners
- > support for international advocacy.¹⁴

USAID seeks to identify local partners and build long-term relationships that will help promote democracy, human rights and inclusive development. It thus identifies local partners and provides means to build DPO capacity, to increase political participation of people with disability, and to promote and protect their rights.¹⁵

The USAID ‘mandatory reference’ on implementation of its disability plan of action established, among other things, a Disability Team Coordinator and arrangements for federal coordination, international cooperation, internal training and reporting.

USAID follows a twin-track approach of support for disability-specific and mainstreamed activities. Policy directives to assist mainstreaming disability into activities have been introduced. All procurement, grants and cooperative agreements require contractors or recipients to comply with USAID’s disability policy,¹⁶ unless a special dispensation has been given from this requirement.¹⁷ All new construction using USAID funding must be accessible to people with physical disabilities using either applicable local standards or the standards developed under the Americans with Disabilities Act.¹⁸

USAID’s investment in disability support was boosted in 2005 with a dedicated appropriation of US\$2.5 million. In subsequent years, this has been raised to approximately US\$4 million per year. These funds have been primarily used to support the capacity building of DPOs, disability awareness and advocacy campaigns, and the establishment of pilot projects that integrate disability into various development programs such as humanitarian assistance, economic strengthening, democracy and governance, and health and education.

USAID’s Building an Inclusive Development Community project, implemented by Mobility International USA, seeks to increase involvement by people with disability, including women and girls, in international development programs as participants, agents, administrators and consultants. The project focuses on strengthening USAID mission responses and local DPO capacity to work to reduce the barriers that people with disability encounter in participating in civic, social, and employment activities.¹⁹

¹³ Cacich (1996).

¹⁴ USAID (1997).

¹⁵ www.usaid.gov/about_usaid/disability/progs.html

¹⁶ USAID (2006: provision 22); USAID (2008: cl 302.3.5.14); USAID (2004).

¹⁷ USAID (2006: cl 303.3.4).

¹⁸ The first policy directives issued in 2004 (USAID 2004) and 2005 (USAID 2005b) were disability-specific standalone documents. As of July 2007 the requirements of these policies were incorporated into general policies on direct contracting (USAID 2008) and grants to and cooperative agreements with NGOs (USAID 2006).

¹⁹ http://www.usaid.gov/about_usaid/disability/progs.html#miusa

The Investing in Women in Development (IWID) fellowship program, managed through the Institute for International Education, was developed with the aim of increasing participation of people with disability in field-based programs, as well as to assess and report on USAID's compliance with its disability policy.²⁰

Activities in the region

USAID support for disability-inclusive development has been delivered principally through NGOs, often working with local government authorities. USAID's investment in the region appears to have been mainly in multi-year projects of around \$US1 million to \$US5 million.

USAID's disability-related development activities in the Asia and the Pacific are located mainly in South and Southeast Asia (see Appendix 2). USAID has conducted activities in Vietnam, including support for Catholic Relief Services to work with the Ministry of Education to provide disability-inclusive education, and support for technical training of orthopedic technologists and improvement of orthotics manufacture.

In Indonesia, USAID has supported inclusive education through its Opportunities for Vulnerable Children program and the empowerment of people with disability, including the promotion of voting rights and accessible polling booth design. In Cambodia, activities have included ongoing support for rehabilitation clinics run by the Vietnam Veterans of America Foundation.

Part 2 — Work of multilateral agencies and other global initiatives in disability-inclusive development — particularly in Asia and the Pacific

During the drafting of the UN CRPD, José Antonio Ocampo, Under-Secretary-General for Economic and Social Affairs, noted that the instrument:

“calls for a series of development interventions, and sets forth the principles on which those actions should be based to create the material conditions necessary for persons with disabilities to enjoy and exercise their rights. ... Quite simply, the Convention calls for a change in the way that development actors do business, and that includes the United Nations. Development will have to be, from now on, truly inclusive, and the measure of the Convention's success will be precisely in the changes in the lives of persons with disabilities in their national contexts.”²¹

This part seeks to analyse the approach and existing work of multilateral organisations in relation to disability inclusive development, as at November 2008.

²⁰ http://www.usaid.gov/about_usaid/disability/progs.html#tech

²¹ Statement by José Antonio Ocampo, Under-Secretary-General for Economic and Social Affairs, General Assembly Ad Hoc Committee, 8th session, New York, 5 December 2006

Asian Development Bank

The Asian Development Bank (ADB) supports a mainstreaming approach to disability. In 2005, it produced its *Disability brief: identifying and addressing the needs of disabled people* as an instructive document for the ADB's operations. The *Disability brief* specifies that the ADB's policy is to recognise that a proactive approach is needed to address social and economic discrimination and to promote initiatives that meet the needs of previously excluded groups.

The brief states that the needs of people with disability should be addressed at the outset of analytical work on country strategy and program formulation, as well as in project design and implementation. It outlines elements of the process for including disability issues in country strategy and program. These include initial analysis and the inclusion of a social development specialist with expertise in disability on the country strategy and program team, and consultation with the relevant National Disability Council, main government agencies dealing with people with disability, DPOs, other disability stakeholders and people with disability themselves.

The *Disability brief* also states that disability issues should be analysed within the poverty and social analysis that is required for the design of all projects and loans. The ADB has developed a framework for the systematic analysis of disability issues—the knowledge, inclusion, participation and access, or KIPA, framework—together with associated checklists.

Activities

The ADB conducted a project from 1999–2002 to promote understanding of and build capacity to address the needs of people with disability in ADB operations and in the developing member countries. The technical assistance involved a series of participatory local and national workshops leading to the preparation of four country studies—in Cambodia, India, Philippines and Sri Lanka. Reports of the country studies were presented at a regional conference on disability and development held at ADB in 2002.²²

The ADB has supported the inclusion of disability initiatives within major projects, such as a Loan for Reproductive Health in Pakistan (2001) and a Loan for Secondary Education Support in Nepal (2002). Both loans aimed to increase access for people with disability.

The *Disability brief* also highlights the need for preventive programs to mitigate the causes of disability, such as pre- and postnatal care, assisted births, good nutrition, safe drinking water, sanitation, immunisations and drugs, occupational safety and health, and peace building.

The World Bank

As early as 2002, former World Bank President James D. Wolfensohn, was calling for more attention for people with disability.²³

The World Bank adopts social and rights based models of disability and has a dedicated Disability and Development Team²⁴ which works to mainstream disability inclusion into the World Bank's operations. It also has a dedicated website from which a number of resources are made available.²⁵

22 The studies are available at www.adb.org/SocialProtection/disability.asp

23 Wolfensohn (2002) <http://www.globalpolicy.org/soecon/develop/2002/1203disabled.htm>

24 <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/BrochureDDteam.doc>

25 www.worldbank.org/disability

The World Bank works to promote disability-inclusive development across many thematic areas, including accessible infrastructure, communications, community-based rehabilitation, education, employment, health and HIV/AIDS, rural development services for children and youth and social protection.

The World Bank not only finances development projects involving disability components—in relation to education, health care, infrastructure, employment, de-institutionalization, children and youth—but also works in a wide variety of disability-related fields, such as data collection and statistics, research and analysis, technical assistance and knowledge sharing. These activities have an impact on people with disability, their families and representative organisations. The World Bank notes that ‘applying a disability lens to all Bank projects, and making them inclusive of everyone, will eventually improve the prospects of poor disabled people in developing countries.’²⁶

The World Bank’s Disability & Development Team has worked to promote the disability agenda within the World Bank and to reach out to international disabled peoples organisations (DPOs) and CSOs interested in including disability issues in their agendas within a wider civil society framework. This new interaction is encouraging CSOs to incorporate disability into their work agenda and collaborate with DPOs.²⁷

In June 2007, the World Bank published a Discussion Paper on the implications of the UN CRPD (and disability inclusive development issues more generally) for the operations of the World Bank.²⁸ The review and commentary was designed to complement existing resources on disability and development which assist World Bank staff, including:

- > Disability Knowledge Kit²⁹; and
- > operations guidance for staff on disability inclusion in investment projects.³⁰

The 2007 Discussion paper notes the World Bank Operational Policies and Bank Procedures framework presents a number of opportunities to foster the integration of disability issues into the development agenda of the World Bank, consistent with its ‘evolving approach’ to the international human rights agenda. It concludes that full integration of disability issues in World Bank operations will assist the World Bank to fully realise its poverty alleviation mission (World Bank 2007: 20). It also notes the potential role that the World Bank can play not only in being of assistance to client countries in the inclusive implementation of projects, but also to “utilize its convening power to help foster the sharing of information, expertise and best practices between actors in this field.” (World Bank 2007: 17).

In May 2008, the World Bank published a discussion paper outlining the record of World Bank’s involvement in disability from 2000–2007 as part of its overall development strategy, to share with development partners some of the good practices the World Bank has discovered and to stimulate new ways to address priorities of people with disability through partnerships, better practices and the further mainstreaming of disability into the work of the World Bank.

The 2008 paper noted that whilst the history of disability and development activities at the World Bank is ‘not as long nor is the volume of associated lending as high as other areas’, lending volume is not a good measure of the importance of these activities in the World Bank’s work—partly because providing access can be low-cost, particularly for new construction. For example, for

²⁶ <http://go.worldbank.org/JGF4Y3E5Bo>

²⁷ World Bank (2006a:60)

²⁸ World Bank (2007a)

²⁹ available on the World Bank intranet at <http://disabilitytoolkit>

³⁰ World Bank (2006)

an additional cost of 1 to 2 percent of school construction, the building can be accessible to all. The paper noted that the World Bank's disability and development activities are growing.

Major disability activities include:

- > Development of disability diagnostics, statistics and measurement capacity
- > Inclusive education
- > Health and Rehabilitation
- > Disability caused by conflict and disasters
- > Accessibility to participate in community life
- > Disability activities within the three core areas of speech and language
- > Operational Tools and Guidelines
- > Regional initiatives and
- > Partnerships.³¹

The 2008 paper noted that regional and country initiatives in disability have been gaining momentum. Four regions particularly active and which have developed regional strategies and/or working groups are Europe and Central Asia (ECA), East Asia and Pacific (EAP), Africa (AFR) and South Asia Regions (SAR). Each region has a disability focal point person who works across sectors and helps link sector colleagues to the disability and development team expertise. Primary areas of work in World Bank lending and non-lending activities include the following:

- > support for national disability strategies or policies, and their related action plans for implementation
- > Technical Assistance for collecting baseline data, developing Management Information Systems, and mapping disability prevalence
- > AAA assessing technical aspects of programs, conducting economic analysis and projections, and examining disability in relation to conflict situations
- > sponsoring high-level, high visibility conferences on disability
- > committing a country-based Development Marketplace to disability and creating small grants programs to support DPOs
- > mainstreaming disability into education, community-based rehabilitation, transport, CDD and other projects/Social Funds and
- > developing a few stand-alone disability projects in disaster and post-conflict situations

The 2008 paper also identified a number of emerging opportunities which could be exploited if adequate resources are made available:

- > Implementation of the UN CRPD
- > (responding to) growing interest from governments, international organizations and the private sector in creating business and partnership opportunities
- > strengthening of cooperation with civil society
- > strengthening of multi-sectoral collaboration within and outside the World Bank and with other UN agencies (e.g. UNICEF, UNDP, ILO and WHO)

³¹ World Bank (2008a)

- > addressing the needs associated with mental and physical disabilities in countries in conflict and post-disaster
- > strengthening international co-operation at global, regional and national levels for addressing disability in development—enhancing equity in development
- > involving people with disability in development
- > ensuring that all new construction and rehabilitation of existing construction is inclusive/ accessible
- > strengthening knowledge management including the accessibility for people with disability
- > strengthening of human rights, equity and poverty alleviation in international aid and
- > increasing the understanding and use of inclusive development within international development.³²

The World Bank has commissioned work on the application of ‘universal design’ approaches.³³

Data Studies and Statistics

As indicated in sections above outlining the work of bilateral donors, the World Bank has been funded by Norway and Finland through the Trust Fund for Environmentally and Socially Sustainable Development to undertake analytical reports and data studies. The World Bank website also indicates that, in partnership with other international agencies, it is working to expand and improve the collection of disability data in developing countries, and lists a number of detailed data reports and data methodology studies. A significant activity of the World Bank is its financial support for the Washington Group on Disability Statistics.³⁵ This group was formed following the United Nations International Seminar on Measurement of Disability held in New York in 2001. An outcome of that meeting was the recognition that statistical and methodological work was needed at an international level in order to facilitate the comparison of data on disability cross-nationally. The group’s objectives include:

- > guiding the development of one or more small sets of general disability measures, suitable for use in censuses, sample-based national surveys or other statistical formats, that will provide basic necessary information on disability throughout the world
- > recommending one or more extended sets of survey items to measure disability or principles for their design, to be used as components of population surveys or as supplements to specialty surveys
- > addressing the methodological issues associated with the measurement of disability considered most pressing by the group participants.

The World Bank has produced innovative thinking around measures for assessing the impact of interventions on the lives of people with disability, closely linked to the WHO’s International Classification of Functioning, Disability and Health (ICF) and the social model of disability. It suggests that these measures could become important tools in monitoring the implementation of the UN CRPD.³⁴

³² World Bank (2008a: 14)

³³ World Bank (2008c) *Design for All*

³⁴ World Bank (2008b)

World Bank support for Global Partnership for Disability and Development (GPDD)

The World Bank provides support to the Global Partnership for Disability and Development (GPDD),³⁵ an alliance of diverse disability and development actors and stakeholders, including Disabled People's Organisations (DPOs), NGOs, developing and developed country governments, bilateral and multilateral donors, United Nations agencies, national and international development agencies, and others.

GPDD was formed to increase collaboration among development agencies and organisations to reduce the extreme poverty and exclusion of the substantial number of children, women and men with disability living in poor countries.

In January 2008, the World Bank signed an agreement with the Burton Blatt Institute Centre of Innovation on Disability at Syracuse University (USA) to host the GPDD Secretariat, and the GPDD held its first meeting in Frankfurt Germany in May 2008.

Its founding was based on the recognition that poverty alleviation in developing countries and genuine progress towards the achievement of the Millennium Development Goals (MDGs) requires the explicit inclusion of people with disability in national and international economic development efforts. Its chief goals are:

- i. combating the social and economic exclusion and impoverishment of people with disabilities and their families in developing countries by increasing awareness and understanding; and
- ii. strengthening cooperation among the partners listed above in promoting the well-being of people with disability in the area of disability and social development.

GPDD notes that most poverty reduction schemes in low-income countries do not consider disability issues or address them in any systematic manner and existing national disability policies and programs in these countries often fail to meet the needs of citizens with disability and provide only mainstreamed services. The causes of this failure include the lack of enforcement, stakeholder capacity, disability awareness, and collaboration between international economic development and foreign assistance specialists and disability specialists. Mainstreaming disability concerns into economic development agendas and projects requires knowledge and awareness raising, an effective collaboration between varied stakeholders, and robust information exchange across regions. GPDD is strongly committed to creating a reliable and effective platform to accelerate change within and outside of government that targets development activities to include and benefit individuals with disability.

The Objective of the GPDD is to combat the social and economic exclusion and impoverishment of people with disabilities and their families in developing countries. To achieve this Objective, GPDD partners work jointly and individually to:

- > improve the quality and effectiveness of public policy-making and implementation,
- > increase the resources devoted to disability and development, and
- > improve the efficiency with which public and private resources are used to improve the quality of lives of, and increase opportunities for, people with disability.³⁶

³⁵ <http://gpdd-online.org/>

³⁶ <http://gpdd-online.org/about/>

The primary actions to advance the GPDD Objective include:

1. *Capacity Building* of DPOs, NGOs, civil society organisations, governments, and others to promote, guide, and facilitate the inclusion of disability issues and the participation of people with disability in international, regional, national, and community-level development policies and programs
2. *Knowledge sharing*
3. *Research*, including about the two-way causality between poverty and disability and encouraging research to improve the quality, quantity, and comparability of disability data and evidence-based practices in inclusive development and
4. *Networking*³⁷

Specific goals and intended activities of the GPDD are outlined in its Strategic Plan.³⁸ The GPDD has created several thematic working groups to identify research needs and determine priority actions required to promote inclusive development:

- > Education Working Group
- > Disability and Poverty Reduction Working Group; and
- > Disasters, Emergencies and Conflicts Working Group.³⁹

World Bank's Global Road Safety Facility

In 2004, the World Health Organization (WHO) and the World Bank jointly issued *The World Report on Road Traffic Injury Prevention*⁴⁰ on World Health Day, which was dedicated by the WHO to the improvement of global road safety. Following this report, the World Bank issued an operational guidance note⁴¹ recommending the establishment of a global partnership.

Following a global call for action made by the United Nations General Assembly Resolutions 58/289⁴² and 60/5⁴³ (Improving global road safety) and World Health Assembly Resolution 57.10⁴⁴ (Road safety and health), to address the 'silent epidemic' on the world's roads, the World Bank launched its Global Road Safety Facility⁴⁵ in November 2005 and formally commenced operations in April 2006.

The 2004 *World Report* highlighted road safety as a social equity and public health issue. Road crashes have a disproportionate impact on the poor who experience limited access to post-crash emergency care and face costs and loss of income that can push families into poverty. However the costs of road crashes can be substantially avoided; successful programs in high-income countries over the last thirty years have demonstrated that road deaths and injuries are predictable and can be prevented.

The World Bank notes that the gap between poor and rich countries in the rate and impacts of road accidents is widening, and this trend will continue unless new global, regional and country initiatives are taken to close it, to reduce the growing vulnerability of communities experiencing intensified road infrastructure provision and rapid motorisation.

³⁷ <http://gpdd-online.org/services/>

³⁸ http://gpdd-online.org/services/plan/GPDD_Strategic_Plan_2008-2012.doc

³⁹ <http://gpdd-online.org/services/workgroups/>

⁴⁰ Peden et al (2004).

⁴¹ <http://go.worldbank.org/AVLW7D8XSo>

⁴² http://www.who.int/violence_injury_prevention/media/news/en/unga_58_289_en.pdf

⁴³ <http://www.unece.org/trans/roadsafe/docs/A-RES-60-5e.pdf>

⁴⁴ http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R10-en.pdf

⁴⁵ <http://go.worldbank.org/E562UX1ZJo>

The Global Road Safety Facility's mission is to 'generate increased funding and technical assistance for global, regional and country level activities designed to accelerate and scale-up the efforts of low and middle-income countries to build their scientific, technological and managerial capacities to prepare and implement cost-effective road safety programs'. Its goals are to:

1. Strengthen global, regional and country capacity to support sustainable reductions in road deaths and injuries in low and middle-income countries.
2. Catalyse increased road safety investment in low and middle-income countries.
3. Accelerate safety knowledge transfer to low and middle-income countries.
4. Promote innovative infrastructure solutions to improve the safety of mixed traffic, mixed speed road environments in low and middle-income countries.⁴⁶

The Global Road Safety Facility is located within the Energy, Transport and Water Department of the World Bank. Apart from the Government of Australia, donor support has been provided through the FIA Foundation,⁴⁷ the Government of the Netherlands, the Government of Sweden, and the World Bank's Development Grant Facility (discussions are ongoing with other potential donors). The Facility is currently engaged in an active program of country activities, such as a road safety assessment of roads vital to Vietnam's economic growth, trade and employment. Vietnam made outstanding improvements to safety with the introduction of a new motorcycle helmet programme in 2007. The Government aims to build on this success by targeting high-risk roads for improvement, especially for motorcyclists, which still account for nine out of 10 road deaths.

Supported by Australian funding a GRSF project in Vietnam is now underway to assess and identify roads safety treatments on 3,000km of the nation's high-risk roads, including 2,000km of the busy National Highway 1 which connects Hanoi in the north with Can Tho in the south.⁴⁸

United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP)⁴⁹

Headquartered in Bangkok, United Nations Economic and Social Commission for Asia and the Pacific is the largest of the UN's five Regional Commissions in terms of membership, population served and area covered.

The only inter-governmental forum covering the entire Asia-Pacific region, ESCAP works to promote sustainable and inclusive economic and social progress. Its mandate as a regional arm of the UN is to promote regional cooperation among member states to achieve inclusive and sustainable development in Asia and the Pacific.

Some 400 million people with disability live in Asia and the Pacific, the majority of whom are excluded from many social and economic opportunities. ESCAP has sought to promote recognition of disability in the region.

The disability programme is managed through the Emerging Social Issues Division of the Bangkok based Secretariat. A few people also work on disability in ESCAP Social Policy and Population Section, and disability is also addressed in other Divisions and Institutes of ESCAP as well as the ESCAP 'off-shoot', the Asia/Pacific Centre for Disability.

Although ESCAP focuses at the regional level, it also supports the development of country-based disability policies and action plans.

⁴⁶ <http://go.worldbank.org/54702ZBEYo>

⁴⁷ <http://www.fiafoundation.com/>

⁴⁸ For more detail see <http://www.worldbank.org/grsf>.

⁴⁹ <http://www.unescap.org/esid/psis/disability>

The first (1993–2002) and second (2003–2012) Asian and Pacific Decades for Persons with Disabilities in the Asian and Pacific region arose from ESCAP intergovernmental processes. The Asian and Pacific Centre for Disability (APCD) (based in Bangkok) was also established at the end of the first decade with the support of ESCAP and the Governments of Thailand and Japan. APCD has conducted a range of training programmes for disabled peoples organisations (DPOs) as well as government officials in various Pacific island countries over recent years.

The Biwako Millennium Framework for Action Towards an Inclusive Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF) was adopted at an ESCAP meeting in October 2002⁵⁰ to launch and give impetus to the second Asian and Pacific Decade. It was developed as a regional policy blueprint to guide action by governments and stakeholders in the region. (A copy of the BMF is provided in Section 8).

The Biwako Millennium Framework has seven priority areas for action:

- A. Self-help organizations of persons with disabilities and related family and parent associations
- B. Women with disabilities
- C. Early detection, early intervention and education
- D. Training and employment, including self-employment
- E. Access to built environments and public transport
- F. Access to information and communications, including information, communication and assistive technologies
- G. Poverty alleviation through capacity-building, social security and sustainable livelihood programmes

ESCAP places special emphasis on the priorities of the BMF and the outcomes of the (5 year) review of the BMF which placed special emphasis on a ‘rights-based’ approach in the light of the recently adopted CRPD.

UN ESCAP’s survey of countries on implementation of the BMF led to its publication *Disability at a Glance: the Profile of 28 Countries in Asia and the Pacific*⁵¹ which aims to provide disability-related data and policy-related information, including how countries define disability, collect statistics and implement the BMF, and relevant institutional frameworks and policies.

ESCAP Pacific Operations Centre (EPOC)

ESCAP Pacific Operations Centre represents ESCAP in the Pacific, and one of its focus areas is disability. EPOC notes that there are an estimated 832,900 Pacific Islanders with disability:

- > They rarely enjoy human rights comparable to others and are invisible to most of the community.
- > Discrimination is exacerbated by the negative attitudes, prejudice, ignorance and apathy of policy-makers and the community.
- > The lack of participation shows that barriers remain deeply embedded in the structures of communities, particularly for women with disabilities.
- > under-participation in paid employment has obvious material consequences, but it is further reinforced by lower levels of educational attainment and lack of accessibility to the built environment.

⁵⁰ High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons, 1993–2002, held in Otsu City, Shiga, Japan 25–28 October 2002.

⁵¹ UNESCAP (2006)

- > Pacific Islanders with disabilities, compared with their non-disabled counterparts, have massively restricted life choices and opportunities.⁵²

The EPOC office and its Social Development and Planning Regional Adviser, based in Fiji, have been active in disability support and cooperation for a number of years. While its traditional role is providing support to governments, during recent years it has formed a very strong partnership with DPOs and disability-related NGOs, assisting with development of policy, problem solving, and documenting the situation of people with disability. It has also advised and prepared policy papers for consideration by Pacific Islands Forum Education Ministers (2002) and Forum Island leaders (2003).

Regional Collaboration

ESCAP worked with regional bodies to ensure that the mid-point review process of the BMF highlighted Pacific priorities on disability and took into account developments and barriers specific to the Pacific. EPOC convened a sub-regional Pacific expert group meeting in March 2007⁵³ in collaboration with the Pacific Disability Forum. The expert group meeting recognised that the BMF provides a useful regional framework for countries to use to address the Articles of the CRPD and its Optional Protocol and recommended that governments and NGOs focus on a few priority areas within the BMF and key strategies over the next five years.

The EPOC has formed an informal partnership with the Pacific Disability Forum and the Pacific Islands Forum Secretariat to deliver more effective technical assistance and support to governments, NGOs and DPOs in their endeavours to address BMF and CRPD priorities and has produced a range of publications and tools.⁵⁴

United Nations Development Programme (UNDP)

UNDP states that it works with national governments to identify what capacity exists in terms of skills, knowledge, institutions and relationships. Driven by the priorities of the country in question, it looks at how to retain what is there, what can be improved upon, where gaps exist and how to fill them, so that the countries' human development strategies can move from aspiration to implementation.⁵⁵ UNDP notes that if human development is the 'what' of UNDP's mandate, capacity development is essentially the 'how'. UNDP defines capacity development as the process through which individuals, organisations, and societies obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time.

UNDP states that in recent years, more than 50 UNDP country offices have implemented programs to recognise and respect the rights of people living with disability, to provide them with training to help navigate better in life and to stand a better chance to be employed, to improve their participation in decision-making, to address the needs of millions of people who became disabled because of devastating conflicts and disasters. The UNDP Pacific office⁵⁶ has provided assistance in capacity building for people with disability in the Pacific, and has undertaken studies toward a report on the situation of women with disability in the Pacific.⁵⁷

52 http://www.unescap.org/EPOC/R4_Disability_in_the_AsiaPacific.asp

53 <http://www.unescap.org/EPOC/meetings/EGM-Disability/index.asp>

54 http://www.unescap.org/EPOC/L6_Publication_and_Tools.asp

55 <http://www.undp.org/capacity/>

56 <http://www.undp.org.fj/>

57 Following finalisation of this Companion Volume, the UNDP study 'Pacific sisters with disability—At the intersection of discrimination' was launched in April 2009.

In 2008, by signing up to the UN Inter-Agency Support Group Joint Statement of Commitment to the CRPD⁵⁸, UNDP made a commitment at the highest level to consolidate and strengthen their work to support people with disability.

United Nations Children's Fund (UNICEF)

UNICEF is mandated by the UN General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF plays an important normative role as an independent and highly respected voice for all children.

UNICEF's five focus areas are:

- > Child Survival and Development,
- > Basic Education and Gender Equality
- > HIV AIDS and Children
- > Child Protection
- > Policy advocacy and partnerships

UNICEF aims to make the best possible contribution to children's and women's rights through a combination of a human rights based approach to its programmes of cooperation with national governments and results-based planning and management,⁵⁹ with a focus on the most marginalized and poorest children and families.

UNICEF's *Medium Term Strategic Plan 2006–2011* includes mention of children with disability under the following focus areas:

- > **Focus Area 1:** Young Child Survival and Development—early screening and diagnosis for childhood disabilities;
- > **Focus Area 2:** Basic Education and Gender Equality—parenting education and support in relation to children affected by disabilities, supporting learning opportunities and reduction of discrimination against children with disabilities and improving education access and environment for children with disability;
- > **Focus Area 4:** Child Protection from Violence, Exploitation and Abuse—care and support for children with disability to ensure full access to services, helping them reach full potential without stigma or discrimination.

UNICEF's Annual Reports on progress and achievements against UNICEF's *Medium-Term Strategic Plan* (available at the time of writing⁶⁰), identify areas in which UNICEF has worked on disability inclusive development issues including:

- > advocating to extend and focus national programmes for early childhood development, including parental education and pre-school initiatives including for children with disability (2006: para 57)
- > changes to regulations and standards for working with children with disabilities (2006: para 105)
- > promoting a human-rights based approach to cooperation emphasising the inclusion of children with disability (2007: para 178)

⁵⁸ <http://www.un.org/disabilities/default.asp?id=448>

⁵⁹ <http://www.unicef.org/rightsresults/index.html>

⁶⁰ UNICEF (2006), UNICEF (2007), UNICEF (2008)

- > collaboration with Special Olympics International, launched at the 2007 Special Olympics World Summer Games in Shanghai, China, to advance the rights of children with intellectual disability, complementing advocacy work undertaken with Special Olympics, Save the Children and Operation Smile, following the 2006 adoption of the UNCRPD (2008: 5)
- > Giving attention to reducing disparity in access to education for children with disabilities, particularly in the Americas and Caribbean (2008: para 171) and
- > Taking the lead to develop child-friendly versions of the CRPD (2008: para 171).

Reports also note the relevance of UN CRPD to improving the wellbeing of children (2006, 2007, 2008: Para 100).

UNICEF has signed the UN Inter-Agency Support Group Joint Statement of Commitment to the CRPD (see below).

United Nations Educational, Scientific and Cultural Organisation (UNESCO)

UNESCO's work in disability-inclusive development seeks to address the needs of children with disability within its general program of promoting inclusive-education for all children.⁶¹

Globally, UNESCO supports initiatives aimed at 'vulnerable and marginalised groups' to ensure an inclusive quality education for all. It seeks to achieve this through early childhood education, improving learning achievement and addressing factors of inclusion such as languages of instruction and appropriate learning materials. Its strategies to promote inclusive approaches include:

- > forging a holistic approach to education from early childhood onward incorporating the concerns of marginalised and excluded groups in all education activities
- > developing capacities for policy-making and system management to support strategies towards inclusive quality education
- > commissioning research on inclusive policies and quality learning enhancement and
- > highlighting groups that are currently marginalised and excluded from a quality education⁶²

UNESCO estimates that of the 75 million children of primary school age who are out of school, one third are children with disability, and thus make up the world's largest and most disadvantaged minority. It estimates that 90 percent of children with disability in developing countries do not attend school and 30 percent of street children live with disability. Literacy for adults with disability is estimated at as low as three percent, and in some countries only one percent for women with disability.⁶³

UNESCO launched a flagship activity under the Education for All Programme in December 2004 entitled 'The Right to Education for Persons with Disabilities: Towards Inclusion'.⁶⁴ UNESCO and Special Needs Department, University of Oslo in Norway jointly share the secretariat to this Flagship. The key purpose of the Flagship is to act as a catalyst to ensure that the right to education and the goals of the Dakar Framework⁶⁵ are realised for individuals with disability. Its strategic objectives are to educate all children together for their mutual benefit and to change attitudes towards children with disability and form the basis for a just and non-discriminatory society which encourages people to live and learn together.

61 <http://www.unesco.org/en/inclusive-education>

62 <http://www.unesco.org/en/inclusive-education/strategy/>

63 <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>

64 http://www.unesco.org/education/just_published_en/inclusive_ed_flyers.pdf

65 <http://www.unesco.org/education/wef/en-conf/dakframeng.shtm>

UNESCO has also produced a range of publications⁶⁶, advocacy and awareness materials such as policy guidelines⁶⁷, toolkits and DVDs⁶⁸ including for example UNESCO Toolkit on Inclusive Education, a series of six publications which address what constitutes inclusive education, parent teacher and community relationships, understanding barriers, making classrooms accessible, dealing with diversity in the classroom, maximising resources, planning and teaching.⁶⁹

UNESCO notes that achieving the right to education for people with a range of disabilities in basic education is a challenging task, but entirely necessary to achieve the Millennium Development Goal of education for all by the target date of 2015.

UNESCO's Regional Bureau for Education in Asia and the Pacific, based in Bangkok, and the 15 field offices serving the region focus on promoting education as a fundamental right, improving the quality of education and stimulating experimentation, innovation and policy dialogue. UNESCO's experience in the use of information and communication technologies for education in the region is informing projects on education for a sustainable future. It provides technical advice on education sector reform and resource management to governments and partners.⁷⁰ It is a partner of a number of networks, including Enabling Education Network for inclusive education (EENET).⁷¹

World Health Organisation (WHO)⁷²

At its Geneva headquarters, policy is handled by the Disability and Rehabilitation Team, within the Department of Violence and Injury Prevention and Disability.

WHO's role is to enhance the quality of life, and promote and protect the rights and dignity of people with disability through local, national and global efforts. WHO guides and supports countries to increase awareness about disability issues, improve disability data, scale up public health programmes and community-based initiatives that promote health and rehabilitation and make assistive devices available to persons with disability. A six-year plan directs WHO's efforts.⁷³

The Fifty-eighth World Health Assembly adopted a resolution aimed at improving the daily lives of people with disability. The resolution calls on WHO and its Member States to work towards ensuring equal opportunities and promoting the rights and dignity of people with disability, especially those who are poor. Countries are requested to strengthen national policies and programmes on disability, including community-based rehabilitation services. WHO is requested to support these efforts, and to collect more reliable data on all relevant aspects of disability, including the cost-effectiveness of interventions.

Specifically, the resolution calls for:

- > Promoting early intervention and identification of disability, especially for children
- > Supporting the integration of community-based rehabilitation services into the health system
- > Facilitating development and access to appropriate assistive devices, including wheel chairs, hearing aids, orthoses, prostheses, etc. which help to ensure the inclusion and participation of people with disabilities in their societies

66 <http://www.unesco.org/en/inclusive-education/publications/>

67 <http://www.unesco.org/en/inclusive-education/guidelines/>

68 <http://www.unesco.org/en/inclusive-education/toolkits/>

69 <http://unesdoc.unesco.org/images/0013/001375/137522e.pdf>

70 <http://www.unescobkk.org/index.php?id=6>

71 <http://www.eenet.org.uk/about/about.shtml>

72 <http://www.who.int/topics/disabilities/en/>

73 <http://www.who.int/disabilities/en/index.html>

- > Strengthening collaborative work on disability across the United Nations system and with Member States, academia, private sector and nongovernmental organizations, including disabled people's organizations
- > Production and dissemination of a *World report on disability and rehabilitation* based on the best available scientific evidence.⁷⁴

WHO initiative on Avoidable Blindness and Visual Impairment

The objective of WHO's Prevention of Blindness Team is to assist Member States to effectively prevent blindness and restore sight, when possible. The global target is to ultimately reduce blindness prevalence to less than 0.5 % in all countries, or less than 1 % in any country. The team works with Member States through WHO regional offices to develop strategies for prevention and control of blindness and visual impairment, and partners with NGOs and WHO collaborating centres to support the implementation of strategies developed. It also co-ordinates the collection and dissemination at national, regional, and global levels of data on visual impairment and the implementation of programme strategies. The principal area of work is elimination of avoidable blindness.

WHO Guidelines on Wheelchairs for Less Resourced settings

The WHO together with USAID, the International Society for Prosthetics and Orthotics and Disabled Peoples' International (DPI) have produced *Guidelines on the provision of manual wheelchairs in less resourced settings*.⁷⁵

The guidelines respond to issues surrounding meeting the need for wheelchairs. Wheelchairs are one of the most commonly used assistive devices for enhancing the personal mobility of people with disability. WHO estimates 1% of the world's population, or just over 65 million people, need a wheelchair, but in most developing countries few have access to them, production facilities are insufficient and wheelchairs are often donated without the necessary related services. Providing wheelchairs that are appropriate, well-designed and fitted not only enhances mobility, but also opens up a world of education, work and social life for those in need of such support.

The guidelines, developed for use in less resourced settings, address the design, production, supply and service delivery of manual wheelchairs, in particular for long-term wheelchair users. The guidelines and related recommendations are targeted at a range of audiences, including policy-makers, planners, managers, providers and users of wheelchair services, designers, purchasers, donors and adapters of wheelchairs, trainers of wheelchair provision programmes, representatives of disabled people's organizations, and individual users and their families.

WHO notes that "by developing an effective system of wheelchair provision, Member States support implementation of the Convention on the Rights of Persons with Disabilities and the May 2005 World Health Assembly resolution A58/23 Disability, including prevention, management and rehabilitation."⁷⁶

The **WHO South East Asia Region (SEAR)** has eleven Member States: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste. Its activities relating to disability fall within "Disability, Injury Prevention and Rehabilitation".

⁷⁴ <http://www.who.int/features/qa/16/en/index.html>

⁷⁵ WHO (2008)

⁷⁶ Ibid.

WHO SEAR notes the major challenge is that countries in WHO South-East Asia Region have a disproportionately high burden of injuries of both unintentional and intentional (violence) causes. These account for more than a quarter of global injury burden. Road traffic incidents are the most prevalent cause of all injuries. In 2001, WHO estimated 6.2 million people were admitted to hospitals due to road traffic injuries. This high burden of road traffic injuries in the Region is predicted to rise by 144 percent by 2020. The World report on road traffic injury prevention has served as platform to strengthen WHO's activities in road safety.

A major concern is the lack of reliable and effective information systems on injury and violence for programme and policy development. In addition, most countries lack sufficient national capacity for injury prevention and control. WHO SEAR believes that "in parallel to injury preventive strategy, measures to reduce severity, death and disability due to injury needs to be strengthened. Pre-hospital trauma care is one priority area in the region that WHO will continue to provide technical support to member countries."⁷⁷ An increasing number of persons with disability due to ageing population injuries and chronic diseases is a major challenge to the national health system.

WHO work relating to mental health in the Pacific

The WHO Pacific Islands Mental Health Network (PIMHnet), launched during the Pacific Island Meeting of Health Ministers in Vanuatu in 2007, has been established to overcome some of the challenges Pacific Island countries face in the area of mental health. New Zealand has provided funding to WHO to support PIMHNet for 3 years.

PIMHnet has 18 member countries, each with an appointed focal point: American Samoa, Australia, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu. Network countries draw on their collective experience, knowledge and resources in order to promote mental health and develop mental health systems that provide effective treatment and care.

An important strategy of PIMHnet has been the forging of strategic partnerships with NGOs and other agencies working in the Pacific Region in order to reduce the existing fragmentation of mental health activities and to build more coordinated and effective strategies to address the treatment gap, to improve mental health care and, importantly, to seek to end stigma, discrimination and human rights violations against people with mental disorders.

United Nations Population Fund (UNFPA)

UNFPA's mandate is to meet the needs of people with disability and to eliminate specific forms of discrimination they may face with regard to reproductive rights, including family planning and sexual health, HIV/AIDS, information, education and gender-based violence.

The mission of UNFPA is to support countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and every girl and woman is treated with dignity and respect. UNFPA is the lead agency for the International Conference on Population and Development (ICPD). In 2007, UNFPA targeted 29.1 per cent of its funding (US\$79.5 million) to Asia and the Pacific.

UNFPA addresses the sexual and reproductive health needs and rights of people with disability in line with the CRPD. To raise awareness of CRPD, UNFPA published two advocacy resources in

⁷⁷ <http://www.searo.who.int/EN/Section1174/Section1461/Section1713.htm>

2007-2008: “Emerging Issues: Sexual and Reproductive Health of Persons with Disabilities”⁷⁸ and “Emerging Issues: Mental, Sexual and Reproductive Health”⁷⁹. UNFPA (2007) found that most people with disability in developing countries are without social systems to support them, and that their sexual and reproductive health needs and rights are often overlooked. UNFPA outlined the concerns of people with disability, the international commitments that aim to protect their rights, and UNFPA recommendations for expanding access to sexual and reproductive health care.

UNFPA’s Strategic Plan 2008–2011 also places a special focus on marginalised groups, including women with disability and provides guidance to UNFPA staff to ensure that people with disability participate in the design, implementation, monitoring and evaluation of support programs.

UNFPA is also working with the WHO to produce a guidance note to support Country Offices and partners to promote inclusion of people with disability on a broad array of issues on sexual and reproductive health such as family planning, maternal health, HIV prevention and fight against gender-based violence.

UNFPA oversees maternal and child health and obstetric fistula programs and contributes to Integrated Mine Action Programs, all of which are relevant to people with disability.

UNIFEM

UNIFEM Pacific Office has provided assistance and support to women with disability in the form of mentoring and professional support, support to attend capacity building activities and technical support to apply for funding and carry out activities.

For example, in 2007, a Fiji woman supported by UNIFEM was engaged with another consultant on a desk review of women with disabilities in the Pacific undertaken by UNDP. UNIFEM Pacific Office was acknowledged in the UNDP report for its technical and professional support. UNIFEM also supported two women with disability from the Pacific (one each from Fiji and Kiribati) to attend the Capacity Building Proposal Writing Workshop held in Suva, Fiji in early 2008.

In 2008, the UNFEM Pacific Office Help Desk provided technical support and assistance to the Fiji National Council for Disabled Persons to secure funding from the British High Commission, AUSAID and the Fiji Ministry of Women and Social Welfare to embark on statistical data research, ‘Making Women with Disabilities Visible’, which is a nationwide baseline survey on persons with disability in Fiji. UNIFEM Pacific Office has agreed to co-finance the Roundtable Consultation to discuss findings of this statistical survey in November 2009.

UNIFEM Pacific Office plans to carry out a Street Women’s Project focusing on women with disability, partnering with Women with Disabilities Pasifika Network and the Women’s Crisis centre.

UNIFEM Pacific Office Help Desk advises that it also provides technical support both to the Fiji National Council for Disabled Persons and other disability organisations in Fiji and in the Pacific to secure funding for activities focusing on issues of women and girls with disability.

United Nations Mine Action Service (UNMAS)

Australia has provided funding to UNMAS in Afghanistan, and this has played a role in integrating disability and victims’ assistance into national programs and policies. UNMAS also undertakes work

⁷⁸ UNFPA (2007)

⁷⁹ UNFPA (2008)

in Sudan, Lebanon, Nepal and the DRC. In Afghanistan—Australia’s contribution of AUD 7.5 million has played a major part in supporting the victim assistance and disability sector. UNMAS are leading on disability and are focusing on a holistic approach, working with the Government toward national ownership and implementation of victim assistance and mine risk education program activities.

UNMAS takes a community-based approach, particularly in the Uruzgan Province, which has been successful in both increasing awareness and ownership of the de-mining process. The approach also provided employment and incomes for local communities. UNMAS runs demining activities and workshops in Sudan, Nepal, Lebanon and DRC.

UNMAS has also produced “Advocacy Toolkits on the Convention on the Rights of Persons with Disabilities”⁸⁰ and provided these to field programs to advocate for ratification and implementation of the Convention.

International Labour Organization (ILO)

The International Labour Organization (ILO) seeks to promote meaningful and gainful employment under conditions of freedom and equality for all men and women with its ‘decent work’ concept.⁸¹ This means promoting employment opportunities for people with disability based on the principles of equal opportunity, equal treatment, mainstreaming and community involvement.

Key ILO instruments relating to the right to decent work of people with disability and prohibiting discrimination on the basis of disability include: ILO Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons), 1983, and its accompanying Recommendation No. 168 Code of Practice on Managing Disability in the Workplace.

The ILO has produced a number of resources, including on good practices related to various aspects of vocational training and employment, and guidelines for services assisting jobseekers with disability, and fact sheets on work and disability.⁸²

In 2007 for International Day of Disabled Persons ILO ran a photo competition with the theme “Decent Work for Persons with Disabilities”, together with Disabled Peoples’ International and Irish Aid.⁸³

UN Inter-agency Support Group on CRPD and Statement of Commitment to CRPD

At its 12th session in September 2006, the UN Chief Executives Board resolved to establish an inter-agency support group for the CRPD. The first meeting of the Inter-Agency Support Group (IASG) was held on 13–14 December 2007 at UN headquarters in New York. The second meeting was held on 19–20 June 2008 in Geneva, hosted by the Office of the High Commissioner for Human Rights (OHCHR) and co-chaired by United Nations Department for Economic and Social Affairs (DESA), which together constitute the joint Secretariat of the CRPD.⁸⁴

⁸⁰ <http://www.mineaction.org/doc.asp?d=1064>

⁸¹ <http://www.ilo.org/public/english/employment/skills/disability/>
<http://www.ilo.org/public/english/region/asro/bangkok/ability/activities.htm>

⁸² ILO (2003), ILO (2004), ILO (2007)

⁸³ ILO (2008)

⁸⁴ <http://www.un.org/disabilities/default.asp?navid=46&pid=323>

The role of the IASG is to:

1. develop guidance notes for UN agencies (with a particular focus on UNDP) to ensure disability-inclusive development and processes in all UN programs, including updating existing tools
2. provide advice and input into the Common Country Assessments which forms part of the UN Development Assistance Framework to ensure disability-inclusiveness across the board (by the end of 2009) and
3. monitor and support progress against MDGs with regard to disability-inclusive development.

Its terms of reference provide that the IASG may invite members of the Committee of the Rights of Persons with Disabilities as contributors to its discussions.⁸⁵

A Statement of Commitment signed by many UN agencies⁸⁶ recognises the critical role that the United Nations system has in protecting and promoting the rights of people with disability, including children. The Statement commits the UN to promoting, protecting, and ensuring the general principles of CRPD, as defined in Article 3, both in UN system's work with external partners, and in its internal policies. Through the Statement, the UN has also committed to developing operational principles and, as appropriate, to providing support to the States parties to the CRPD.

The Inter-Agency Support Group has committed to work focusing on the following six areas:

- i. **Policies.** [in response to CRPD Article 32(1)], the IASG will develop a strategy and an action plan that promotes, protects and ensures the rights of persons with disabilities. For this purpose, inputs from experts outside the United Nations system, including from persons with disabilities and/or organizations of persons with disabilities, will be requested.
- ii. **Programmes.** [in response to CRPD Article 32(1)(a) which states “ensuring that international cooperation, including international development programmes, are inclusive of and accessible to persons with disabilities.”] building on the existing guidelines, the IASG will work to ensure that Country Programme Guidelines are inclusive of, and accessible to, persons with disabilities.
- iii. **Capacity-building.** [in response to CRPD Article 32(1)(b) which states the obligation of “facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices.”] An element of the strategy will be to support capacity-building by increasing knowledge of the Convention. The capacity building efforts will be targeted both externally and internally, namely towards States parties and civil society organizations, as well as within the United Nations system. Members of the IASG will develop indicators to gauge progress in that regard. Training programmes on the rights of persons with disabilities will be developed and implemented. In addition, the IASG will promote awareness-raising, advocacy, ratification of the Convention, and implementation of its provisions. The IASG will augment substantive understanding of the rights and provisions through general and technical comments aimed at operationalizing the Convention.
- iv. **Research and access to knowledge.** CRPD Article 32 (1)(c) calls for “facilitating cooperation in research and access to scientific and technical knowledge.” The UN system will strengthen its efforts on data collection and analysis of information collected by the UN system, and will share knowledge on the Convention through publications and documents. Furthermore, members of the IASG will, in their areas of expertise, promote and/or support the research and access of knowledge by States, organizations of persons with disabilities and other private or public bodies.

85 UN IASG Terms of Reference (2007) para 16. <http://www.un.org/disabilities/documents/iasg/iasg-termref.doc>

86 <http://www.un.org/disabilities/default.asp?id=448>

v. **Accessibility.** CRPD Article 32(1)(d) stipulates “providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.” The UN system will provide persons with disabilities within and outside the UN system with the assistance necessary for reasonable accommodation to UN facilities, programmes, and information.

Removing barriers and increasing accessibility are key components of reasonable accommodation. Members of the IASG will work within their respective entity to recommend approaches to support reasonable accommodation requirements of staff members, visitors, delegates, and all others who work with the United Nations system. Members of the IASG will ensure that within their respective entity, reasonable accommodation is made in terms of recruitment, website, materials, facilities, and in other regards. Each entity will consult with persons with disabilities during the process of proposing and implementing the changes required to provide reasonable accommodation.

vi. **Committee on the Rights of Persons with Disabilities.** CRPD Article 38 entitles specialised agencies and other UN organs to be represented before the Committee on the Rights of Persons with Disabilities; the Committee may invite them to give expert advice. At the request of States parties, entities of the United Nations system can assist States parties to meet their obligations in relation to the periodic reporting process; follow-up on Committee recommendations by providing expert advice to the Committee; and submit reports to the Committee on the implementation of the Convention. The IASG can provide a forum to coordinate actions in this area.

UN agencies who have committed to the Joint Statement of Commitment on CRPD and its undertakings are:

- > Food and Agriculture Organization of the United Nations (FAO)
- > International Labour Organization (ILO)
- > United Nations Development Programme (UNDP)
- > United Nations Educational, Scientific and Cultural Organization (UNESCO)
- > United Nations Population Fund (UNFPA)
- > World Tourism Organization (UNWTO)
- > United Nations Children’s Fund (UNICEF)
- > United Nations High Commissioner for Refugees (UNHCR)
- > United Nations Regional Commissions
- > World Health Organization (WHO)
- > United Nations Industrial Development Organization (UNIDO)
- > United Nations Secretariat
 - Department of Economic and Social Affairs (DESA)
 - Department of Management (DM)
 - Office of the High Commissioner for Human Rights (OHCHR)
 - Department of Public Information (DPI)
 - Department of Peacekeeping Operations (DPKO)
 - The United Nations Human Settlements Programme (HABITAT)
 - United Nations Regional Commissions (ECA, ECE, ECLAC, ESCAP, ESCWA)

The IASG plans to work with committees on MDG indicators and to provide policy recommendations relating to disability-inclusive development to form part of the 2009 UN Secretary General's Report.

Conclusion

A range of bilateral donors and multilateral agencies are working in the field of disability and development and adopt a mix of mainstreaming and disability specific approaches. In Asia and the Pacific, the four main bilateral donors active in disability inclusive development include Japan (JICA), New Zealand (NZAID), the United Kingdom (DFID) and the United States (USAID). The sectors or themes most commonly targeted by them have been education, health and rehabilitation and capacity building for Disabled People's Organisations.

Several major donors already have policies or strategies highlighting the need to include disability in their development programs and corporate policies, including the UK Department for International Development (DFID), the European Union, the United States Agency for International Development (USAID), Gesellschaft für Technische Zusammenarbeit (GTZ) and Finland. Other donors refer to disability in their development or sectoral policies, including Japan International Cooperation Agency (JICA), New Zealand's International Aid & Development Agency (NZAID) and the World Bank.

Disability is viewed by many partners as an issue of social exclusion, requiring a rights-based framework, and most donors aim to mainstream or integrate disability throughout their development agendas.

Many donors follow what has become known as a 'twin-track' approach in implementing their objectives for disability, which accepts that both disability-specific and mainstreamed interventions have their place and neither is superior to the other.

A general trend away from medical or charitable models toward social or rights based models is becoming apparent, particularly following the adoption of the UN CRPD. Many agencies are increasingly considering the impact of the CRPD on their operations and programming.

Appendix 1—Summary of other bilateral donors' approaches

This appendix provides an overview of the policies and approaches of other major OECD DAC donors and multilateral organisations listed under 'Overview of findings' in the body of this report. DAC donor countries are discussed in alphabetical order, followed by the Asian Development Bank, the European Commission and the World Bank.

Austria

The Austrian Development Agency produced a policy and strategy statement on disability in development in 2007. The agency appears to follow the lead and approach of the European Commission (see below). Austria does not provide development assistance in Asia and the Pacific.

Finland

In 2003, Finland produced an evaluation of its activities in disability to that time, with a view to improving the focus and performance in the future.⁸⁷ Disability is included in both the Education Strategy for Finland's Development Cooperation released in 2006 and the 2007 Finnish Development Policy Guidelines for the Health Sector.

The 2003 evaluation report found that Finland had targeted around 5 per cent of its overall development cooperation budget to disability-related development activities since 1991 to 2003. About 70 per cent of the funding had been channelled through NGOs. There had been only six bilateral projects, none of which fell within the Pacific or Asia.

Finland also supports, jointly with Norway, a special World Bank facility called the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD). TFESSD was established in 2000 with four subprograms of initiatives. A focus on disabilities has been incorporated under the Social Protection subprogram. Activities have included support for mainstreaming of disability and social protection at the World Bank—including through data development, production of more than 100 analytical studies, and the development of operational guidelines on natural disasters and social protection⁸⁸ TFESSD supported the development of an inclusive education component in an education loan in Indonesia. One of the data development components concentrated on South Asia⁸⁹

Germany

The German Technical Cooperation agency, Gesellschaft für Technische Zusammenarbeit (GTZ), produced its policy paper *Disability and development* in 2006. The paper outlines an overarching policy framework encompassing:

- > the German Government's Program of Action to fight world poverty, in which people with disability are highlighted in the context of including disadvantaged groups in social protection systems and ensuring access to health and education services

⁸⁷ STAKES (2003).

⁸⁸ TF057288 Disability and Natural Disasters, (Financial year 2007).

⁸⁹ TF090877 Strengthening Capacity for Measuring Disability across South Asia, (Financial Year 2008).

- > a commitment by the German Ministry for Economic Cooperation and Development (BMZ) to implementing a rights-based, inclusive development approach and a social disability model⁹⁰.

GTZ follows a twin-track approach to implementing this overarching policy on disability and development. The GTZ policy paper emphasises taking the needs of people with disability into account at the program and project planning stages, undertaking gender-differentiated demand analyses, and applying guidelines and standards such as the Council of Europe's *Accessibility: principles and guidelines*.⁹¹

The GTZ policy paper also highlights the need to incorporate disability issues to a greater extent in national Poverty Reduction Strategy Papers.⁹²

A further initiative of German development cooperation was a study into disability and infrastructure undertaken in 2004.⁹³ This work compiles international best practice examples and recommendations related to the establishment of barrier-free, low-cost structures appropriate for people with disability in developing countries.

GTZ's main disability-related activities are aimed at establishing structures in the health and education sectors (including social protection measures such as social health insurance) and developing management capacity and training for specialists. GTZ has also implemented rehabilitation projects on behalf of BMZ.

Asia and the Pacific are not a major focus of Germany's development cooperation. However, it has implemented several disability-related activities in Asia, particularly in Vietnam, including:

- > establishment of a prosthetics and orthotics training course, in cooperation with the Vietnam Ministry of Health (implemented by GTZ)
- > establishment of a micro-financing scheme for livelihood development for people with disability (implemented by GTZ)
- > development of a model inclusive education approach in Thua Thien-Hue Province for eventual national roll-out (implemented by the German Development Service)
- > continuing education and training of physiotherapists in Ha Thay (implemented by the German Development Service).

German development cooperation agencies also work closely with German and international NGOs in disability, including supporting empowerment activities for people with disability. For example, GTZ supported the advocacy and capacity for inclusive poverty reduction strategies in Cambodia and Vietnam. This included the development, with the World Bank, Handicap International and Christoffel-Blindenmission (CBM), of a handbook on making Poverty Reduction Strategy Papers inclusive.⁹⁴

90 German Ministry for Economic Cooperation and Development (BMZ) (2004). In early 2008, the German Federal Ministry for Economic Cooperation and Development (BMZ) drew up its Development Policy Action Plan on Human Rights (2008–2010). It indicated its work on sustainable development is to be oriented even more to the structural causes of poverty, social exclusion and violent conflicts with increasing support to be given to those social groups that are most affected by discrimination:—including people with disability)—see German Ministry for Economic Cooperation and Development (BMZ) (2008).

91 Council of Europe (1998).

92 This is discussed further in Companion Volume Section 5—international donor experience in disability and development: focussing on asia and the pacific a summary of lessons learnt.

93 Wiman, R & Sandhu, J (2004).

94 Miller and Ziegler (2006).

Italy

The Italian General Directorate for Development Cooperation has issued guidelines for disability-inclusive development, including in relation to the infrastructure sector.⁹⁵ These are based on a human rights approach and a social model of disability. Underlying the approach is treatment of disability as a cross-cutting issue.

The Italian strategy involves, among other things:

- > a participatory approach—that is, including people with disability at all stages of planning, implementation, monitoring and evaluation
- > support for empowerment and capacity building
- > support for prevention of disabilities, through education and training
- > assistance for the maximum diffusion of the Standard Rules of the United Nations
- > involvement of local and international NGOs
- > consideration of the issues of gender and minors
- > exchange and comparison of educational and training experiences and models with other players in disability support.

The strategy targets activity in the following sectors:

- > education and integration in schools
- > work and employment integration
- > rehabilitation and prevention.

Norway

The Norwegian development agency, NORAD, has had a formal policy on disability and development since the release of its 1999 White Paper titled *Focus on human dignity: Norwegian plan of action for human rights*. This was followed in 2002 by the *Plan for the inclusion of persons with disabilities in development cooperation*.⁹⁶

NORAD's main strategy for disability-inclusive development has been the twin-track approach, but with an emphasis on mainstreaming. The 2002 plan noted a general tendency away from separate projects towards sector-wide approaches and mainstreaming, including incorporation of disability issues in partner country dialogue. Cooperation with NGOs has also been a feature of the Norwegian approach.

As mentioned above, Norway supports TFESSD jointly with Finland.

NORAD's bilateral or direct program involvement in disability lies mainly in Africa.

⁹⁵ General Directorate for Development Cooperation (2003).

⁹⁶ NORAD (2002).

Sweden

In 2005, the Swedish International Development Cooperation Agency (SIDA) released the position paper *Children and adults with disabilities*.⁹⁷ The paper notes that the Swedish Policy for Global Development adopted by the Swedish Parliament in 2003 emphasises that all people are entitled to human rights, regardless of sex, age, disability, ethnic origin or sexual orientation.

The paper outlines the following objectives:

- > to take into consideration in all Swedish development cooperation efforts the living conditions and needs of people with disability
- > to work towards people with disability enjoying human rights to the same extent as those without disability
- > to strengthen collaboration with people with disability, their organisations and other relevant actors in planning, implementing and evaluating development.

The SIDA strategy targets the following areas for action on disability:

- > Poverty Reduction Strategy Papers
- > education and research
- > health and rehabilitation
- > HIV/AIDS
- > assistance related to armed conflict and humanitarian relief
- > infrastructure
- > information and societal attitudes
- > strengthening of civil society organisations.

No activities were found to have been supported by SIDA in Asia and the Pacific.

European Commission

The EC *Guidance note on disability and development for EU delegations and services* issued in 2003, set out 10 principles for addressing disability and development:

- > understand the scale and impact of disability in the country setting and recognise the diversity of the disabled population
- > advocate and support the human rights model of disability
- > pursue a twin-track approach
- > assess to what extent the country program is inclusive of people with disability
- > ensure EU-funded projects are truly inclusive of people with disability and their families
- > recognise women and children with disability in programs
- > include people with disability in the workforce
- > ensure that the EU's own services are accessible for people with disability
- > facilitate and support capacity building of representative disability organisations
- > facilitate communication between disability organisations and government and other stakeholders.⁹⁸

⁹⁷ SIDA (2005).

⁹⁸ European Commission (2003).

In 2006, the European Parliament passed a resolution on disability and development that reinforced the inclusion of disability issues in the EC's development policies and programs and recommended a mainstreamed approach. The resolution also called on the EC to actively include disability issues in a number of policy and program areas (e.g. health, early detection, education and infrastructure) and to focus on prevention.

The EC's main geographic focus in development assistance is Central Europe, the Middle East and Africa. A small number of empowerment projects were found to have been implemented or under way in Asia, including:

- > in China:
 - promotion of awareness and protection of rights of disadvantaged children through advocacy for the integration of international standards on children's rights and gender equality into domestic laws (2007–08)
 - establishment of centres ('parent clubs') for children with disability and their families in the less developed regions of China (2003)
- > in Indonesia, contribution to aspirations in the Indonesian Government to develop appropriate national laws and foster societal awareness (2006)
- > in Vietnam, rights awareness-raising for parents of children with disability through media materials (2007)
- > in Cambodia, development of networks of people with disability (2007–08).

Appendix 2

Overview of policies and significant activities of international bilateral donor agencies active in disability-inclusive support in Asia and the Pacific

The table below summarises the general policy approaches of particular bilateral donors and identifies leading disability-inclusive activities in the region that are current or recently completed. It does not provide a comprehensive listing of all disability-related activities, but rather concentrates on the most significant activities. ‘Significant’ was defined by size and/or duration of the assistance, where this information was available. Small, single-year or one-off grant style activities are generally not included. The table also identifies in most instances the major delivery partners for these activities and approximate project budgets.

The information was sourced from documentation available from donor websites and augmented through direct contact with agencies concerned. Information was not uniformly available for all fields of the table for all activities.

Note: Costs in the table below are an indication of the size of investment in the activity. Costs are approximate only and expressed as Australian dollar equivalents at current exchange rates. n/a = not available.

| Donor | | Significant activities in Asia and the Pacific region | | | | | |
|---|----------------------|---|---|---|-------------------------------|----------------------------|--------|
| Disability policy and approach | | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
| United Kingdom (DFID) <ul style="list-style-type: none">> UK is a signatory to the UN CRPD> Tackling Social Exclusion policy (2005) provides overarching policy framework in which disability is a mandated focus.> 'How-to' note issued in 2007 to guide staff in incorporating disability considerations in country programs.> Decentralised organisational arrangements mean that authority to prioritise disability-related development assistance lies substantially with country offices — hence evidence of country differences in approach.> DFID Disability Equality Scheme developed in response to UK Disability Discrimination Act (2005) — commitment to remove barriers to disabled employees and service users. | Non-country-specific | <i>Research</i> Disability Knowledge and Research program phases 1 and 2 | Contracted research | Healthlink Worldwide; Overseas Development Group of University of East Anglia | 3000 | Complete | |
| | | <i>Empowerment of DPOs/support for advocacy</i> Partnership Programme Agreement (PPA) with Action on Disability and Development (ADD). Activities in countries in Africa, Bangladesh and Cambodia Partnership Program Agreement with World Vision UK — support for mainstreaming component | PPA with UK NGO | ADD | 2040 pa | Current | |
| | Bangladesh | <i>Education</i> Access and rights for children to education in Rajshahi Division | Civil Society Challenge Fund (CSCF) | Leonard Cheshire | 1040 | Current | |
| | | <i>Empowerment of DPOs/support for advocacy</i> Promoting rights ADD activities — work with Election Commission and Election Working Group towards voter awareness campaign with six themes, one of which is disability Establishment of Bangladesh National Grassroots Disability Federation in 2004 | CSCF PPA with ADD PPA with ADD | Handicap International ADD ADD | 711 n/a n/a | n/a Current Complete | |
| | Cambodia | <i>Empowerment of DPOs/support for advocacy</i> Landmine disability support — rights, awareness and sustainable livelihoods, Kampong Chhnang Province Through PPA with ADD — building capacity of district-level federations of people with disability, including training in organisational development, disability rights and advocacy; and development of disability equality trainers | CSCF PPA with ADD PPA with ADD | n/a ADD ADD | 374 n/a | Complete Current | |

| Donor | | | | | | |
|---|---|-------------|---------------------------------|-------------------------|----------|--|
| Disability policy and approach | | | | | | |
| Significant activities in Asia and the Pacific region | | | | | | |
| Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status | |
| Cambodia | <i>Education and training</i> | | | | | |
| | Inclusive education and training as part of wider inclusive education program implemented by Government of Cambodia and an NGO consortium | CSCF | Cambodia Trust | 738 (5 years) | 2003–08 | |
| | Integrating disability into EFA Fast Track Initiative processes and National Education Plans | PPA funding | World Vision UK | n/a | Current | |
| China | Poor Rural Communities Development Project—pilot in Sichuan Province that incorporated data collection on disability and poverty, prevention, access to medical services, empowerment and livelihoods | Co-financed | DFID/World Bank | n/a | n/a | |
| India | <i>Empowerment of DPOs/support for advocacy</i> | | | | | |
| | Communities catching up—Belgaum and Miraj-Kolhapur | CSCF | Leprosy Mission England & Wales | 514 | Complete | |
| | <i>Strengthening voice of vulnerable groups</i> | | | | | |
| | NGO networking and capacity building—deaf and blind network | CSCF | Healthlink Worldwide | 538 | Complete | |
| | | CSCF | Sense International | 456 | Complete | |
| | <i>Health</i> | | | | | |
| | Enhanced access to services, Uttar Pradesh | CSCF | Leprosy Mission | 538 | Complete | |
| | <i>Rehabilitation</i> | | | | | |
| | Community-based rehabilitation | CSCF | Leprosy India Mission | 312 | Complete | |
| | <i>Livelihoods</i> | | | | | |
| | Incorporation of disability in Andhra Pradesh Rural Livelihoods Program | Bilateral | n/a | 97 900 (whole project) | n/a | |
| | <i>Education</i> | | | | | |
| | Integration of children with disability in District Primary Education Program | Co-financed | n/a | 378 700 (whole project) | n/a | |

| Donor | | | | | | |
|---|-----------|---|-------------|---|----------------|----------|
| Significant activities in Asia and the Pacific region | | | | | | |
| Disability policy and approach | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
| | Laos | <i>Empowerment of DPOs/support for advocacy</i> | | | | |
| | | Advancing cause of disability | CSCF | POWER | 667 | n/a |
| | Pakistan | <i>Empowerment of DPOs/support for advocacy</i> | | | | |
| | | Enhancing participation of people with disability in community development in District Jehlum-Punjab province | CSCF | Sight Savers International | 1020 | Current |
| | | <i>Research</i> | | | | |
| | | Scoping study of social exclusion | Bilateral | n/a | 63 | Complete |
| | Sri Lanka | <i>Empowerment of DPOs/support for advocacy</i> | | | | |
| | | Capacity building | CSCF | Intermediate Technology Development Group (now known as Practical Action) | 374 | Complete |
| | | <i>Mental health</i> | | | | |
| | | Development program | CSCF | Basic Needs UK Trusts | 785 | Complete |
| | | <i>Rehabilitation/reintegration</i> | | | | |
| | | Element of Save the Children Sri Lanka Program focused on reintegration and rehabilitation of children affected by armed conflict | NGO | Save the Children | 6500 (overall) | n/a |
| | Vanuatu | <i>Mental health</i> | | | | |
| | | Reducing morbidity and social exclusion among young people with depression and other mental health problems | CSCF | Just World Partners | 538 | Complete |
| | | <i>Education</i> | | | | |
| | Vietnam | Primary Education for Disadvantaged Children program | Co-financed | Government of Vietnam, World Bank, NORAD, CIDA, AusAID, DFID | 503 000 | Current |

| Donor | | Significant activities in Asia-Pacific region | | | | | | |
|--|------------------|--|---|-------------------------------------|--|---|--|--|
| Disability policy and approach | | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status | |
| NZ Aid <ul style="list-style-type: none">› New Zealand has ratified UN CRPD› NZ Aid, established in 2002, is required to mainstream human rights throughout the agency's operations. Accordingly, disability perspectives are incorporated (to varying degrees, as appropriate) in NZ Aid's policy/strategy framework. Specific examples of disability considerations include:<ul style="list-style-type: none">– Human Rights Policy—notes three primary aspects for mainstreaming: in strategy and policy, programs, and organisational culture and processes– Health Policy—supports a twin-track approach through mainstreaming across all activity and specific initiatives to enhance the empowerment of people with disability. It also commits NZ Aid, over time, to developing a mainstreaming approach to disability– Education Policy—recognises education as a human right and notes that bilateral programs should include a particular emphasis on 'disability inclusive measures' | Pacific regional | <i>Empowerment of DPOs/support for advocacy</i> | Pacific Disability Forum (PDF) core and programmatic support (in line with the PDF strategic plan) | Grant Funding Arrangement (GFA) | PDF | 1150 (5 years) | Current (GFA expires 2011) | |
| | | | Pacific Disabled Persons Organisation Fund (to be managed by the PDF) | Under GFA with PDF | National DPOs, via PDF | 41 (in 2008-09; future years to be determined) | To commence early 2009 | |
| | | | <i>Blindness prevention — human resources</i> | | | | | |
| | | | Support to blindness prevention program (focused on human resource strengthening) | GFA | Fred Hollows Foundation NZ (HFHNZ) (Pacific Eye Institute in Suva) | 821 (since 2002) | Current agreement being negotiated with HFHNZ & AusAID | |
| | | | <i>Youth and mental health</i> | | | | | |
| | | | Foundation of the Peoples of the South Pacific International (FSPi), Youth and Mental Health (YMH) program in six countries (activities focus on advocacy/empowerment; this phase builds on previous 'Masculinity, mental health and violence' phase, to which NZ Aid provided approximately NZ\$1.3 million) | GFA | FSPI (and its national affiliates) | 985 (2006-07 to 2008-09) | Current | |
| | | | <i>Disability rights training</i> | | | | | |
| | | | Pacific Regional Rights Resources Training Team (RRRT) — support provided via UN Development Programme (UNDP) for RRRT to develop its Training Human Rights Advocates for Persons with Disabilities project. | Via UNDP agreement | UNDP & RRRT | 14 (2006-07) | Complete | |
| | | | <i>Mental health</i> | | | | | |
| | | Support to the Pacific Island Mental Health Network (PIMHNet) (a World Health Organization initiative) via the New Zealand Ministry of Health — activities focus on advocacy and technical support | Government Agencies Fund (GAF) | NZ Ministry of Health, WHO, PIMHNet | 1720 (2006–09) | Ongoing (review of support to take place in 2008) | | |

Donor Significant activities in Asia-Pacific region

| Disability policy and approach | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
|---|----------------------|---|--|----------------------------------|--|---------------------|
| <ul style="list-style-type: none"> specific program strategies – e.g. PNG Strategy (2008–18) – recognise human rights problems in some areas, including discrimination against people with disability. Development of these strategies is guided by a tool (<i>NZAID guideline for developing a programme strategy</i>) that requires an analysis and integration of human rights considerations (which include disability). NZAID is currently seeking to strengthen the policy framework as it relates to disability. NZAID implementation of human rights and disability policies includes annual high-level consultations with partner governments to examine progress towards achievement of development objectives as specified in country strategies and challenges affecting this (including human rights). | | <p><i>Participation for advocacy/learning</i></p> <p>Support to Pacific participants at meetings, including:</p> <ul style="list-style-type: none"> Fiji Association for the Deaf at 2007 World Federation of the Deaf Congress Disabled Persons Association (DPA) Vanuatu at 2007 meeting of the Biwako Millennium Framework +5 Government disability focal points (in up to 14 countries) attending Pacific Island Forum Secretariat meeting in 2008 | Pacific Island Countries Participation Fund (PIC Fund) | As per organisations | Costs based on individual applications (for travel-related expenses) | PIC Fund is ongoing |
| | Non-country-specific | <p><i>Community development</i></p> <p>KOHA – Partnerships for International Community Development (KOHA-PICD) supports New Zealand NGOs for their community development initiatives with their in-country partners. This covers a range of activities and includes several activities focusing on disability, including FHFNZ work in PNG</p> | n/a | n/a | n/a | Ongoing |
| | Cook Islands | <p><i>Policy implementation</i></p> <p>Disability Action Team (DAT) support to various activities to implement national disability strategy</p> | CFS for members of DAT | DAT, National Disability Council | 164 (average per year) | Current |
| | | <p><i>Education</i></p> <p>Cook Island Creative Centre Trust (CICCT), a day program for people with disability and their families</p> | GFA | CICCT | 295 (2005–09) | Current |
| | East Timor | <p><i>Prevention (blindness)</i></p> <p>Building human resource capacity to implement the national eye health plan</p> | Asia Development Assistance Facility | FHFNZ, Government of East Timor | 410 (2007–08 to 2009–10) | Ongoing |
| | Papua New Guinea | <p><i>Provision of eye health treatment</i></p> <p>Volunteer Ophthalmic Services Overseas (VOSO) – visit Bougainville to carry out specialist eye health treatments. (Note: this support builds on previous support to VOSO for Papua New Guinea)</p> | GFA | VOSO (PNG Ministry of Health) | 117 (2008–09) | Current |

| Significant activities in Asia-Pacific region | | | | | | | |
|---|--|---------|---|--|--|--|-------------------------|
| Donor | | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
| Disability policy and approach | › Implementation at activity level is supported by the <i>Screening guide for mainstreamed and cross-cutting issues</i> , which refers to the key human rights issues, and how they are affected by the activity. › NZAID also supports disability mainstreaming and specific initiatives through untagged support to multilateral agencies and contestable funds—e.g. the KOHA — Partnerships for International Community Development (fund for NZ NGOs working on community development initiatives); the Humanitarian Action Fund (fund for NGOs focused on all phases of humanitarian programmes); the Asia and Latin America Development Assistance Facilities (for NZ private sector organisations working with in-country counterparts). | Samoa | <i>Empowerment of DPOs/support for advocacy</i> Support for a national DPO—support for core funding via a Samoa/NZAID NGO Support Fund Support to a national NGO providing educational and outreach services for children and families with disability—support for core funding via GFA | GFA Samoa/ NZAID NGO Support Fund GFA Samoa/ NZAID NGO Support Fund | Nuanua O le Alofa Loto Taumafai | 65 (2007–09) 93 (2008–10) | Current Current |
| | | Vanuatu | <i>Policy development</i> Support to DPA Vanuatu to develop the National Disability Policy, and organisational support to cover establishment of a new office in Santo to cater for the central and northern islands. Grant also covers office overheads and salary for one staff member. This grant is for one year. | (Bilateral) Small Projects Scheme (Bilateral) Small Projects Scheme | DPA Vanuatu & Vanuatu Government DPA Vanuatu & Vanuatu Government | 8 45 | Complete Current |

Significant activities in Asia and the Pacific

| Donor | | Country | Significant activities in Asia and the Pacific | | | | |
|--|--|-----------|--|----------|--|--------------|----------|
| Disability policy and approach | | | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
| United States (USAID) | | Cambodia | <i>Rehabilitation/medical</i> | | | | |
| › Formal policy since 1997, accompanied by ‘mandatory reference’ to guide policy implementation. | | | Support for rehabilitation clinics run by Vietnam Veterans of America Foundation (VVAF) | NGO | VVAF | 18 000 | Ongoing |
| › Formal objectives include promotion of participation and equalisation of opportunities of people with disability in USAID policy, country and sector strategies and activity design and implementation; increased awareness within USAID programs and host countries; engagement of other US government agencies and other international partners; and support for international advocacy. | | | Support for prosthetics training school | NGO | Cambodian Trust & Disability Action Council | | |
| | | | <i>Education</i> | | | | |
| | | | Ensuring access for people with disability through basic education program | NGO | World Education | n/a | n/a |
| | | | <i>Empowerment of DPOs/support for advocacy</i> | | | | |
| | | | Support for Disability Action Council—development of Cambodian disabilities legislation | NGO | Handicap International | 727 | Complete |
| | | Indonesia | <i>Empowerment of DPOs/support for advocacy</i> | | | | |
| › ‘Mandatory reference’ sets the process for implementation, including establishment of Disability Team Coordinator, whole-of-government style process among federal agencies, international cooperation, awareness raising, training and monitoring and evaluation framework. | | | Voter education—production of informational materials on rights and how to vote; polling booth design | NGO | Centre for Improving Qualified Activity in Life of People with Disability, Institute for Social and Economic Research, Education & Information | n/a | Complete |
| | | | Support for advocacy, particularly promotion of accessible polling booths | | Consortium for Elections and Political Process, International Foundation for Electoral Systems | n/a | Complete |
| | | | <i>Education</i> | | | | |
| › Assistance includes mix of prevention and rehabilitation and DPO strengthening. | | | Improving access for blind/visually impaired children to inclusive public education | NGO | Helen Keller International | 1200 | Ongoing |
| › Aims to address disability issues at design stage of mainstream programs. | | | Opportunities for Vulnerable Children Program—the objective is to create a sustainable, effective model for inclusion of students with various disabilities within the public education infrastructure. Includes resources, advocating for policy change and implementing new policies. Activities have led to a substantial increase in the number of children with disability attending school, and increased inclusive education services | NGO | Helen Keller International and other international and Indonesian organisations | Unknown | Ongoing |

| Donor | | | | | | | |
|--|-------------|--|--------------------------------------|---|--------------|------------------------------|--|
| Disability policy and approach | | Significant activities in Asia and the Pacific | | | | | |
| | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status | |
| › Series of Acquisition and Assistance Policy Directives in 2004 and 2005 to support USAID's standards for accessibility for the disabled in contracts, grants and cooperative agreements (including standards governing construction) | Laos | <i>Rehabilitation/medical</i> | | | | | |
| | | War Victims Assistance Project (medical component) — treatment and reintegration support for unexploded ordnance victims | NGO | Consortium | 3600 | Ongoing | |
| | | Community-based rehabilitation and economic support for people with disability | NGO | Handicap International | 1200 | Ongoing | |
| | Philippines | <i>Rehabilitation/medical</i> | | | | | |
| | | Wheelchairs for Mindanao —establishment of customised wheelchair production facility in Mindanao and other support | NGO | Handicap International | 1800 | Ongoing | |
| | | <i>Education</i> | | | | | |
| | Sri Lanka | Support for deaf children in public and private schools | NGO | Link Centre for the Deaf | n/a | Complete (3 years from 2002) | |
| | | Prosthetics | NGO | Friend in Need Society | 1500 | Complete | |
| | | Accessibility and employment | NGO | Motivation | 5300 | Complete | |
| | Vietnam | <i>Education</i> | | | | | |
| | | Inclusive education in preschools and primary schools | NGO/ Government of Vietnam | Catholic Relief Services with Ministry of Education | n/a | Ongoing | |
| | | Integrated health and education, including teacher training, awareness activities and maternal health, in Hue and Quang Ngai | NGO/provincial governments | Save the Children US | 1200 | Complete | |
| | | Disability screening and teacher training on inclusive education | NGO/provincial education departments | Pearl S Buck International | 1200 | Complete | |
| | | <i>Employment—kids with disabilities</i> | | | | | |
| | | | NGO | World Concern Relief and Development | 2550 | Complete | |

| Donor | | | | | | |
|--|---------|---|----------------------------------|--|--------------|---------------------|
| Significant activities in Asia and the Pacific | | | | | | |
| Disability policy and approach | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status |
| | | <i>Rehabilitation/medical</i> | | | | |
| | | Technical training on disability | NGO/ Government of Vietnam | Health Volunteers Overseas with Vietnam Government & Vietnam Training Centre for Orthopedic Technologists | 4000 | Complete |
| | | Expansion of delivery of thermoplastic orthotics in Hanoi and surrounds | NGO | VWAF | 6010 | Complete |
| | | Improving quality of orthotics manufacture | NGO | Prosthetics Outreach Foundation | 1200 | Complete |
| | | Orthotics, occupational therapy, prosthetics, physiotherapy Accessibility, inclusion, policy | NGO NGO | World Vision International Vietnam Assistance for the Handicapped | 863 3600 | Complete Current |

| Significant activities in Asia-Pacific region | | | | | | |
|--|--------------------------------|------------|---|--------------------------------|---|--|
| Donor | Disability policy and approach | Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 Status |
| Japan (JICA) <ul style="list-style-type: none"> › <i>JICA thematic guidelines on disability released in 2003.</i> › Policy is to ensure people with disability are able to participate fully in social life and development and are able equally to gain opportunities available to people without disability. › Two-pronged strategy of empowering people with disability and their families and mainstreaming support for people with disability in all JICA projects. | Asia-Pacific regional | | <i>Empowerment of DPOs/support for advocacy</i> | | | |
| | | | Duskin Leadership Training in Japan —scholarships for future community leadership in disability | Scholarships | Duskin AINOWA Foundation (supported by Japan's Ministry of Health, Labour and Welfare) | n/a Current |
| | | | Asia-Pacific Development Center on Disability (Bangkok) — capacity building for DPOs through networking and collaboration, human resources development, and information support | Establishment and core funding | Collaborates with Government of Thailand, UNESCAP & NGOs | n/a Current (since 2002) |
| | | Bangladesh | <i>Education</i> Strengthening community-based school management and providing educational opportunities for socially vulnerable children including children with disability | n/a | UNICEF | 2720 Unknown |
| | Cambodia | | <i>Rehabilitation</i> Reintegration of people with disability including landmine and unexploded ordnance victims —technical advisers to Government of Cambodia | Technical cooperation | Government of Cambodia (Ministry of Social Affairs, Labor, Vocational Training and Youth) | n/a n/a |
| | | | <i>Infrastructure</i> Construction of Timor Loro Sae Centre for Prosthetics and Orthotics | Japanese Embassy small grants | Local NGO | n/a Current |
| | | | Renovation and Improvement of Accessibility of Buildings of Care Center for the Disabled People, Elders, and Tubercular Patients in Lique District | Japanese Embassy small grants | Local NGO | n/a Current |
| | | Indonesia | <i>Vocational rehabilitation</i> National Vocational Rehabilitation Centre for Disabled People — vocational rehabilitation, training, job placement | Technical cooperation | Government of Indonesia; Japan Ministry of Health, Labor and Welfare | 11 030 (5 years) Complete (in 2002) |
| | Philippines | | <i>Rehabilitation</i> Support to Disabled War Victims in ARMM and Surrounding Areas, including training for community volunteers and health workers | NGO | Handicap International | n/a Complete (2006) |

| Significant activities in Asia-Pacific region | | | | | | |
|---|---|--------------------------|--|-------------------|---|--|
| Country | Description of assistance (disability theme/sector) | Modality | Major implementation partners | Cost A\$'000 | Status | |
| | Creation of Non-Handicapping Environment for Filipinos with Disabilities in the Rural Areas | n/a | National Council for the Welfare of Disabled Persons | n/a | Scheduled (at time of writing) for 2008 | |
| Sri Lanka | <i>Rehabilitation</i> Volunteers placed in community based rehabilitation; special education, other services | Technical assistance | Japan Overseas Cooperation Volunteer; Ministry of Social Services and Social Welfare | n/a | n/a | |
| Thailand | <i>Vocational training/livelihoods</i> Developing vocational opportunities and creative activities for people with disability and commercialising Hill-tribe crafts in Thailand | JICA Partnership Program | NPO SAORI-HIROBA; Kawila Anukul School for the Mentally Retarded, Maya Kodami Foundation, Saori Creative Center & others | 926 000 (3 years) | Complete (2005) | |
| Vietnam | <i>Empowerment and rehabilitation</i> Support for Persons with Physical Disabilities in Vietnam through Community Rehabilitation and their Empowerment – includes establishment of specific support centre in Physical Therapy Department of Cho Ray Hospital; conduct of empowerment activities | Technical cooperation | International University of Health and Welfare (Tochigi, Japan); Cho Ray Hospital | 414 (3 years) | Current | |
| | <i>Education</i> Capacity Building Program on Special Needs Education – elementary and secondary schools, Hanoi | Technical cooperation | Chiba Prefectural Government and Chiba University; University of Hanoi | n/a | Current (2006–09) | |

Additionally, information on older activities supported by JICA was extracted from *JICA Thematic guidelines on disability (2003)*.

| Country | Project | Timeframe |
|---------------|--|---|
| Asia regional | Technical training: <ul style="list-style-type: none"> › Seminar for Senior Officers in Mental Health Care › Instructors' Training in Esophageal Vocalization (Asia) › Technical Aids for Visually Disabled Persons | 1992 1994 1995 |
| Bangladesh | Expert: Polio control | 2001-02 |
| Burma | Leprosy Control Basic Health Service Project | 2000-05 |
| Cambodia | Community empowerment: Model Health and Social Service Centers Technical training: Social Welfare Administration Adviser on Social Welfare | 1998-2001 2000-03 1999-2002 |
| China | Experts <ul style="list-style-type: none"> › Accessible public transportation › Polio control | 2000 1991-99 |
| Indonesia | Experts <ul style="list-style-type: none"> › Vocational rehabilitation › Employment promotion of the disabled › Promotion and extension of job opportunity › Vocational training for the disabled › Rehabilitation of the disabled › Vocational rehabilitation policy | 1987 1990 1991 1990 1988, 1993 1995, 1998, 2000-02 |
| Laos | › Partnership Programme Laos Foundation: Job Training Center for Disabled Persons › Wheelchair Production Project at National Rehabilitation Center | 2001-02 2000-03 |
| Philippines | Experts <ul style="list-style-type: none"> › Training of Social Education for Persons with Disabilities › Policy Formulation and Resource Generation Strategies | 1989 2001 |

| Country | Project | Timeframe |
|------------|---|---|
| Sri Lanka | Specialists <ul style="list-style-type: none"> › Education for deaf persons › Education for visual impairment › Video film production › Educational audiology Japan Overseas Cooperation Volunteer in Early Detection and Early Intervention and Education | 1980, 1982-83 1987 1993 1996 2000 |
| Thailand | Community empowerment: Community Based Rehabilitation for Young Handicapped Community empowerment: Program on Independent Living of Persons with Disabilities Technical training: Education for Persons with Disabilities Experts <ul style="list-style-type: none"> › Special education › Industrial rehabilitation › Vocational rehabilitation for the disabled › Prosthetics and orthopedics › Authoring for trainers › Accessibility of disabled persons › Information Network for People with Disability › Technical training: Supporting Policies for Handicapped People | 1998-99 2001-05 1998 1998 2000-02 1998, 2000 1992, 1995 2001 1994-95 1999-2001 1998 |
| Vietnam | Community empowerment: General Welfare Supporting Project of Children in Hue City | 1998-2002 |
| Volunteers | <ul style="list-style-type: none"> › Physical therapists › Occupational therapists › Acupuncture moxibustion massage › Prosthetic and orthotics › Speech therapists | Since 1976 |

Sources¹

- Asian Development Bank (2005) *Disability brief: identifying and addressing the needs of disabled people*, <http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.asp>
- Cacich, M (1996) *US Agency for International Development (USAID): activities addressing the needs of persons with disabilities*, US Agency for International Development, http://www.usaid.gov/about_usaid/disability/
- Council of Europe (1998) *Accessibility: principles and guidelines*, http://www.coe.int/t/e/social_cohesion/soc-sp/Accessibility-%20principles%20and%20guidelines.pdf
- DFID (Department for International Development) (2000) *Disability, poverty and development*, DFID issues paper, <http://www.dfid.gov.uk/pubs/files/disability.pdf>
- DFID (2005) *Reducing poverty by tackling social exclusion*, DFID policy paper, <http://www.dfid.gov.uk/pubs/files/social-exclusion.pdf> (HTML: <http://209.85.173.132/custom?q=cache:WiqfUoaRkRoJ:www.dfid.gov.uk/pubs/files/social-exclusion.pdf>)
- DFID (2007) *Working on disability in country programmes: how-to note*, DFID practice paper, <http://www.dfid.gov.uk/pubs/files/DisguideDFID.pdf> (HTML: <http://209.85.173.132/custom?q=cache:88eBYaL4NMoJ:www.dfid.gov.uk/pubs/files/DisguideDFID.pdf>)
- DFID & ADD (2005) *Partnership on Disability in Development: Agreement between the Department for International Development (DFID) and Action on Disability and Development (ADD) 2005/2006 to 2010/2011*, <http://www.dfid.gov.uk/aboutdfid/dfidwork/ppas/add-ppa.asp>
- European Commission (2003) *Guidance note on disability and development for EU delegations and services*, http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf
- Gaynor, C & Watson, S (2007) *Evaluating DFID's policy on tackling social exclusion: baseline, framework and indicators*, DFID Evaluation Working Paper 22, <http://www.dfid.gov.uk/aboutdfid/performance/files/wp22-social-exclusion.pdf>
- General Directorate for Development Cooperation (2003), *Italian cooperation guidelines concerning the disabled*, Italian Ministry of Foreign Affairs, http://www.iddc.org.uk/dis_dev/mainstreaming/italian_guidelines_en.doc
- German Ministry for Economic Cooperation and Development (BMZ) (2004), *Development Policy Action Plan on Human Rights 2004–2007*.
- German Ministry for Economic Cooperation and Development (BMZ) (2008) *Development Policy Action Plan on Human Rights 2008–2010*. <http://www.bmz.de/en/service/infotehk/fach/konzepte/konzept167.pdf>
- GTZ (Gesellschaft für Technische Zusammenarbeit) (2006) *Disability and development*, policy paper, <http://www.gtz.de/de/dokumente/en-disability-and-development.pdf>
- Handicap International & Christoffel-Blindenmission (2006a) *Disability in development: experience in inclusive practices*, http://www.handicap-international.org.uk/page_133.php
- Inclusion International (undated) *Disability, development and inclusion in international development cooperation*, http://www.inclusion-international.org/site_uploads/1119016919121949239.pdf
- International Labour Organization (ILO) (2003) *Moving forward. Toward decent work for people with disabilities. Examples of good practices in vocational training and employment from Asia and the Pacific*, by Debra A Perry, http://www.ilo.org/public/libdoc/ilo/2003/103Bo9_417_engl.pdf
- ILO (2004) *Assisting disabled persons in finding employment. A practical guide* (Asian and Pacific edition) by Barbara Murray and Robert Heron, http://www.ilo.org/global/What_we_do/Publications/ILOBookstore/Orderonline/Books/lang--en/docName--WCMS_PUBL_9221151166_EN/index.htm
- ILO (2007) *FACTS ON Disability in the World of Work, ILO, Geneva*, http://www.ilo.org/wcmsp5/groups/public/---dgreports/-dcomm/documents/publication/wcms_087707.pdf
- ILO (2008), *Issues*, ILO Regional Office for Asia and the Pacific, April 2008, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_092093.pdf
- Japan Bank for International Cooperation (2006): *Making development projects inclusive/accessible for persons with disabilities in ODA loan operations*, http://www.jica.go.jp/english/operations/schemes/oda_loans/economic_cooperation/handbook/pdf/pwd.pdf
- JICA (Japan International Cooperation Agency) (2003) *JICA thematic guidelines on disability*, <http://digitalcommons.ilr.cornell.edu/gladnetcollect/273>

¹ PDF files are not cited unless no other formats are provided on the relevant site at the time of publication.

JICA (2007) *Evaluation summary: developing vocational opportunities and creative activities for people with disabilities and commercialising Hill-tribe crafts in Thailand*, <http://www.jica.go.jp/english>

Miller, U & Ziegler, S (2006) *Making PRSP inclusive*, by, based on a study financed by the Government of Germany and facilitated by the World Bank, carried out by Handicap International & Christoffel-Blindenmission http://www.handicap-international.org.uk/page_133.php

NORAD (Norwegian Agency for Development Cooperation) (2002) *The inclusion of disability in Norwegian development co-operation—Planning and monitoring for the inclusion of disability issues in mainstream development activities*, www.norad.no/default.asp?FILE=items/2751/116

Nowland-Foreman, G & Stubbs, D (2005) *Free and equal: a review of NZAID Pacific Regional Disability Programme for New Zealand Agency for International Development*, New Zealand Agency for International Development, http://www.forumsec.org/UserFiles/File/Regional_Doc_Review_of_the_NZaid_Pacific_Health_Sector_program.pdf?phpMyAdmin=a2498005399765db990bdeaef994e9d1

NZAID (New Zealand Agency for International Development) (2004) *Asia Strategy*, <http://www.nzaid.govt.nz/library/docs/nzaid-asia-strategy.pdf>

NZAID (2006a), *Annual review 2005–06*, <http://www.nzaid.govt.nz/library/docs/annual-review-nzaid-2006-full.pdf>

NZAID (2006b), *KOHA PICD handbook*, <http://www.nzaid.govt.nz/what-we-do/koha-handbook.html>

NZAID (2006c), *NZAID Cambodia Country Strategy*, <http://www.nzaid.govt.nz/programmes/c-cambodia.html>

NZAID (2006d), *NZAID Lao PDR Country Strategy*, <http://www.nzaid.govt.nz/programmes/c-lao-pdr.html>

NZAID (2007a) *Pacific Programme for Strengthening Governance: programme summary as at July 2007*, <http://www.nzaid.govt.nz/programmes/r-pac-governance.html>

NZAID (2007b) *Pacific Strategy 2007–2015*, <http://www.nzaid.govt.nz/library/publications/strategies.html>

NZAID (2007c) *Screening guide for mainstreamed and cross-cutting issues*, <http://nzaidtools.nzaid.govt.nz/?q=screening-guide-mainstreamed-other-cross-cutting-issues>

NZAID (2007d) *Guideline for developing a programme strategy*, <http://nzaidtools.nzaid.govt.nz/?q=developing-programme-strategy>

NZAID (2008a) *Currents*, issue no. 7, <http://www.nzaid.govt.nz/library/publications/currents-previous-issues.html>

NZAID (2008b) *Joint Tonga/New Zealand Programme Strategy 2008–2018*, <http://www.nzaid.govt.nz/library/docs/nzaid-jnt-tonga-nz-country-prog-strategy-2008–2018.pdf>

NZAID (2008c) *NZAID and Government of Papua New Guinea Country Programme Strategy 2008–2018*, <http://www.nzaid.govt.nz/library/publications/strategies.html>

NZAID (undated) *Achieving education for all*, <http://www.nzaid.govt.nz/library/publications/policies.html>

NZAID (undated) *Ending poverty begins with health*, <http://www.nzaid.govt.nz/library/publications/policies.html>

SIDA (Swedish International Development Cooperation Agency) (2005) *Children and adults with disabilities*, SIDA position paper, http://www.sida.se/sida/jsp/sida.jsp?d=118&a=18244&language=en_US

STAKES (National Research and Development Centre for Welfare and Health (Finland)) (2003) *Label us able: a pro-active evaluation of Finnish development co-operation from the disability perspective*, evaluation report prepared for the Ministry for Foreign Affairs of Finland, <http://formin.finland.fi/Public/default.aspx?contentid=50655&nodeid=15454&contentlan=2&culture=en-US.com>

Thomas, P (2004) *DFID and disability: a mapping of the Department for International Development and Disability Issues*, Disability Knowledge and Research, http://www.disabilitykar.net/research/pol_map.html

United Nations Children's Fund (UNICEF) (2005) *The UNICEF medium-term strategic plan, 2006–2009, Investing in children: the UNICEF contribution to poverty reduction and the Millennium Summit agenda (E/ICEF/2005/11)*, http://www.unicef.org/childsurvival/files/05-11_MTSP.pdf

UNICEF (2006) *Annual report of the Executive Director: progress and achievements against the medium-term strategic plan*, http://www.unicef.org/about/execboard/files/07-9_annual_report.pdf

UNICEF (2007) *Annual report of the Executive Director: progress and achievements against the medium-term strategic plan* http://www.unicef.org/about/execboard/files/07-9_annual_report.pdf

UNICEF (2008) *Annual report of the Executive Director: progress and achievements against the medium-term strategic plan* http://www.unicef.org/about/execboard/files/08-10-ExDirs_report-ODS-English.pdf

UNDP (2008) 'Pacific sisters with disability—At the intersection of discrimination' http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf

UNESCAP (UN Economic and Social Commission for Asia and the Pacific) (2003) 'Annex: Biwako Millennium Framework', *Focus on Ability, Celebrate Diversity: Highlights of the Asia Pacific Decade of Disabled Persons, 1993–2002*, Social Policy Paper No. 13, [ST/ESCAP/2291], United Nations, New York.

UNESCAP (2006) UN Economic and Social Commission for Asia and the Pacific (2006) *Disability at a Glance: the Profile of 28 Countries in Asia and the Pacific* <http://www.unescap.org/esid/psis/disability/publications/glance/disability%20at%20a%20glance.pdf>

UNESCAP (2007) 'Review of the implementation of the Biwako Millennium Framework for Action', note by the secretariat, High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Disabled Persons, 2003–2012, 19–21 September 2007, Bangkok, <http://www.unescap.org/Stat/disability/census-ws/APDDP2-1E.pdf>

United Nations Population Fund (UNFPA) (2007) UNFPA Emerging Issues: Mental, Sexual and Reproductive Health, http://www.unfpa.org/upload/lib_pub_file/741_filename_UNFPA_DisFact_web_sp-1.pdf

UNFPA (2008) http://www.unfpa.org/upload/lib_pub_file/764_filename_mhenglish.pdf

United Nations Mine Action Services (UNMAS) (2008) Advocacy Toolkits on the Convention on the Rights of Persons with Disabilities <http://www.mineaction.org/doc.asp?d=1064>)

USAID (US Agency for International Development) (1997), *USAID disability policy paper*, http://www.usaid.gov/about_usaid/disability/

USAID (2000) *The second annual report on the implementation of the USAID disability policy*, http://www.usaid.gov/about_usaid/disability/

USAID (2003), *Third report on the implementation of the USAID disability policy*, http://www.usaid.gov/about_usaid/disability/

USAID (2004) *Supporting USAID's disability policy in contracts, grants, and cooperative agreements*, Acquisition & Assistance Policy Directive 04–17, http://www.usaid.gov/business/business_opportunities/cib/pdf/aapdo4_17.pdf

USAID (2005a) *Fourth report on the implementation of USAID disability policy*, http://www.usaid.gov/about_usaid/disability/

USAID (2005b) *Supporting USAID's standards for accessibility for the disabled in contracts, grants, and cooperative agreements*, Acquisition & Assistance Policy Directive 05–07, http://www.usaid.gov/business/business_opportunities/cib/pdf/aapdo5_07.pdf

USAID (2006) *Mandatory standard provisions for US, nongovernmental recipients: a mandatory reference for US Chapter 303*, US Agency for International Development, <http://www.usaid.gov/policy/ads/300/303maa.pdf>

USAID (2008) *ADS Chapter 302 USAID direct contracting*, 9 September 2008 revision, <http://www.usaid.gov/policy/ads/300/302.pdf>

Wiman, R & Sandhu, J (2004) *Integrating appropriate measures for people with disability in the infrastructure sector*, paper commissioned by the German Federal Ministry for Economic Cooperation and Development, <http://www.gtz.de/de/dokumente/en-disability-infrastructure-2004.pdf>

Wolfensohn, James D (2002) 'Poor, disabled and shut out', *The Washington Post*, 3 December 2002 <http://www.globalpolicy.org/component/content/article/211/44325.html>

World Bank (2006) *Making inclusion operational: Legal and institutional resources for World Bank staff on the inclusion of disability issues in investment projects*, by Katherine Guernsey, Marco Nicoli and Alberto Ninio, Law and Development Working Paper Series No. 1, September 2006. http://www-wds.worldbank.org/external/default/WDSPContentServer/WDSP/B/2007/04/12/000020953_20070412142516/Rendered/PDF/394750LDWP11Disability01PUBLIC1.pdf

World Bank (2006a) *World Bank: Civil society engagement—Review of fiscal years 2005–2006*, by World Bank civil society team, The International Bank for Reconstruction and Development/The World Bank, Washington, <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/WorldBankCivilSociety06.pdf>

World Bank (2007) *Social analysis and disability: A guidance note, Incorporating disability-inclusive development into Bank-supported projects*, Social Development Department in partnership with the Human Development Network's Social Protection, Disability & Development Team, March 2007. (PDF) <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/SAnalysisDis.pdf> (Word) <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/SAnalysisDis.doc>

World Bank (2007a) *Convention on the Rights of Persons with Disabilities: Its implementation and relevance for the World Bank*, by Katherine Guernsey, Marco Nicoli and Alberto Ninio, World Bank Social Protection Discussion Paper No 712, June 2007, <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/0712.pdf>

World Bank (2008) *Annual report: Trust Fund for Environmentally and Socially Sustainable Development*, February 1, 2007 to January 31, 2008, http://siteresources.worldbank.org/INTUNITFESSD/Resources/1633731-1126210523830/TFESSD_Annual_Report_May2008.pdf

World Bank (2008a) *Disability & Development in the World Bank: FY 2000–2007*, by Jeanine Braithwaite, Richard Carroll, Daniel Mont and Karen Peffley, World Bank Social Protection Discussion Paper No 808, May 2008, <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/0808.pdf>

World Bank (2008b) *Beyond DALYs: Developing Indicators to Assess the Impact of Public Health Interventions on the Lives of People with Disabilities*, by Daniel Mont and Mitchell Loeb, Social Protection Discussion Paper No 815, May 2008. <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/0815.pdf>

World Bank (2008c) *Design for all: Implications for Bank operations*, by Harold Snider and Nazumi Takeda, October 2008. http://siteresources.worldbank.org/DISABILITY/Resources/Universal_Design.pdf

World Health Organization (WHO) (2008) *Guidelines on the provision of manual wheelchairs in less resourced settings*, <http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/index.html>

Websites

Canadian International Development Agency: www.acdi-cida.gc.ca

Asian Development Bank: www.adb.org

Action on Disability and Development (a UK NGO): www.add.org.uk

German Federal Ministry for Economic Cooperation and Development: www.bmz.de/en

Global Partnership for Disability and Development (GPDD): www.gpdd-online.org

UK Department for International Development: www.dfid.gov.uk

DFID's Disability Knowledge and Research program: www.disabilitykar.net

European Commission aid program: www.ec.europa.eu/europeaid

Finnish development cooperation: www.formin.finland.fi

Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation): www.gtz.de/en

Japanese development cooperation: www.jica.go.jp/english/

Norwegian development cooperation: www.norad.no

New Zealand development cooperation: www.nzaid.govt.nz

Pacific Disability Forum: www.pacificdisability.org/

Swedish development cooperation: www.sida.se

Danish development cooperation: www.um.dk/en

UNESCAP - information on disability: www.unescap.org/esid/psis/disability/index.asp

UNESCAP Pacific Operations Centre (UN EPOC)—disability: www.unescap.org/EPOC/R4_Disability_in_the_AsiaPacific.asp

UNESCO—information on 'Education for All': www.unesco.org/en/efa-international-coordination

UN Development Fund for Women (UNIFEM)—Asia and the Pacific: www.unifem.org/worldwide/asia_pacific/

United Nations Inter-agency Support Group on CRPD: www.un.org/disabilities/default.asp?navid=46&pid=323

UN Mine Action Service (UNMAS): www.mineaction.org/doc.asp?d=1064

US development cooperation: www.usaid.gov

World Bank and disability: www.worldbank.org/disability

World Health Organization (WHO)—site on disability: www.who.int/nmh/a5817/en/

World Bank Global Road Safety Facility: www.worldbank.org/grsf
(permanent URL: <http://go.worldbank.org/9QZJoGF1Eo>)

World Health Organization (WHO)—prevention of avoidable blindness and vision impairment: www.who.int/blindness/en/

WHO Pacific Islands Mental Health Network (PIMHNet): www.who.int/mental_health/policy/pimhnet/en/index.html

Section 5

International donor experience in disability and development focussing on Asia and the Pacific— A summary of lessons learnt

Introduction

Purpose and scope

This report, based on a research report prepared by Margaret Stewart for AusAID, October 2008, was prepared to support the development of AusAID's disability-inclusive development strategy, provides a summary of lessons learnt and good practice in disability and development in the international arena. This information derives largely, but not exclusively, from the experience of donors active in Asia and the Pacific. The study focuses on:

- > donors' approaches to and experience in mainstreaming disability initiatives
- > the effectiveness of disability-specific initiatives
- > the effectiveness of donors' efforts to promote gender equality and increase knowledge of women's vulnerability with respect to disability, with reference to access to education, health services and income-generation opportunities
- > performance assessment or monitoring and evaluation frameworks of disability-related initiatives
- > reference to research and other analytical material in the area of disability and development as appropriate.

Activities relating to or affecting disability-inclusive development involve virtually every sector: health, education, employment, economic and social infrastructure, communications, civil society and rural development. This report is limited to a discussion of the more general and overarching lessons rather than sectoral-specific experience. The report also focuses on lessons *particular to addressing disability in development*, that is, it does not aim to cover general lessons of good aid programming and implementation practice.

The information in this report was sourced from major evaluation and research reports of international donors, multilateral organisations and other international stakeholders in disability and development (mainly international non-government organisations). A full list of sources is provided at the end of this report.

Report structure

Part I examines the experience of donors in mainstreaming disability within their aid programs. Part II examines lessons learnt about the effectiveness of disability-specific activities. These lessons draw out the key elements of good programming in relation to disability-inclusive development. Part II also contains some commentary on the effectiveness of disability-specific activities in comparison to mainstreamed activities.

Part III looks at lessons learnt in promoting the equality of women with disability. There is very little information on donors' direct experience in this regard, and lessons included here have been drawn mainly from the reports of other researchers in the field. Finally, Part IV considers donors' experience in performance measurement, evaluation and reporting.

The report seeks to draw on donor experience mainly in Asia and the Pacific. However, this experience is augmented in places with lessons from the broader international community, especially where material from experience in Asia and the Pacific was thin.

Part I: Donor experience in mainstreaming disability and development

'Mainstreaming' refers to the approach by a development agency of incorporating disability issues, directly and indirectly, into all aid activities.

There are four main donors active in the field of disability in Asia and the Pacific: Japan (JICA), the United States (USAID), New Zealand (NZAID) and the United Kingdom (DFID).¹ The disability-inclusive policy objectives of these agencies are broadly similar—they all focus on supporting people with disability to achieve full participation in development and society. In addition, each of these donors follows an approach that includes the mainstreaming of disability assistance within its aid programs.

Of the four main donors, DFID has produced the most documentation of lessons learnt in mainstreaming disability. Several useful studies of DFID's experience have been conducted by its Disability Knowledge and Research (KaR) program.²

Towards effective mainstreaming: potential challenges and possible strategies

A recurring experience among donors was that while they might have been effective in establishing a policy for mainstreaming disability, implementation was more problematic.

In summary, commonly identified challenges included:

- > disability is not explicit in the Millennium Development Goals and therefore lacks profile
- > staff may be resistant to mainstreaming disability
- > institutional support for mainstreaming may be lacking
- > commitment or priority may be lacking on the part of partner governments
- > an increasing focus on Poverty Reduction Strategy Papers³ and sector-wide approaches can marginalise issues such as disability
- > resources for programming disability initiatives may be lacking.

¹ See Companion Volume—Section 4: An overview of the policies and activities of international donors in disability-inclusive development assistance in Asia and the Pacific.

² Albert (2004); Thomas (2004); Miller & Albert (2005); Albert et al. (2005).

³ Poverty Reduction Strategy Papers (PRSPs) are prepared by governments in low-income countries through a participatory process involving domestic stakeholders and external development partners, including the IMF and the World Bank. A PRSP describes the macroeconomic, structural and social policies and programs that a country will pursue over several years to promote broad-based growth and reduce poverty, as well as external financing needs and the associated sources of financing. See further, <http://www.imf.org/external/np/exr/facts/prsp.htm>

Each of these potential impediments to the mainstreaming of disability is discussed below, together with strategies that donors have either implemented or recommended as a means of addressing them.

Disability is not explicit in the Millennium Development Goals

One commonly reported barrier to mainstreaming disability is that, because disability is not explicitly included in the Millennium Development Goals (MDGs), it tends to be ‘invisible’ and does not cascade down into measurable objectives and priorities.

In response to this argument, commentators in the field often point out that addressing concerns of disability is implicit in the MDGs and that the MDGs cannot be fully achieved without addressing the needs of people with disability. Such links between the MDGs and disability have been made, for example, by the Disability KaR program and by the World Bank (see Appendix 1).

Make disability visible

A suggested strategy for overcoming this barrier is for donors (and other stakeholders) to make disability ‘visible’ through an explicit policy and implementation strategy, with commitment to the policy communicated from the highest level.

Staff may be resistant to or lack confidence in disability-inclusive development

The willingness of staff in development agencies to embrace disability issues can be impeded by lack of understanding of the issues, lack of confidence or skills in knowing how to address the issues, the pressure of existing workloads and sometimes prejudice. At least one study concluded that most resistance stems from a lack of knowledge about and exposure to disability, rather than a lack of motivation.⁴

Increase staff awareness and understanding of policy and issues

The attention that staff pay to disability-inclusive development will be affected by the priority given to the disability-inclusive development policy within an organisation. Communication of the policy thus plays an important role. An appropriate communication strategy can incorporate the goal of increasing understanding and winning staff commitment—such as through targeted awareness raising, staff training arrangements, and showcasing of successful development activities.

Create accountability to achieve outcomes

Staff commitment may also be influenced by the degree to which they are held accountable for the achievement of the agency’s disability inclusive development goals. Setting clear, accountable objectives and establishing measurable performance indicators can help to create accountability.

Make implementation easy

In recognition of the many issues that development staff have to bear in mind and everyday workloads, it is also important to make it relatively easy for staff to implement a disability policy. The next section addresses this issue in terms of providing institutional support.

Institutional support for disability inclusive development may be lacking

Studies indicate that a common cause of ineffective mainstreaming has been a lack of institutional support for staff. Key areas of support identified by donors are summarised below.

4 Handicap International & Christoffel-Blindenmission (2006a).

Establish a specialist team to provide advice

The team should have clear roles in developing and promoting disability policy; leading research into good practice and disseminating findings; and providing specialist analytical advice, including in the analysis of country- and/or sector-specific disability needs, and in activity design and evaluation frameworks. Some examples of specialist teams include:

- > the USAID team lead by the Disability Team Coordinator
- > the World Bank Disability and Development Team
- > DFID's Equity and Rights Team, which houses its disability specialist expertise.

Mainstreaming disability can sometimes result in the issue becoming marginalised. To guard against this, it is essential that specialist teams be given adequate resources, particularly at the outset of strategy implementation.

Care is also needed to ensure specialist groups are not seen by the wider agency as sole implementers—they should be seen as advisors and facilitators who assist and equip the agency to implement disability inclusive development across the whole of the agency's work.

Create guidance materials and embed an implementation process

Staff need practical guidance materials and tools that are easy to use. Key procedures manuals and instructions need to incorporate disability inclusive implementation processes and guides. For example:

- > A recent evaluation of DFID's social exclusion policy (the policy outlining DFID's approach to disability) recommended that to embed the policy within DFID, it should be made explicit in the next update of the DFID Blue Book of mandatory procedures, the Country Assistance Plan guidance and the DFID Corporate Plan and incorporated in the DFID Action Plan on Results.⁵
- > DFID recently produced a 'How-to' note on disability that suggests ways for staff to incorporate disability into country programs.⁶ The note summarises the reasons why it is important for DFID to work on disability, explains DFID's policy position on disability, and suggests a number of practical strategies for incorporating disability goals successfully into country programs. Suggestions include placing Disabled People's Organisations (DPOs) on the agency's consultation register, providing funding for DPOs and other civil society organisations to engage in poverty reduction strategy processes, supporting research on disability to inform poverty reduction strategy development, ensuring disability is addressed in gender equality and social exclusion analyses and country governance analyses, and including DPOs in consultations on country assistance and regional assistance plans.

A number of development agencies have developed practical analytical tools to make assessment of disability-relevant issues and development of appropriate strategies easier. Examples include:

- > Finland's Rapid Handicap Analysis
- > the Asian Development Bank's Knowledge, inclusion, participation and access, or KIPA, framework
- > the World Bank's Rapid social assessment framework
- > NZAID's *Screening guide for mainstreamed and cross-cutting issues*
- > a series of checklists relating to all stages of the program cycle developed by the Norwegian Agency for Development Cooperation (NORAD).⁷

Appendix 2 provides further detail on some of these tools.

⁵ Gaynor & Watson (2007).

⁶ DFID (2007).

⁷ NORAD (2002).

Provide staff training

Training is required to promote awareness of the agency's disability policy, objectives and requirements to further the understanding of disability issues and provide practical skills for the incorporation of disability perspectives into country and other programs.

For example, USAID recently developed an online training module to provide staff with basic information, resources, tools and skills to achieve the agency's disability objectives. Topics include inclusive development practices, creation of a mission disability plan, barriers to inclusion, lessons learnt from several successful mission programs, and ensuring a special emphasis on women and children with disability.⁸

At the more basic level, staff may need training on disability awareness, especially if they have not previously had much contact with people with disability. One of the major 'blocks' to providing an active and central role for people with disability in programming can be fear of doing or saying 'the wrong thing' and causing offense. Building the capacity of staff to be confident and respectful when engaging with people with disability, providing basic skills such as guiding a person with visual impairment, or how to arrange for and work confidently with sign language interpreters, how to assist a wheelchair user if asked for assistance, and awareness of appropriate language will make a significant difference to the agency's profile amongst people with disability.

Recruit people with disability to work in the agency

One of the best ways of promoting disability-inclusive development is to ensure people with disability work in the agency. Employing people with disability also demonstrates a practical commitment to the principles of disability inclusion. An agency must model disability inclusion itself to have credibility with partners. Many agencies have people with disability working in the area of disability inclusive development (particularly World Bank and DFID).

Commitment or priority on the part of partner governments may be lacking

Despite the best will of donor agencies, partner governments may not rate disability highly on their national agendas. This may make it difficult to win agreement for the incorporation of disability goals into country programs.

Work with champions

One way donors have dealt with this challenge is to start working first with those partner governments that do exhibit a level of existing commitment to disability equality—e.g. through existing legislation or plans for ratification of the UN Convention on the Rights of Persons with Disabilities, organisational structures and/or budgetary allocations supporting people with disability.

For those partner governments where commitment to people with disability is not a priority, some strategies that have been used or suggested by donors to elicit greater commitment are discussed below.

Show leadership by incorporating disability issues in all aspects of policy dialogue

This is an area in which donors can take a leadership role. For example, several donors, particularly Denmark, Finland and Ireland, were credited with keeping special education on the agenda during the development of the Education Sector Support Programme in Zambia (1996–99).⁹

Donors should use key meetings with key stakeholders and partners to keep disability on their agenda.

⁸ USAID (2005).

⁹ STAKES (2003).

Provide support for disability advocacy

Support for the empowerment of advocacy organisations within partner countries, particularly DPOs, helps create the demand for action on disability.

- > There are many examples of DPO capacity-building activities funded by donors in the Asia–Pacific region.¹⁰ These have included training in advocacy and aspects of organisational management, raising of awareness of democratic and human rights through information materials and media contact, establishment of DPO and other (e.g. NGO) networks, and support for scholarships for overseas study.
- > As an indication of the potential power of DPOs to influence governments, a 2005 review of the NZ Pacific Regional Disability Programme found that basic awareness raising/advocacy was the highest priority in the Pacific region.¹¹ This was needed to create the receptive environment required for change, to be able to make all other forms of support appropriate and sustainable.
- > An example of the power of grassroots advocacy is also provided in the role DPOs have played in seeking to have disability issues included in PRSP processes. This is discussed further below.

Support the development of a knowledge base on disability

Governments may be persuaded to take more action where there is hard evidence of need and project success stories. The process of data collection itself, particularly the conduct of surveys and interviews, has proven to be a useful means of raising awareness of disability issues in partner countries.

The production of a credible knowledge base is also a powerful way to build the capacity of DPOs to achieve their objectives. For example, the NZ Pacific Regional Disability Programme (2002–05) conducted needs analyses of people with disability in a number of Pacific countries. This involved considerable data collection. The 2005 review of the program concluded that data collection, followed by strategic advocacy, had the capacity to increase the public visibility of the issue, with persuasive legitimacy. The presentation of irrefutable evidence, particularly evidence in the public arena, can be a powerful force.

The 2005 review report included examples of data collection spurring action from governments in the region in the area of disability. Examples include:

- > training for teachers implemented after finding children with epilepsy were not accessing education
- > cross-sectoral survey advisory committees staying to tackle other disability issues
- > prevention strategies put in place when clusters of disabilities were identified (e.g. action to prevent high incidence of ear infections)
- > in the Cook Islands, development of a national policy on disability and implementation following the successful completion of a disability survey
- > in Samoa, the National Disability Survey committee becoming the Disability Task Force and working closely with relevant ministries in Samoa to garner support for disability issues.

Where agreement for action on disability cannot be gained bilaterally, supporting data development through multilateral agencies can be a practical alternative. The World Bank and World Health Organization have been active in data methodology and collection (see below). This is also an efficient way of creating a shared knowledge base for the international community.

In the Pacific, the NZ Pacific Regional Disabilities Programme used a regional-level approach to further the development of the disability knowledge base.

¹⁰ See Companion Volume—Section 4: (Report on International Donor Experience in Disability in Asia and the Pacific Region).

¹¹ Nowland-Foreman & Stubbs (2005).

An increasing focus on PRSP and sector-wide approaches can marginalise disability issues

An International Labour Organization evaluation in 2002 made a preliminary analysis of 31 (mainly African) PRSPs and found that only two had dealt adequately with disability.¹² Further, a World Bank report in 2004 found the coverage of disability to be limited and fragmented.¹³

Recognise and support the role of DPOs to participate in PRSP processes

To some degree, this problem is an extension of the problem described above in gaining the commitment of partner governments to address disability issues. Writings on this topic emphasise the role of DPOs in achieving inclusion in PRSP processes. PRSPs are prepared by governments in low-income countries through a participatory process involving domestic stakeholders and external development partners. Donors can have a role in supporting capacity building of DPOs, with particular reference to the skills required to participate in PRSPs. For example, Germany's technical cooperation agency¹⁴ supported Handicap International to assist a coordination committee of five DPOs to participate in the Cambodian PRSP that commenced in 2000. Handicap International and Christoffel-Blindenmission were also recently funded by Germany and facilitated by the World Bank to produce an instructive handbook on how to make PRSPs inclusive.¹⁵ The handbook is targeted mainly at DPOs.

Sufficient resources are needed for disability-inclusive programming initiatives

Lack of available funds is a common challenge for a range of priorities. It is not enough for staff to be converted to the cause. For disability-inclusive practice to be mainstreamed successfully, the commitment needs to be supported by actual expenditure, which means budgeting and resource allocation to ensure disability inclusion can be achieved.

Lead funding can assist

One option is for an agency to provide program managers with access to additional funding to seed the incorporation of disability initiatives into their programs. USAID significantly boosted its investment in disability with dedicated appropriation in 2005 of \$US2.5 million 'to address the needs and protect the rights of people with disabilities in developing countries'.¹⁶ (It is possible this may have resulted in more disability-specific interventions, as opposed to mainstreamed activities.)

Address disability issues appropriately at initial analysis stages and ensure incorporation at the design stage

Commentators point out that incorporation of disability inclusive aspects from the outset of design—ie at the initial concept stage, and then incorporation at the design phase—is the most cost-effective, efficient and effective approach, often involving only a small margin on the overall program budget. Implementing corrective measures after a program is up and running is more costly, particularly for the built environment.

This requires careful and thoughtful analysis—including at situation analysis stage. At the project level, concept and design documents should explicitly address how the project will take account of, and respond to the needs and priorities of people with disability as a target group. Ensuring terms of reference include the need to consult with people with disability and provide for their

¹² Roeske (2002).

¹³ World Bank (2004).

¹⁴ Gesellschaft für Technische Zusammenarbeit.

¹⁵ Miller & Ziegler (2006).

¹⁶ USAID (2005).

participation in design and implementation will also assist good design from the outset, promoting efficiency, effectiveness and sustainability.

Respond to opportunities presented by recovery from devastation

A related observation made by some donors is that an opportunity exists for disability-inclusive development to be embraced with great effect in the recovery from either natural or post-conflict devastation. The built environment can be reconstructed with accessibility in mind. Natural disasters and conflict also give rise to a need for rehabilitation from injury and post-trauma mental health issues. In this context, the incorporation of disability inclusive development issues into reconstruction following the 2004 tsunami has been mentioned in the literature. Through the Norway–Finland funded Trust Fund for Environmentally and Socially Sustainable Development (TFESSD), the World Bank has developed operational guidelines on natural disasters and social protection.¹⁷

Part II: Effectiveness of disability-specific initiatives

This section addresses two aspects to the effectiveness of disability-specific activities. First, it looks briefly and in a generalised way at the role and effectiveness of disability-specific interventions versus a mainstreamed approach. Second, it draws out the overarching lessons learnt for effective design and delivery of disability-specific activities.

Disability-specific initiative or mainstreamed approach?

The ultimate goal advocated and pursued by the major international NGOs active in the field appears to be the mainstreaming of disability issues in-country—that is, incorporation of disability into all aspects of in-country public service delivery and the country’s legal, economic and social infrastructure.¹⁸ Donors’ efforts to mainstream disability-inclusive development within their aid programs support this ultimate goal. However, addressing barriers to societal participation faced by people with disability can also require measures which are disability-specific—for example, the need for assistive devices—or support for disability advocacy as a specific goal.

Consequently, donors generally follow what has become known as a ‘twin-track’ approach in implementing their objectives for disability. Both disability-specific and mainstreamed interventions have their place and neither is superior to the other. However, this study found that disability-specific interventions may have best effect when incorporated into a comprehensive program strategy or linked with mainstreaming goals.

For example, a Norwegian report described instances of good and ‘not-so-good’ practice:

- > Good practice involved establishment of an orthopaedic workshop close to a district hospital in a provincial town in Eritrea. The hospital referred injured or polio-affected children to the workshop after their acute care was complete. The project also incorporated follow-up with families, training of local rehabilitation workers, orthopaedic technicians and rehabilitation workers. Skills transfer was done in such a way to ensure the construction of appropriate appliances from local materials. The project shows how disability-specific services can be linked with mainstream health services to provide continuity of care.

¹⁷ World Bank (2008).

¹⁸ See, for example, Handicap International & Christoffel-Blindenmission (2006a).

- > ‘Not-so-good’ practice was the provision of special education training for teachers in Bangladesh concurrent with a separate program for general teacher training. A lack of coordination between the two activities meant the effectiveness of the training was reduced.¹⁹

A related lesson from the Finnish experience was that over-reliance on disability-specific NGOs as a delivery mechanism can lead to a narrow approach to disability assistance that does not take account of the broader societal issues that may need to be addressed.²⁰

General lessons for effective programming for disability

The key general lessons for effective programming particular to disability identified through this study were:

- > develop a knowledge base
- > design programs on the basis of identified barriers to participation
- > involve people with disability at all stages
- > support and strengthen structures, networks and mechanisms that already exist.

These are discussed below.

Develop a knowledge base or evidence base on which to make informed programming decisions

A strong knowledge base is required for the identification of issues and needs analysis. Baseline data and the ongoing collection of results data are also needed to measure and assess outcomes, which in turn is needed to guide future programming practice. These lessons are not unique to disability issues.

It is critical that program planning for disability be built on a knowledge base that includes a situational analysis and identification of the barriers to societal participation by people with disability which is specific to the country, sector and/or region concerned. This aspect of program planning is discussed further below.

Development of a credible knowledge base is an important means of winning support for action on disability and there are potential efficiencies for donors in supporting coordinated development of this knowledge—for example, through multilateral agencies (see Part I).

NZAID’s experience has been that DPOs can be valuable resources, assisting donors to increase knowledge of disability within a country and providing vital insight into cultural settings.²¹

Design programs on the basis of identified barriers to participation

There is no ‘one size fits all’ approach to disability-inclusive program design. The needs of people with disability are affected by the type of disability and the barriers they experience, whether in the built environment, attitudes or awareness of available rights and services. Designs should identify and respond to unique issues and contexts.

The examples below are provided to give an indication of the nature of the barriers to participation people with disability face in different countries and reinforce why planning and design require a credible knowledge base.

¹⁹ NORAD (2002).

²⁰ STAKES (2003).

²¹ New Zealand response to AusAID Disability Strategy Consultation Paper, August 2008

- > In the Pacific, the 2005 review of the NZ Pacific Regional Disability Programme found that because of attitudes, taboos and lack of awareness of disability issues, support for advocacy and awareness raising in the region was a prerequisite to the effectiveness of all other interventions.²²
- > In Indonesia, a study of disability services delivery found that while there were a range of services available to people with disability, the uptake was low.²³ A major contributing factor was identified as the low level of training and awareness among officers in the service delivery system.
- > In Thailand, the JICA review of the agency's disability activities in the 1990s included a survey of a group of people with disability to identify personal needs.²⁴ Despite differences in the nature of their disabilities, respondents overwhelmingly identified the common desire for the attainment of independent livelihoods.
- > Barriers to inclusive education are specific to the education system in question. Common barriers include lack of resources or skilled teachers, lack of accessibility due to the built infrastructure and/or transportation, negative attitudes and bullying—and even problems easily overcome such as was found with the provision of corrective glasses among school children in Brazil.²⁵ On the other hand, good participation rates among children with disability might indicate that there are no special needs alternatives.

The fundamental lesson is that effective disability-specific activities are those that are grounded in an informed study of the country-specific, sector-specific or local barriers. This may require situational analysis and research.

Involve people with disability at all stages

The literature repeatedly emphasises the importance of involving people with disability in the processes of program planning, through concept formulation, design, implementation, monitoring and evaluation. The advantages include the harnessing of specialist expertise and insights about what 'works', which is important for effective project design. At the local-level, participation promotes ownership of activities and results, which is important for sustainability. Participation by people with disability in aid programming may also improve political support for a donor's activities.

There are many examples in the literature of project evaluations recommending inclusion of people with disability in design and delivery. Likewise, various guidance documents (see below) also emphasise inclusion as a component of good practice. An example of why this is good practice is given by the evaluation of JICA's disability activities in Thailand in the 1990s.²⁶ As part of its review of training activities, the review team interviewed a group of ex-trainees who were both able-bodied and people with disability. The feedback was grouped by common messages, and responses distinctive to each of the able-bodied and disabled groups. The responses from people with disability included the view that the greatest training result had emanated from the trainees' contact with Japanese people with disability in Japan. This contact had enabled them to see positive role models e.g. to see firsthand that people with disability could achieve in the workplace, and this had a consequent empowering effect. Participants had also experienced firsthand the difference an enabling environment could make.

²² Nowland-Foreman & Stubbs (2005).

²³ Rotinsulu (2006).

²⁴ JICA (2000).

²⁵ Mont (2004).

²⁶ JICA (2000).

NZAID's experience highlights working through existing structures to engage people with disability in the planning, design and delivery of activities. Existing structures to access the expertise of people with disability include DPOs and local government. Alternatively, they may be located through government and NGO service providers or traditional (village level) leadership structures.

Support leadership of local people with disability

In many countries, people with disability are often unheard and unseen. Supporting the leadership of key people with disability as positive role models may assist in breaking down stigma to encourage others to take up an increased role in contributing to disability-inclusive development efforts.

Support and strengthen existing structures, networks and mechanisms

In the Pacific, NZAID's experience demonstrates that appropriate support to and strengthening of multilateral and regional programs and processes that already exist can support disability objectives. Support can be given to existing key and regional organisations such as the Pacific Island Forum Secretariat, especially in regard to encouraging signature and/or ratification of the UN Convention on the Rights of People with Disabilities; the Pacific Disability Forum, which advocates for civil society; and UNESCAP, which provides technical support. NZAID also emphasised the role of policy engagement on disability issues with the Council of Regional Organisations in the Pacific and other multilateral agencies.

Other elements of good programming practice

There are a number of other elements of good programming practice emphasised in the literature, not unique to disability assistance. These include the need for:

- > partner government commitment to the objectives of particular disability activities or programs to help ensure sustainability
- > early establishment of clear objectives and measurable indicators, together with arrangements for monitoring, data collection and evaluation
- > sharing of knowledge and experience among partners and other players in the field of disability.

Activities should also be empowering, sustainable and replicable.²⁷

A number of instructive documents prepared by a range of organisations exist to guide good disability-inclusive practice in program planning, design, delivery and evaluation.²⁸ Some provide general guidance and others address specific areas, e.g. the provision of assistive devices or of community-based rehabilitation. Guidance documents identified during the course of the study are included in the list of sources at the end of this report.

²⁷ Asian Development Bank (2005).

²⁸ See, for example, Asian Development Bank (2005), Handicap International and Christoffel-Blindenmission (2006a), World Bank (2007a, 2007b) and World Health Organization guidance documents at <http://www.who.int/disabilities/publications/en/index.html>

Part III: Effectiveness of actions for women with disability

A 2007 study by Tanner notes that women with disability often face double discrimination and that inclusion of disability is a crucial component of the worldwide struggle for gender equality.²⁹ Women with disability may experience more violence,³⁰ physical and sexual abuse,³¹ and discrimination than both men and other women in provision of disability-specific services.³² They are frequently denied access to reproductive health services.³³ The United Nation's Children's Fund (UNICEF) notes that women and children use only 20 per cent of rehabilitation services.³⁴ Disparity also exists in education and employment.³⁵ Disability is thus often 'experienced differently according to gender'³⁶ and cuts across the quest for gender equality.

Despite the existence of various studies and statistics, this study found no direct information from donors about their specific experience with promoting equality among women with disability or with promoting understanding of particular difficulties facing women with disability in the development context.

The following few lessons are drawn mainly from the writings of other researchers in the field.

Build the knowledge base on gender and disability

The knowledge base on disability needs to include a gender breakdown and analysis of gender-based issues if the particular issues confronting women with disability are to be addressed. This is a very basic point, but nonetheless needs to be emphasised as the few studies accessed on this topic referred to difficulties with data. The fact that no information was found from donors could indicate that the issue is not being explicitly addressed to any significant extent.

Incorporate gender issues into disability program design

Gender issues must be incorporated into disability program design (whether mainstream programming or disability specific programming).

Supporting women with disability to achieve equality can be seen as an extension of the goals for both gender equality and disability equality. Women with disability will experience barriers to societal participation in common with their able-bodied sisters as well as their disabled brothers. However, they will also experience unique barriers.

For example, a study of women's concerns in community-based rehabilitation in South Asia found that the prevalence of male rehabilitation workers and the relative absence of trained female community workers inhibited women with disability from accessing rehabilitation services, particularly in Pakistan and Afghanistan.³⁷

Part II of this report referred to the need to design programs on the basis of the identified barriers to participation. What is required in regard to women with disability is the inclusion of gender-specific analysis at the outset of program design to ensure that gender-specific barriers can be addressed.

29 Tanner (2007).

30 UN Enable (2006).

31 DFID (2000: 3).

32 Elwan (1999: 30).

33 European Commission (2003: 6)

34 Elwan (1999: 28).

35 DFID (1999).

36 DFID (1999).

37 Lewis (2004).

To facilitate this, assessment tools should include a gender dimension. Of those examined for this study, only the Asian Development Bank's KIPA framework mentions gender explicitly. The United Nations High Commissioner for Refugees has a participatory assessment tool that identifies needs, concerns, priorities and solutions for refugee women, men, girls and boys.³⁸

Another issue is the need to recognise that women are often the primary carers of adults and children with disability. Particular attention may need to be paid to the needs of these women in program design. Again, the KIPA framework appears to be the only assessment tools examined that includes reference to assessment of the families of people with disability.

Incorporate disability-inclusion into gender-specific initiatives

The previous section discussed incorporating gender analysis into mainstream and disability specific programming. The other side of the coin is for development agencies to incorporate disability inclusion into gender-specific programs. A 2001 study of US-based international development agencies concluded that gender-specific programs were no more likely to include disability considerations than non-gender-specific programs.³⁹

Donors may play a role in supporting groups or networks of women with disability (see further, fostering support groups and advocacy below).

Address barriers faced by women with disability in establishing livelihoods

This study identified two areas that appear to have potential for overcoming the barriers to women with disability establishing independent livelihoods, namely providing for inclusive education and ensuring access to microfinance.

Inclusive education for girls with disability

Several research papers pointed to the value of including girls with disability in mainstream education as a means of promoting equality among women with disability. Assisting girls with disability to receive an education is a clear strategy for helping them to secure future livelihoods. In addition, including girls with disability in mainstream education can lead to:

- > the breaking down of adverse societal attitudes, myths and misconceptions
- > role models for the further encouragement of girls with disability to attend school
- > engagement in society and breaking down of isolation.

Research on inclusive education commonly identifies girls and children with disability as disadvantaged groups to be targeted for inclusion. There appears to be less information specifically on girls with disability as a group. In a 2002 report by Save the Children Sweden on its activities in inclusive education in Vietnam during 1991–2002, it was noted that in two school districts the ratio of girls to boys with disability attending school was around 35:65.⁴⁰ However, the report noted that without proper gender analysis, it could not be determined whether this result was due to boys getting more attention, more girls with disability not being in school or girls simply not having disabilities to the same degree as boys.

³⁸ This tool is available at <http://www.unhcr.org/publ/PUBL/450e920e2.pdf>

³⁹ Mobility International USA (2001).

⁴⁰ Lindskog & Nguyen (2002).

Ensure access to microfinance for women with disability

It would appear that women with disability are likely to share the same experience of prejudice as able-bodied women in trying to access microfinance from lending institutions; however, their experience is perhaps worse, since in many cases (due to misguided assumptions or stigma) they may be regarded as an even greater risk for lending.⁴¹ Additional impediments are structural and communication barriers (e.g. inaccessible meeting places, print-only materials or lack of sign language interpreters).

Because of their inability to access funds from mainstream microfinance institutions, some disability-related organisations have attempted to fill the gap by offering finance services to their male and female members. Lewis observes that this may not be a good practice solution, as the disability-related bodies are often not appropriately trained to assess and manage such services.⁴² Rather, an appropriate strategy would be to support the mainstreaming of disability issues, including women with disability, into credit organisations.

Foster the formation of support groups and advocacy for women with disability

In the same way that support for advocacy among DPOs can assist in mainstreaming the cause of people with disability in developing countries, support for the formation and strengthening of women's groups can help to put women's issues in respect of disability onto the national agenda. Programs for capacity development of Disabled Peoples Organisations (DPOs) provide scope to encourage and equip DPOs to have strategic policies to promote full inclusion of women with disability, both in their own organisations, and also to address barriers to the inclusion of women with disability in wider society.

The suite of strategies available to development agencies to support such women's organisations is not dissimilar to that available to strengthen DPOs. Common strategies include support for training and awareness-raising activities. Studies also emphasise the value of developing and showcasing role models.

Many mainstream women's organisations may not be aware of the situation of women with disability, their meetings and venues are often not accessible to women with disability and thus they often do not represent the interests and concerns of women with disability. There may be a role for donors to ensure women's organisations applying for funding have policies to address the needs of women with disability. Donors might also seek to promote partnerships between DPOs and 'mainstream' women's groups for mutual understanding and capacity building.

At a different level, donors can promote the formation of self-support groups among women with disability, or women who are carers. For example, in the Bhutanese refugee camps in Nepal, Caritas assisted mothers of children with cerebral palsy and mental disabilities to access specialised training for the care of their children's special needs. The project was successful in skills transfer and also in establishing self-support groups among the mothers, which greatly contributed to their own ability to cope and their general well-being.⁴³

⁴¹ Lewis (2004).

⁴² Lewis (2004).

⁴³ Women's Commission for Refugee Women and Children (2008).

Part IV: Experience with performance assessment, monitoring and evaluation frameworks

Little information is generally available on donors' experience with performance assessment, monitoring and evaluation frameworks, and no studies were found of performance assessment methodology or evaluations of experience. The following findings and lessons learnt have been compiled by analysing the range of evaluation and other research documents examined for this study.

Consolidated reporting on disability-inclusive initiatives

The amount of consolidated reporting by donors on their disability initiatives is sparse. A few agencies have evaluated or reported on their disability assistance periodically, including Finland⁴⁴ and Japan⁴⁵ both in 2003, and DFID in 2004.⁴⁶ A common observation in these reports was that finding information on disability initiatives was difficult.

USAID was the only donor found to report regularly on its progress in implementing its disability policy. It produces a biennial report, the most recent of which was released in 2005.⁴⁷

Donor reports on disability and development concentrate almost exclusively on disability-specific initiatives. This is true even for the USAID report examined. In regard to information on mainstreamed activities overall, the most information was available about inclusive education initiatives.

Disability objectives do not feature in the highest level outcome statements of agencies and international aid programs. As noted above, they are not explicit in the MDGs either. Hence, the study did not find reporting on disability at this level.

It is difficult for an agency's achievements against its disability objectives to be demonstrated if regular or even periodic reporting is not established. For regular reporting to be effective, it needs to be supported by appropriate information-gathering systems. Good practice would include a mechanism to enable the responsible reporting area of an agency to gather the appropriate information on an ongoing basis, to report on the agency's mainstreamed as well as disability-specific experience.

Good practice in monitoring and evaluating disability-inclusive development initiatives

The World Bank issued a guidance note in 2007 that sets out elements of good practice in relation to monitoring and evaluating disability development initiatives.⁴⁸

In relation to monitoring, many of these elements are drawn from general good practice, including:

- > establishing clear, explicit and manageable objectives for actions addressing disability issues within the project context
- > specifying the steps that must be taken to accomplish each objective

⁴⁴ STAKES (2003).

⁴⁵ JICA (2003).

⁴⁶ Thomas (2004).

⁴⁷ USAID (2005).

⁴⁸ World Bank (2007b).

- > holding regular consultations with project staff to keep disability issues visible and to coordinate disability-related project activities
- > involving project participants.

The guidance note also emphasises participation of people with disability in the evaluation process. It notes that it can be difficult to definitively attribute outcomes to the outputs of a project and that involvement of people with disability can help to establish causal links. The types of indicators relevant to the monitoring and evaluation of disability activities are at Appendix 3.

An important component of monitoring and evaluation is to regularly review the indicators to ensure consistency with the latest policy and practice in disability-inclusive development. Similarly, evaluations of activities and post-completion reports that aim to develop lessons for future initiatives need to make reference to current disability policies within an agency. This was done by NZAID in the 2005 review of the New Zealand Pacific Regional Disabilities Programme⁴⁹ and by JICA in its 2000 review of its disability activities in Thailand.⁵⁰

NZAID draws attention to the need to support monitoring frameworks in-country where they exist to measure progress towards disability goals. Where such frameworks do not exist, donors should support their development.⁵¹

Objectives and indicators are needed to measure disability inclusion

A small number of indicators used to measure various development agencies' goals in regard to disability-inclusive activities is at Appendix 4. The NORAD indicators rely on quantitative measures of outputs rather than outcomes, with a focus on simple statistical measures (e.g. proportion/number of disabled children enrolled in school). The USAID indicators shown are mainly concerned with the measure of process-related outcomes. However, no analysis of the effectiveness of these various indicators was found.

DFID commissioned a consultant report in 2007 to establish an overall evaluation framework for its social exclusion policy, which encompasses disability objectives.⁵² The report presents a high-level and reasonably complex framework. It is broken down into five different levels of results, working from those results or outcomes for which DFID is fully accountable, through those to which its initiatives contribute, to long-term impacts. The report assigned indicators to each level of the framework.

Disaggregated and better data is needed

The development of statistical measures for disability supports not only the building of an appropriate knowledge base, but also the measurement of performance against outcomes. There are several significant collaborative efforts in the international arena to develop statistical measures for disability, including:

- > the World Health Organisation's development of the International Classification of Functioning, Disability and Health (ICF)⁵³

⁴⁹ Nowland-Foreman & Stubbs (2005).

⁵⁰ JICA (2000).

⁵¹ New Zealand comments on AusAID Disability Strategy Consultation Paper, August 2008.

⁵² Gaynor & Watson (2007).

⁵³ World Health Organisation (2002). For more information on ICF, see <http://www.who.int/classifications/icf/en/>

- > the UN Washington Group on Disability Statistics,⁵⁴ whose main purpose is to promote and coordinate international cooperation in the area of disability measures suitable for censuses and national surveys. Its approach is to develop tools to collect the basic data necessary to provide information on disability that is comparable throughout the world. The Washington Group also aims to address methodological issues associated with the measurement of disability
- > the World Bank, which has conducted a number of studies into data methodology.⁵⁵

Established in 2001, the first priority of the Washington Group was to guide the development of a 'short set' of disability measures suitable for use in censuses, sample-based national surveys, or other statistical formats, for the primary purpose of informing policy on equalising opportunities for people with disability. The questions developed are available online.⁵⁶ These were endorsed, as recommended for use on national censuses, by the Washington Group at its sixth annual meeting in 2006. The questions reflect advances in the conceptualisation of disability and use the ICF as a conceptual framework. The focus is on functioning in basic actions, in contrast to approaches that are based on impairments or bodily functions.⁵⁷ The questions have been tested in a number of developed and developing countries.⁵⁸

The Washington Group has commenced work on its second priority—the development of one or more extended sets of survey items that elaborate the measurement of the multiple concepts associated with disability and can be used as components of population surveys, as supplements to surveys or as the core of a disability survey. This work was the major agenda topic for the eighth meeting of the Washington Group in Manila in October 2008.

The Washington Group has also endorsed a World Bank project aimed at developing a set of indicators to monitor the implementation of the UN Convention on the Rights of Persons with Disabilities. Funds for this project are to be raised through the World Bank Donor Trust Fund for services to assist the group in developing a tool for monitoring and cognitive testing in several countries, and to fund a special meeting of countries for final agreement.⁵⁹

The World Bank provides an update on its work program in disability data development annually to the Washington Group meetings. According to the 2006 report, the most recent available for this study, World Bank activity has included:

- > quantitative surveys in several countries, including Afghanistan, India, Indonesia and Vietnam
- > partnering with the OECD to develop and test a methodology for measurement of disability in children
- > collection of qualitative data in Yemen, Georgia and Kenya
- > integration of disability into education management information systems in Cambodia, Indonesia, Mongolia and Vietnam
- > review of data used in PRSPs.⁶⁰

The World Bank recently commissioned a report on the use of 'disability-adjusted life years' (DALYs), a frequently used indicator for assessing the relative effect of public health interventions

54 <http://www.cdc.gov/nchs/citygroup.htm>

55 <http://go.worldbank.org/IVW69BGNC0>

56 <http://www.cdc.gov/nchs/about/otheract/citygroup/shortsetquestions.htm>

57 More information on the rationale underpinning the census questions can be found at <http://www.cdc.gov/nchs/about/otheract/citygroup/shortsetquestions.htm>

58 Washington Group (2007).

59 Washington Group (2007).

60 Mont (2006). An update on World Bank activity was to be provided to the eighth meeting of the Washington Group in October 2008.

for people with disability.⁶¹ The report notes that at the time of its introduction, the indicator was an advance on the use of mortality as an indicator in that it incorporated a measure of the impact of living with a disability. At the same time, the report notes the inability of DALYs to capture improvements in the functioning of people with disability by means that are non-curative—that is, that do not remove a person’s underlying medical diagnosis. In other words, DALYs do not reflect the change in people’s functional status or well-being if they receive rehabilitation services, assistive devices or accommodations, or if they live in a society that has become more open and accessible to individuals with functional limitations. DALYs only reflect the presence of a medical condition that is associated with certain functional limitations. Therefore, public health interventions that mitigate the effects of a health condition, but do not ‘cure’ it, get no credit.⁶² This is a significant shortcoming of DALYs, particularly in the context of a social model of disability. The paper proposes two alternative indicators which are closely linked to the ICF.

Conclusion

A review of literature from international donors and other organisations regarding their experience in disability and development over the last decade or more provides a number of lessons for AusAID in the context of its aim to enhance and improve its level of activity and performance in the field of disability and development.

There is relatively little review and documentation of the impact of bilateral programs in disability and development and there remains limited information on lessons learnt and best-practice approaches.

As discussed in Section 4, several major donors already have policies or strategies highlighting the need to include disability in their development programs and corporate policies, including the UK Department for International Development (DFID), the European Union, the United States Agency for International Development (USAID), Gesellschaft für Technische Zusammenarbeit (GTZ) and Finland. Other donors refer to disability in their development or sectoral policies, including Japan International Cooperation Agency (JICA), New Zealand’s International Aid & Development Agency (NZAID) and the World Bank.

The ‘twin-track’ approach, which accepts that both disability-specific and mainstreamed interventions have their place and neither is superior to the other have been used. Disability-specific initiatives or projects appear to have been more successful (or at least more visible) than attempts to integrate or mainstream disability into country approaches or across aid programs. However they may have best effect when integrated into a comprehensive program strategy or linked with mainstreaming goals and in a context of addressing broader societal issues.

Disability is viewed by many partners as an issue of social exclusion, requiring a rights framework, and most donors aim to mainstream or integrate disability throughout their development agendas. Disability inclusive development fundamentally is about facilitating inclusion, increasing access and working to increase equality of people with disability. This requires institutional commitment, facilitative strategies and tools, and organisational leadership.

⁶¹ Mont & Loeb (2008).

⁶² Mont & Loeb (2008: 1).

Translating disability-inclusive policy into practice has been slow and challenging for donors. This suggests that disability inclusive development should be staged in roll out—starting in a focussed way and then increasing efforts and scaling up once capacity improves and good practice is generated.

Some of the particular challenges identified in the literature and lessons learnt in responding to them in implementing disability inclusive policies are included in the following table:

| Challenge | Lessons learnt |
|---|---|
| Disability is not explicit in the MDGs and therefore has no automatic profile or priority | <p>Make disability visible by establishing an explicit policy and implementation strategy.</p> <p>Communicate commitment to the policy and implementation strategy from the highest level, highlight linkages with MDGs and other development frameworks</p> |
| Lack of broad institutional support—organisations and agencies often resist incorporating disability into what they do because of the lack of institutional support | <p>Establish a specialist team, create agency-specific and practical guidance materials for staff to implement the organisation's disability strategy and communicate the availability of these materials to staff at all levels.</p> <p>Embed disability-inclusive development thinking and practice into implementation processes, awareness raising and staff training.</p> |
| Staff may be resistant due to lack of understanding, lack of confidence or skills in knowing how to address the issues and/or pressure of existing workloads or prejudice | <p>Identify and establish drivers or 'champions' of disability-inclusive development</p> <ul style="list-style-type: none"> › increase awareness and understanding of policy and issues › create accountability › facilitate implementation processes and strategies that are practical and easy to understand and implement. |
| Lack of commitment or priority on the part of partner governments | <p>Incorporate disability issues in all areas of policy dialogue, support efforts of people with disability and others in partner countries to raise the profile of disability and engender commitment on the part of their national governments to furthering disability objectives support the development of a knowledge base on disability to demonstrate need and provide a basis for evidence based policy.</p> |
| An increasing focus on Poverty Reduction Strategy Papers (PRSPs) and Sector Wide Approaches (SWAPs) | <p>Emphasise the role of DPOs in achieving inclusion in PRSP processes, support capacity building of DPOs, with particular reference to the skills required to participate in PRSPs and SWAPs.</p> |
| Lack of resources for programming initiatives and monitoring progress | <p>Provide initial seed funding, incorporate disability aspects at the design stage and ensure disability-inclusive approaches are measured and adopted.</p> <p>Disability issues may be embraced with great effect in the recovery from either natural or post-conflict devastation.</p> |
| Lack of accountability mechanisms for monitoring progress | <p>Adopt systems to facilitate reporting on disability, use guidelines for good practice in monitoring and evaluating disability initiatives, develop specific objectives and indicators (qualitative as well as quantitative) relating to disability and develop statistical measures that support the building of an appropriate knowledge base and measurement of performance against outcomes.</p> |

General lessons for programming

Other key general lessons for effective programming particular to disability include the need for:

- > building institutional support including training and guidance for staff—to build capacity to both understand disability inclusive development and to implement it
- > developing a knowledge base on disability to support and inform policy development and program design, implementation and evaluation
- > designing programs to respond to identified barriers to participation
- > fostering the formation of DPOs, support groups and advocacy
- > ensuring an active and central role for people with disability at all stages in policy development and program planning through concept development, design, implementation and evaluation
- > employing and contracting people with disability to model disability inclusion in practice
- > supporting and strengthening existing disability and development structures, networks and mechanisms
- > providing appropriate resources and budgets for implementation
- > showing leadership by incorporating disability issues in all aspects of policy dialogue with partners
- > supporting regular reporting to demonstrate achievements by implementing appropriate information-gathering systems—to report on both the agency's 'mainstreamed' disability inclusive development initiatives as well as disability-specific initiatives.

Lessons in relation to Gender

Disability inclusive development must also be responsive to gender issues, and address the particular situation of women with disability in developing countries. Lessons identified include the need to:

- > build an appropriate knowledge base on issues relating to girls and women with disability, including gender-disaggregated data
- > incorporate gender issues into the design of both disability-specific and disability-inclusive programs, and incorporate disability-inclusion into the design of gender-specific programs
- > address barriers to women with disability establishing livelihoods, particularly in regard to the access of girls and women to education and to credit facilities
- > support advocacy and the formation of supportive networks for women with disability
- > support partnerships and collaboration between women with disability and 'mainstream' women's organisations for mutual learning.

Lessons for Performance and Monitoring

There is a need to ensure disability is addressed in monitoring and evaluation to ensure effectiveness and to adopt systems to facilitate reporting on disability, supported by appropriate information-gathering systems:

- > good practice should include a mechanism to enable the responsible reporting area of an agency to gather the appropriate information on an ongoing basis, to report on the agency's mainstreamed as well as disability-specific experience
- > guidelines should be developed for monitoring and evaluating disability initiatives and build on elements of good practice established by others such as the World Bank for monitoring and evaluating disability development initiatives
- > specific objectives and indicators (qualitative as well as quantitative) relating to disability should be developed and used to assist monitoring, particularly in relation to qualitative aspects (eg quality of life)
- > statistical measures and indicators are needed for disability and in data collection (and continue to support international collaborative work in the area) to support building an appropriate knowledge base, and to measure performance against outcomes
- > donors should seek to share knowledge and research to build the evidence base—this will inform appropriate policy and programming responses by donors and partner governments alike.

Lessons for Partnerships and Leadership

There is a clear need for donors to work in partnerships to highlight the need for disability inclusive development, including with representative organisations of people with disability and with other donors:

- > There is a need to share and disseminate knowledge and experience among partners and other players in the field of disability.
- > While there are few partnerships and little collaboration between bilateral donors in the area of disability, there remains significant scope to foster greater partnerships.

Finally, and perhaps most importantly, it is clear from all of the above that donors must show leadership and drive to ensure development is disability inclusive. Strong leadership is needed if disability-inclusive development is to move beyond policy and rhetoric to producing outcomes which truly facilitate development for all.

Appendix 1— Examples of links between disability and the Millennium Development Goals

| Millennium Development Goal | | Links | | |
|---|--|--|--|---|
| | | Disability Knowledge and Research (2003–05) ¹ | International Disability and Development Consortium ² | World Bank (2006) ³ |
| 1. Eradicate extreme poverty and hunger | | Disability and poverty are mutually reinforcing. People with disability and their families represent a very substantial proportion of the poor, especially the extremely poor. | Of the estimated 650 million people with disability worldwide, 70% live in developing countries, and 82% live below the poverty line. | People with disability comprise as much as one-fifth of the poor worldwide. Disability and poverty are intertwined. It will not be possible to achieve this goal if the needs of people with disability are ignored. |
| 2. Achieve universal primary education | | This is the only 'absolute' goal—and with 98% of children with disability in developing countries not in school, it will be impossible to achieve unless they are explicitly brought into the equation. | | This goal cannot be achieved without reaching out to children with disability. Of the 115 million children not attending primary school in the developing world, about 40 million are estimated to have disabilities. Many of these children may have mild to moderate disabilities, such as dyslexia or mental health or intellectual disabilities, which can cause grade repetition or dropout. |
| 3. Promote gender equality and empower women | | Women and girls with disability face a complex and layered experience of discrimination and disadvantage. The target of eliminating gender inequality in all levels of education by 2015 will not be reached without considering disability. | | Poor women and girls with disability have the least power in society. Violence against girls and women is an important cause of both psychological and physical disabilities, and some disabilities affect only women (see goal 5). |
| 4. Reduce child mortality | | In the developing world mortality for children with disability under five can be as high as 80%. | Children with disability are at greater risk of dying, not only because of life-threatening medical conditions or lack of access to public services but also because in many cultures they are neglected or sometimes even left to die. Often this results from the intense stigma associated with disability. | |
| 5. Improve maternal health | | Up to 20 million women a year are affected by disabling impairments associated with pregnancy and childbirth. | | This goal ties directly to the notion of disability prevention. Violence against women causes psychological disabilities, and women with disability are more likely to be victims of sexual abuse. This puts them at greater risk of unwanted pregnancies and sexually transmitted infections. Women also experience gender-related disabilities, such as obstetric fistula, which are particularly stigmatising and preventable. |

| Millennium Development Goal | | Links | |
|--|--|--|--|
| | | Disability Knowledge and Research (2003–05) ¹ | International Disability and Development Consortium ² |
| | | World Bank (2006) ³ | |
| 6. Combat HIV/AIDS, malaria and other diseases | People with disability are particularly vulnerable to these diseases, which are also a major cause of disabling impairments. | | <p>AIDS and other infectious diseases can be disabling in and of themselves. However, most significantly, efforts to halt these epidemics frequently do not include people with disability, putting them at higher risk of contracting these diseases.</p> <p>As with other disabilities, issues of stigma and reduced functional capacity are central. To effectively stamp out the HIV/AIDS epidemic, the entire population, including people with disability, must be reached. Preliminary research shows that people with disability have at least the same level of risk of HIV/AIDS as people without disability. The misguided but prevalent belief that having sex with a person with disability is safe because they are not sexually active, or the less prevalent but even more disturbing belief that sexual relations with a person with disability is a method of curing HIV/AIDS, makes including people with disability in the fight against the virus critically important.</p> |
| 7. Ensure environmental sustainability | | <p>Environmental dangers can lead to the onset of many types of disabilities; inaccessible environments prevent people with disability from taking part in economic and social activities.</p> <p>One of the key indicators for this goal is the proportion of the population with improved water and sanitation.</p> | <p>This goal ties both to the prevention of disability and the mitigation of its consequences. Environmental risks, such as contaminated water and natural disasters, lead to various types of disabilities. In reconstructing infrastructure that has been affected by natural disasters, it is important to follow principles of universal design, so that barriers preventing disabled people from participating in the social and economic activity of the community are not re-erected.</p> |
| 8. Develop a global partnership for development | | <p>A partnership implies inclusion, which means everyone.</p> <p>Article 32 of the UN Convention on the Rights of Persons with Disabilities supports the aims and objectives of this goal, as it highlights the role of civil society and Disabled People's Organisations in the promotion of inclusive development. It demands that people with disability be included in all phases of development cooperation, planning, implementation and evaluation.</p> | <p>Through e-discussions and a series of conferences, the World Bank has been working with organisations of people with disability, youth organisations, development agencies and governments to employ young people with disability and involve them in the development of national policies.</p> |

Appendix 2 — Examples of disability-related assessment tools established for development agency staff

Rapid Handicap Analysis⁶³

Finland's Rapid Handicap Analysis was developed to respond to the needs of desk officers who have been asked to include a disability dimension into a project plan.

Rapid Handicap Analysis, Version 4 (RHA 4)

Is your project handicapping? Ten checkpoints to be applied to a basic project document

A Situation and problem analysis

- 1 Is the project relevant from the disability perspective?
- 2 How relevant:
 - a Is it disability-specific?
 - b Does it have a disability component?
 - c Does it address issues of high relevance to people with disabilities?
 - d Is it not particularly relevant to people with disabilities?
- 3 Have people with disabilities been consulted or involved in the planning process in an adequate way?

B Goals and activities of the intervention

- 4 Are the objectives in line with international standards?
- 5 Are the activities and results accessible to people with disabilities?
- 6 Is the participation of people with disabilities ensured?

C Assumptions and risks

- 7 Is it ensured that disability is kept on the agenda at every stage of the process?

D Compatibility and sustainability

- 8 Is the inclusion of disability backed by adequate inclusive policies, organisational arrangements and appropriate technology?

E Implementation, organisation and resources

- 9 Are people with disabilities and their organisations involved in the implementation, and is their inclusion supported by budgetary provisions?

F Monitoring, reporting and evaluation

- 10 Are people with disabilities involved in the monitoring and evaluation of the intervention to the extent required by the nature of the project?

⁶³ STAKES (2003).

KIPA framework⁶⁴

The KIPA—knowledge, inclusion, participation and access—framework was developed by the Asian Development Bank as a tool for systematically addressing and integrating the needs of people with disability [into development]. The KIPA framework focuses on defining the key components of a disability strategy that will contribute to poverty reduction. It includes two checklists to assist implementation.

The KIPA framework

| | |
|----------------------|---|
| Knowledge | builds capacity. People with disabilities deserve quality of life through increased knowledge. Knowledge includes access to information through education, training, and research. It enables people with disabilities to participate in society. |
| Inclusion | reflects the extent to which people with disabilities are integrated in social and economic life, from education to employment. Inclusion identifies the issues affecting people with disabilities that need to be taken into account in the design, implementation, evaluation, and coordination of strategies, policies, programs, and projects. |
| Participation | requires that people with disabilities and their organizations are represented in decisions at all levels that affect their lives and their communities. Practically, this means consultation with disabled people's organizations and other representatives of people with disabilities, ensuring that they have a voice in the decision-making process so that they can provide expertise in development planning, programming, evaluating, and training. |
| Access | measures how well people with disabilities can use the built and natural environments, and the accessibility of information and communication systems. One measure of accessibility is the extent to which buildings, transportation systems, and infrastructure are available for use by all members of society, including people with disabilities. The application of 'universal accessibility' standards is a critical strategy here. Another measure of accessibility is the extent to which all people are able to use and benefit from communication systems and information dissemination. This includes presentation in a variety of formats, such as Braille, sign language interpretation, and Internet adjustments. |

⁶⁴ Asian Development Bank (2005).

KIPA disability checklist for country strategy and program activities

Knowledge to build capacity

- i Investigate and assess the awareness and attitudes of departments and agencies (public, civil society, and private) toward disability.
- ii Determine the in-country capacity for managing the mainstreaming of disability across sectors.
- iii Find out the capacity of people with disabilities and their families to participate in society as professionals and non-professionals.
- iv Find out if disability awareness is taught in the education system generally and in professional disciplines where disability is a significant factor (e.g., health professionals, teachers, engineers, architects).
- v Identify gaps in participatory approaches to the development, implementation, research, and evaluation of disability issues.

Inclusion to ensure integration

- i Review the disability implications of laws and regulations.
- ii Assess the status of people with disabilities and attitudes of the agency and community toward them and the extent to which their marginalization is caused by stigma.
- iii Review the implications of the poverty reduction strategy on people with disabilities, assess whether there are positive or negative implications, and explore ways to mitigate negative impacts.
- iv Explore the different priorities for people with disabilities across age, sex, geography (urban-rural), religion, and disability.
- v Determine the extent to which disabilities issues are mainstreamed across sectors.

Participation to ensure a voice

- i Review how people with disabilities are consulted for information and advice on the planning and implementation of poverty reduction strategies.
- ii Determine how beneficiaries are consulted (e.g., through research, public surveys, interviews, or focus-group meetings).
- iii Determine what formal structures exist whereby people with disabilities are involved.

Access to increase visibility

- i Determine the broad socioeconomic factors contributing to or hindering access by people with disabilities and their families, and their participation in poverty reduction strategies and society in general.
- ii Determine how and what information is collected and disseminated to agencies and the public about disability for decision making and public awareness.
- iii Assess the accessibility of the built environment for people with disabilities (physical, sensory, and intellectual).
- iv Investigate the extent to which programs are reaching people with disabilities; for example, find out the proportion employed by government.
- v Find out who provides employment for people with disabilities and in what capacity. The term *employed* can be interchanged for different sectors (attending school at all levels, receiving health services, rehabilitation services, etc.).

KIPA disability checklist for program design

Knowledge

- i Assess the expected impact of the project on people with disabilities.
- ii Identify a series of disability indicators that can be applied for planning, implementation, and evaluation of disability-related projects.
- iii Identify research activities and apply results in other projects.
- iv Ensure that monitoring and evaluation are conducted and mechanisms are in place for follow-up to ensure compliance.

Inclusion

- i Consult the potential beneficiary people with disabilities and their families.
- ii Incorporate awareness programs on disability issues into government agencies and development programs that develop infrastructure and services to which people with disabilities have a right to access.
- iii Build relevant capacity of staff in line ministries and sectors.

Participation

- i Involve people with disabilities and disabled people's organizations (DPOs) that are expected to benefit from the project.
- ii Ensure that people with disabilities are involved in any project steering committee.
- iii Develop the capacities of DPOs in knowledge and participatory management skills.

Access

- i Ensure that buildings are accessible to people with disabilities.
- ii Take transport needs of people with disabilities into account to give them access to services.
- iii Ensure that the information and communications are made accessible to people with disabilities.
- iv Ensure the enforcement of existing laws to provide an accessible environment.
- v Provide training for government staff on accessibility.
- vi Include universal/inclusive design as a criterion in infrastructure projects.
- vii Prepare covenants on universal/inclusive design for relevant infrastructure projects.

Rapid Social Assessment Framework⁶⁵

The World Bank developed the rapid social assessment framework to assist project teams in identifying the range of social issues of a proposed project area, including the potential impact in the project intervention on disability issues. The team also works to develop monitoring indicators of the project impact. A rapid social assessment is a shorter and an upstream version of an extensive social assessment. It primarily involves a review of existing data sources, but it may also incorporate fieldwork, depending on time and budget availability.

⁶⁵ World Bank (2007b).

A rapid social assessment requires attention to the following disability issues in the proposed project:

Social diversity and gender

- > Are there differences in needs among subgroups of the disabled (indigenous groups, religious or ethnic affiliation, socioeconomic strata)?
- > Who are the most socially excluded disabled?

Institutions, rules and behavior

- > What are formal and non-formal institutions that prevent or promote ... participation [by people with disability]?
- > To what extent do [people with disability] participate in formal and non-formal institutions?
- > Are there any opportunities to promote ... participation [by people with disability] through the formal and non-formal institutions that are present in the project area?
- > What other venues can the project promote for participation of the people with disability at local and national level?

Stakeholders

- > Who are the stakeholders in the project? Do they support or oppose the project?
- > Does the project threaten the interests (actual or perceived) of certain stakeholders, especially the disabled?
- > What are the potential conflicts among stakeholders that the project might induce?

Participation

- > Will people with disability participate formally in the project?
- > Is there a likelihood of elite capture among the disabled?

Social risk

- > Are there any significant local, regional or national risks related to disability? What measures can be taken to minimize or avoid these risks?

Appendix 3—Considerations for effective monitoring and evaluation of disability activities

This appendix contains excerpts from the World Bank's *Social analysis and disability: a guidance note*.⁶⁶

Project monitoring

Monitoring implementation of disability-related project goals specified in the project design

Remember that participation of the disabled does not necessarily imply participation by the disabled, but that opportunities for participation are offered to them depending on expressed need and priorities, and according to project plans.

What proportion of the disabled is involved in project management, including in key decision-making roles?

What proportion of beneficiaries are the disabled?

Do participants (as managers, implementers and beneficiaries) include people with disability from ethnic and religious minorities, and from the poorer sectors of the community?

What proportion of focus group participants have been the disabled? Have they actively participated in group discussions?

Have DPOs participated in project activities and management?

Monitoring participation of people with disability

Have arrangements been made to enable the disabled to attend project meetings and activities? (Work schedules accommodated, transport, child care and food provided as necessary.)

Monitoring strategies on inclusive development and disability

Have project components been made easily accessible and affordable to people with disability? For example, credit to enable participation in productive opportunities (by purchasing seed, livestock or alternative means of transport such as bicycles); compensation for lost earning opportunities as a result of providing labor for self-help construction projects.

Project evaluation

A disability-inclusive evaluation of the project outcomes requires attention to the following social dimensions of the project:

Evaluation of the implementation process

The questions that were asked for analysis of the implementation stage of the project need to be revisited during the project completion to evaluate the extent to which plans to integrate the

⁶⁶ World Bank (2007b).

disabled into project activities and processes were successful, and to identify factors that promoted or hindered this goal. In particular, lessons learned from analysis of the implementation process contribute to policy dialogue and to planning for future projects. Note that recognizing problems and failures, and identifying what project processes and components did not work well, can make as valuable a contribution to process analysis as listing successful approaches.

A comprehensive evaluation of disability-specific project outcomes and impacts need[s] to be designed to address three major areas of interest: to what extent did the project promote the World Bank social development goals of social inclusion, cohesion and accountability; how effective was the project in addressing major cross-cutting disability issues; and what was the impact of the sector-specific disability-related project components.

Have the intended project benefits been provided to people with disability, particularly to the disadvantaged or poorer men and women within the community?

Did the project increase community capacity to work together to achieve common goals and reconcile differences of interest between the disabled and non-disabled?

Did the project increase transparency, equity and responsiveness in institutional and organizational structures relevant to the interests of people with disability?

Evaluation of project outcomes and impacts for the disabled

How sustainable are the disability-related improvements likely to be after project completion? Were changes community-driven and supported, or motivated primarily by the project? What aspects of the local, regional or national environment are likely to increase or decrease the likelihood that these changes will be institutionalized within the project community?

Did the project alter power relations or enhance capacity of the disabled? In what ways? What specific outcomes can be identified at the institutional, inter-household and intra-household level?

Did ... access to assets [by people with disability] expand as a result of the project? For example: was land made available households headed by [people with disability]? Did household heads with disability avail themselves of this opportunity? Did the percentage of the disabled receiving prenatal care increase after construction of local healthcare units?

Evaluating project efficacy in addressing major cross-cutting disability issues

Did the project decrease gender disparities in income-earning ability among [people with disability]? For example: did projects providing educational grants to girls with disability increase the percentage of these girls completing high school education?

Evaluating the impact of sector-specific, disabled-related project components

Disability-specific project components will naturally vary according to sector.

Sector modules currently being developed for the Social Analysis Sourcebook⁶⁷, as well as existing sector-specific workbooks and guidelines for disability-inclusive social analysis can assist in the measurement of sector-specific outcomes.

⁶⁷ For information on this resource, see <http://www.worldbank.org/socialanalysisourcebook/>

Appendix 4 – Examples of performance indicators

NZAID

The following table is from NZAID's *Human Rights Policy Implementation Plan of Action 2004–09*,⁶⁸ the overall aim of which is to ensure that NZAID integrates human rights into all policies, strategies, programming, and organisational practices.

| Outcomes | Performance measures |
|--|---|
| 1. NZAID's policy positions and strategies reflect a clear understanding of the connections between development and human rights | NZAID's policies and policy engagements express the linkages between human rights and development (Assessed through review of documents; feedback from sample of key stakeholders; five-year review) |
| 2. NZAID has reported to Ministers on the implications and longer-term options for New Zealand of a rights-based approach to development | |
| 3. NZAID's programmes demonstrate that they are assisting in the protection, promotion and realisation of human rights | Programmes identify relevant human rights principles or issues and how these are being addressed, and monitoring shows that progress is being made. (Assessed through appraisal, monitoring and evaluation process, and through Activity Management System once indicators and markers are developed) |
| 4. NZAID's organisational systems, procedures and practices reflect and support the integration of human rights | NZAID has the capacity to identify whether, when, and how human rights are being integrated across the agency (Assessed by questions to sample of staff and key stakeholders on, for example, ease, timeliness and quality of data capture and reporting, access to relevant information and resources, evaluation of training) Language, attitudes, and behaviours used within, and by, NZAID are consistent with human rights principles (Assessed through surveys and feedback from a sample of external stakeholders) |

⁶⁸ NZAID (2004).

NORAD

The following is drawn from the Norwegian Agency for Development Cooperation (NORAD) policy ‘*The inclusion of disability in Norwegian development co-operation: Planning and monitoring for the inclusion of disability issues in mainstream development activities*’.⁶⁹

Examples of defining indicators related to NORAD strategy

| Strategic area | Objective | Strategies, shown in programmes | Suggested indicators |
|---|--|--|--|
| Social development | Promote higher quality of social services Improve access to services for poor and marginalized groups | SWAP [sector-wide approach] (national level): Develop quality standards of facilities and training of primary health care personnel. Include disability issues. Local level: Construct, manage accessible health facility | Number/proportion disabled of total population within catchment area of health station. Access to particular facility—and proportion of facilities accessible Proportion of skilled personnel per facility Proportion of facilities with at least 1 skilled person Proportion/number of disabled received primary health care. Proportion/number of disabled referred to special assessment/treatment Proportion/number of disabled children enrolled in school |
| Economic development | Develop employment policy which include disabled | Support to income generation projects Support to quota programme for the inclusion of disabled in civil service | Number/proportion disabled of total included in project. Average income of disabled in project compared to average income of others in project Number/proportion of disabled total in public service employment |
| Peace, democracy and human rights | Include vulnerable groups in democratic community development | Support to the development of local government where disabled are represented | Number/proportion of disabled in community health committees. Number/proportion of disabled in decision making village committees |
| Environment and natural resource management | Promotion of safe and pollution free environment | Support to the development and monitoring of work safety and environmental protection laws and regulations Support to clean water supply and sanitation initiatives Support to improved physical accessibility to infrastructure by disabled persons | Existence of work safety and environmental protection laws and regulations Existence and/effectiveness of agencies to monitor work safety and environmental protection laws and regulations Number/proportion of disabilities by cause (work-related, communicable diseases, environmental pollution) Number/proportion of public buildings (e.g. schools, health centers, banks...) and water and sanitation facilities with provision for physical access by disabled persons |

69 NORAD (2002).

| Strategic area | Objective | Strategies, shown in programmes | Suggested indicators |
|---|---|--|--|
| Humanitarian assistance in the event of conflicts and natural disasters | Promote humanitarian assistance on the basis of human rights | Support to health and education in internally displaced persons camps, with focus on access and the needs of disabled | Number/proportion of disabled in camp Number/proportion of disabled enrolled in education. Number/proportion of disabled served by health facilities |
| Women and gender equality | Promote development projects that strengthen the position of women in society | Skills training for women Revolving funds for income generation Support of community development that includes women | Number/proportion of women with disabilities involved in the project |

Example of indicators within a programme approach

| To build a mainstream primary school and plan physical access and inclusive teaching methods. Indicators in different phases. | |
|---|--|
| Survey of catchment area | Number/percentage disabled children in area by sex, and disability › Description of needs for specific support in education › Mapping those children who never attend and those who drop out of school. |
| Community involvement in planning | › Participation of DPOs/parents of disabled |
| Physical planning and construction | › Physical access for movement disabled › Optimal conditions for hard of hearing/partially sighted |
| Planning and organising teaching | › Number/percentage of disabled students enrolled › Number of teachers trained in special needs education/sign language › Available support material for teaching, e.g. books in Braille › Types and amount of time for special support for disabled students |
| Schooling activities | › Number/proportion of movement disabled included in sports activities › Number/proportion of sensory disabled included in ordinary lessons › Types of support for disabled students included in mainstream schooling activities |
| Other social activities | › Number/proportion of disabled enrolled in music, song, other groups. |

USAID

USAID's disability-related objectives according to the *USAID disability policy paper* are:

- > to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation;
- > to increase awareness of issues of people with disabilities both within USAID programs and in host countries;
- > to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and
- > to support international advocacy for people with disabilities.⁷⁰

⁷⁰ USAID (1997).

The following indicators feature in the Fourth report on implementation of the USAID disability policy.⁷¹ The USAID report provides examples of its funded activities to demonstrate achievement against the indicators.

- Indicator 1: People with disabilities included in programs or initiatives funded by USAID.
- Indicator 2: Disabled people's organizations have increased capacity to provide assistance to people with disabilities and to advocate successfully for the rights of people with disabilities.
- Indicator 3: People with disabilities have access to—and are included in—the staff and activities of each USAID mission.
- Indicator 4: USAID missions implement activities in accordance with their own disability plans of action.

Sources⁷²

Asian Development Bank (2005) Disability brief: identifying and addressing the needs of disabled people, <http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.asp>

Albert, B (2004) Is disability really on the development agenda? A review of official disability policies of the major governmental and international development agencies, Disability Knowledge and Research, <http://www.disabilitykar.net>

Albert, B (undated) Lessons from the Disability Knowledge and Research Programme 2003–2005, Disability Knowledge and Research, <http://www.disabilitykar.net>

Albert, B, Dube, AK & Riis-Hanson, T (2005) Has disability been mainstreamed into development cooperation? Disability Knowledge and Research, <http://www.disabilitykar.net>

DFID (UK Department for International Development) (1999) People with disabilities: core text, http://www.siyanda.org/docs_gem/index_people/d_coretext.htm

DFID (2000) Disability, poverty and development, DFID issues paper, <http://www.dfid.gov.uk/pubs/files/disability.pdf>

DFID (2007) Working on disability in country programmes: how to note, DFID practice paper, <http://www.dfid.gov.uk/pubs/files/DisguideDFID.pdf>

Dutch Coalition on Disability and Development (2005) Moving up the learning curve: inclusive development today, <http://www.dcd.nl/default.asp?action=article&id=3240>

Elwan, A (1999) Poverty and disability: a survey of the literature, Social Protection Discussion Paper Series, no. 9932, World Bank, <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/PovertyDisabElwan.pdf>

European Commission (2003) Guidance note on disability and development for EU delegations and services, http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf

European Commission (2004) Guidance note on disability and development, http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf#zoom=100

Gaynor, C & Watson, S (2007) Evaluating DFID's policy on tackling social exclusion: baseline, framework and indicators, DFID Evaluation Working Paper 22, at <http://www.dfid.gov.uk/aboutdfid/performance/files/wp22-social-exclusion.pdf>

Guernsey, K, Nicoli, M & Nino, A (2006) Making inclusion operational: legal and institutional resources for World Bank staff on the inclusion of disability issues in investment projects, World Bank, <http://go.worldbank.org/XSl2LzCXoo>

Handicap International (2006) Good practices for the economic inclusion of persons with disabilities in developing countries: funding mechanisms for self employment, http://www.handicap-international.org.uk/page_133.php

Handicap International & Christoffel-Blindenmission (2006a) Disability in development: experience in inclusive practices, http://www.handicap-international.org.uk/page_133.php

International Disability and Development Consortium (undated) Disability and the Millennium Development Goals, <http://www.includeeverybody.org/index.php>

⁷¹ USAID (2005).

⁷² PDF files are not cited unless no other formats are provided on the relevant site at the time of publication.

- JICA (Japan International Cooperation Agency) (2000) 1999 report on thematic evaluation on JICA's support for persons with disabilities in Thailand, http://www.jica.go.jp/english/operations/evaluation/jica_archive/program/thematic/200010/pdf/2000_10.pdf
- JICA (2003) JICA thematic guidelines on disability, <http://digitalcommons.ilr.cornell.edu/gladnetcollect/273>
- JICA (2006) Evaluation summary: National Vocational Rehabilitation Centre for Disabled People, Indonesia, <http://www.jica.go.jp/english>
- JICA (2007) Evaluation summary: developing vocational opportunities and creative activities for people with disabilities and commercialising Hill-tribe crafts in Thailand, <http://www.jica.go.jp/english>
- Lewis, C (2004) 'Microfinance from the point of view of women with disabilities: lessons from Zambia and Zimbabwe', Gender and Development, vol. 12, no. 1, <http://mpira.ub.uni-muenchen.de/2068/>
- McClain-Nhlapo, C (2008) 'Mainstreaming disability in the development agenda', presentation to UN Commission for Social Development, 12 February, <http://www.un.org/disabilities/default.asp?id=358>
- Miller, C & Albert, B (2005) Mainstreaming disability in development: lessons from gender mainstreaming, Disability Knowledge and Research, <http://www.disabilitykar.net>
- Miller, U & Ziegler, S (2006) Making PRSP inclusive, by, based on a study financed by the Government of Germany and facilitated by the World Bank, carried out by Handicap International & Christoffel-Blindenmission http://www.handicap-international.org.uk/page_133.php
- Mobility International USA (2001) Gender and disability: a survey of InterAction member agencies findings and recommendations on inclusion of women and men with disabilities, <http://www.miusa.org/idd/IDDresourcecenter/intldevelopment/genderdisability/>
- Mont, D (2004) Disability employment policy, Social Protection Discussion Paper Series, no. 413, World Bank, <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/0413.pdf>
- Mont, D (2006) 'World Bank efforts on disability data', report prepared for Session 5, Updates on International Activities Related to Disability Statistics, Sixth Meeting of the Washington Group on Disability Statistics, Kampala, Uganda, 10–13 October 2006, <http://www.cdc.gov/nchs/about/otheract/citygroup/meeting6.htm>
- Mont, D & Loeb, M (2008) Beyond DALYs: developing indicators to assess the impact of public health interventions on the lives of people with disabilities, Social Protection Discussion Paper Series, no. 0815, Social Protection and Labor, World Bank, <http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Disability-DP/0815.pdf>
- NORAD (Norwegian Agency for Development Cooperation) (2002) The inclusion of disability in Norwegian development co-operation: Planning and monitoring for the inclusion of disability issues in mainstream development activities, www.norad.no/default.asp?FILE=items/2751/116
- Nowland-Foreman, G & Stubbs, D (2005) Free and equal: a review of NZAID Pacific Regional Disability Programme for New Zealand Agency for International Development, New Zealand Agency for International Development, <http://www.communityresearch.org.nz/resources.php?download=1013>
- NZAID (New Zealand Agency for International Development) (2004), Human Rights Policy Implementation Plan of Action 2004–09, <http://www.nzaid.govt.nz/library/docs/nzaid-human-rights-poa.pdf>
- NZAID (2007) Screening guide for mainstreamed and cross-cutting issues, <http://nzaidtools.nzaid.govt.nz/?q=screning-guide-mainstreamed-other-cross-cutting-issues>
- Roeske, H (2002) Disability and poverty reduction strategies: how to ensure that access of people with disabilities to decent and productive work is part of the PRSP process, discussion paper, International Labour Organization, <http://www.ilo.org/public/english/employment/skills/disability/publ/index.htm>
- Rotinsulu, MA (2006) The grassroots perspective on service delivery system for disability in Indonesia, <http://v1.dpi.org/lang-en/resources/details.php?page=651>
- Rousso, H (2003) 'Education for all: a gender and disability perspective', paper commissioned for the EFA Global Monitoring Report 2003/4, The Leap to Equality, <http://unesdoc.unesco.org/ulis/>
- Save the Children UK (2008) Making schools inclusive: How change can happen—Save the Children's experience, http://www.savethechildren.org.uk/en/54_5432.htm
- STAKES (National Research and Development Centre for Welfare and Health (Finland)) (2003) Label us able: a proactive evaluation of Finnish development co-operation from the disability perspective, evaluation report prepared for the Ministry for Foreign Affairs of Finland, <http://formin.finland.fi/public/?contentid=50655&contentlan=2&culture=en-US>
- Lindskog, E & Nguyen XH (2002). On the Road to Education for All: Lessons Learnt from Inclusive Education in Vietnam. Project Activities 1991-2002, Save the Children Sweden, National Political Publisher, Hanoi 2002.

Tanner, S (2007) Disability in development: the case for inclusion, paper prepared for Australian Council for International Development, Australian National University Cadetship Program, http://def.acfid.asn.au/resources/cross-cutting-issues/disability/Disability%20in%20development_tanner_full%20report.pdf

Thomas, M & Thomas, MJ (2003) 'Addressing concerns of women with disabilities in CBR', paper prepared for UNESCAP Workshop on Women and Disability, 18–22 August 2003, Bangkok, <http://www.worldenable.net/wadbangkok2003/paperthomas.htm> - 32k

Thomas, P (2004) DFID and disability: a mapping of the Department for International Development and Disability issues, Disability Knowledge and Research, <http://www.disabilitykar.net>

UN Enable (2006) Some facts about persons with disabilities, <http://www.un.org/disabilities/convention/facts.shtml>

UN ESCAP (Economic and Social Commission for Asia and the Pacific) (1996) Hidden sisters: women and girls with disabilities in the Asian and Pacific region, <http://www.unescap.org/esid/psis/disability/decade/publications/wwd1.asp>

USAID (US Agency for International Development) (1997) USAID disability policy paper, http://www.usaid.gov/about_usaid/disability/pubs.html

USAID (2005) Fourth report on the implementation of the USAID disability policy, http://www.usaid.gov/about_usaid/disability/pubs.html

Washington Group on Disability Statistics (2007) Report of the Washington Group (WG) on Disability Statistics: Executive Summary of the 7th Annual Meeting, <http://www.cdc.gov/nchs/about/otheract/citygroup/executivesummary7.htm>

Washington Group on Disability Statistics, Overview and Rationale, <http://www.cdc.gov/nchs/about/otheract/citygroup/rationale.htm>

Women's Commission for Refugee Women and Children (2008) Disabilities among refugees and conflict-affected populations, http://www.usaid.gov/about_usaid/disability/pubs.html

World Bank (2004) Poverty reduction strategies: Their importance for disability, Disability and Development Team, World Bank, <http://go.worldbank.org/IMVLoSHUTo>

World Bank (2007a) People with disabilities in India: From commitments to outcomes, Human Development Unit, South Asia Region, World Bank, <http://siteresources.worldbank.org/DISABILITY/Resources/Regions/South%20Asia/PeoplewithDisinIndia.pdf>

World Bank (2007b) Social analysis and disability: A guidance note, Social Development Department & Human Development Network's Social Protection, Disability and Development Team, World Bank, <http://go.worldbank.org/R4FNO74C1o>

World Bank (2008) Annual report: Trust Fund for Environmentally and Socially Sustainable Development, February 1, 2007 to January 31, 2008, http://siteresources.worldbank.org/INTUNITFESSD/Resources/1633731-1126210523830/TFESSD_Annual_Report_May2008.pdf

World Bank (undated) Disability and the Millennium Development Goals, <http://go.worldbank.org/G2UGT4F6Ro>

World Health Organisation (2002) Towards a common language for functioning, disability and health ICF, <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>

Section 6

Summary of AusAID's disability-related activities to date and lessons learnt

Introduction

This report documents lessons learnt from AusAID's experience in implementing development assistance for people with disability over the last 10 or so years.

Part I of this report provides an outline of the policy context in which these activities have been conducted. Part II gives an overview of the activities that have been supported, including the main countries, sectors and types of assistance involved.

Part III examines lessons learnt from AusAID's experience to date in disability and development. Although AusAID has not previously had a comprehensive policy on disability assistance for the Australian aid program, it has supported activities benefiting people with disability in a number of areas. These include mine action and survivor assistance programs, inclusive education, volunteers in disability-related areas and grants to NGO service providers.

AusAID's experience is, however, not extensive and has not followed a coordinated model of, or policy approach toward, disability-inclusive development. Activities evaluated have, in the main, been assessed against their own objectives, rather than against a specific overarching framework. This study examines relevant documentation in the context of AusAID's development of a disability-inclusive development strategy, and extracts lessons that may inform future work in this area.

Part I: Disability policy context

At the time of writing this report, the overarching objectives of the aid program were determined by the 2006 AusAID White Paper.¹ The White Paper sets out poverty reduction as the aid program's priority, through four thematic focus areas: accelerating economic growth; fostering functioning and effective states; investing in people; and promoting regional stability and cooperation. The White Paper does not explicitly address disability issues.

Below this overarching level, there has been no explicit policy addressing disability in development for the Australian aid program, and the issue has been largely absent from key thematic or sectoral policies.

- > The 2007 gender policy makes only a single mention of disability under possible causes for discrimination.²
- > The priorities for the education sector are improving the functioning of national education systems and improving the relevance and quality of education. While the 2007 education policy

1 AusAID (2006a).

2 AusAID (2007d: 8).

document acknowledged the lack of educational opportunities for children with disability³ there are no specific strategies or initiatives for the sector articulated with respect to disability.

- > The 2006 health policy acknowledges that people with disability are one of a number of groups who experience inequity in accessing health care.⁴ However, there are no follow-up strategies within the policy document for addressing this. The policy also recognises that disability can arise for women from childbirth and genital mutilation.⁵ The policy includes a focus on health interventions that would serve as preventive actions against disability (e.g. nutrition). However, such actions are not framed in a disability context.
- > The 2004 HIV/AIDS strategy makes no mention of people with disability among its vulnerable groups.⁶
- > There has been no discrete research priority area on disability to date. However, the 2008 Australian Development Research Awards funding guidelines include disability as one of the nine priority themes.⁷

As a result of the absence of a guiding disability policy and the fact that many development initiatives occur in response to other program or sectoral policy priorities—for instance, guided by partner governments’ national and regional strategies⁸—the overall picture of assistance in this area is mixed. Despite a lack of explicit policy, disability has featured in a number of areas of the aid program. The scope of initiatives to date include:

- > ‘disability-specific’⁹ and ‘disability-relevant’¹⁰ activities
- > measures focused on particular disabilities (e.g. vision or hearing impairment) and others aimed at people with disability more generally (e.g. community-based rehabilitation and capacity building for Disabled People’s Organisations)
- > activities following a medical approach to disability (where the focus is on the individual, treating the physical or mental impairment) and others following a rights-based/social approach (where the focus is on addressing societal barriers to participation by people with disability).

Disability has not been treated as a cross-cutting issue, nor has it been ‘mainstreamed’ within any part of the aid program to date (in this context mainstreaming refers to an approach requiring policy and program areas to consider disability issues within all their activities). The closest approach to mainstreaming appears to be the inclusion of disability related aspects within the China–Australia Integrated Health and HIV/AIDS Facility (2007–2012). A significant number of the facility’s projects incorporate disability issues as part of broader health system issues (see Appendix 1).

The dominant policy factor evident from AusAID’s experience with disability to date is the link to poverty reduction—an area where people with disability are recognised or targeted as a marginal and disadvantaged group. The largest investment in disability appears to have been undertaken

3 AusAID (2007d:15, 21).

4 AusAID (2006b:3).

5 AusAID (2006b: 21).

6 AusAID (2004: 16). A new HIV strategy for Australia’s aid program to be released in early 2009 corrects this situation.

7 AusAID (2008c).

8 AusAID (2007a).

9 ‘Disability-specific’ activities are defined by the Asian Development Bank (2005) as targeting people with disability as direct beneficiaries.

10 ‘Disability-relevant’ activities are defined by the Asian Development Bank (2005) as those activities which benefit people with disability, but which require an explicit action to do so, e.g. inclusive education initiatives.

through mine action (discussed further below).¹¹ The next highest level of activity related to disability appears to have been in the health sector.¹²

The most significant disability-related development activities, current and recently completed, are discussed in more detail below.

Part II: Significant disability-related activities

Notes on methodology

Information on AusAID's current and recently completed disability activities was supplied by AusAID program areas. The activities included in this study were identified as disability-related by the program areas themselves. Some significant preventive activities have been included (e.g. those under the Mine Action Strategy and avoidable blindness initiatives funded through the AusAID–NGO Cooperation Program). However, activities reported from country programs have focused in the main on those benefiting people with disability.

Main areas of disability-related support

The main mechanisms of support for disability-related initiatives in the aid program have been:

- > Australia's Mine Action Strategy
- > country and regional programs
- > the AusAID–NGO Cooperation Program
- > Australian volunteer programs.

Mine Action Strategy

Through the Mine Action Programme (1996–2005) and the current Mine Action Strategy (2005–2010), AusAID has supported treatment and rehabilitation for the survivors of landmines and explosive remnants of war, as well as acting on disability prevention through mine clearance and mine risk education programs. Countries that benefited from the 1996–2005 Mine Action Programme included Afghanistan, Angola, Burma, Cambodia, Iraq, Laos, Lebanon, Mozambique, Somalia, Sri Lanka, Thailand, Uganda and Vietnam. Cambodia was the highest recipient country, receiving over 40 per cent of total funding over this period. During the period 1996–2005, AusAID contributed estimated totals of

- > \$14 million to victim assistance (including rehabilitation, assistive devices, health interventions, education, support for economic and social participation and vocational training)
- > around \$9 million to mine risk education
- > close to \$14 million on demining activities
- > about \$20.4 million on 'integrated action' initiatives, which were classified as those including all aspects of mine clearance and other development activities that use the land cleared to improve the social and economic impact on the communities affected by the mines.

¹¹ Based on the limited financial information made available to this study.

¹² Bearing in mind that full financial information was not available to this study.

The relevant categories for disability are victim assistance (which includes integrated action initiatives), mine risk education and mine clearance and mine action management. In the financial year 2007–08, estimated expenditure on victim assistance and mine risk education activities was around \$4.3 million, while mine clearance operations reached around \$14 million. Further information is set out in (Appendix 2). The main recipient countries for these categories of assistance were Cambodia, Laos and Vietnam. The bulk of the funding for these types of activities is from AusAID’s country programs.

The current Mine Action Strategy embodies a social approach to disability assistance. It aims specifically to help survivors reintegrate into local economies and communities and to support carers. It also prioritises integrated mine action approaches that include mainstreaming of survivor assistance into existing services, or those being developed as part of national development and poverty reduction strategies.¹³

The activities under the Mine Action Strategy are essentially disability-specific. Many of them are implemented through NGOs. Examples from 2007–08 include:

- > in Laos, an initiative implemented by CARE Australia to enhance awareness of and access to existing national and provincial rehabilitation services; enhance the capacity of local, regional and national rehabilitation services; and support the integration of people with disability into mainstream development activities under Laos–Australia NGO Cooperation Agreements
- > in Cambodia, support for World Vision and the International Women’s Development Agency to conduct an integrated action initiative that includes mine clearance, health interventions, education, livelihood training and community infrastructure activities in Battambang and Preah Vihear.

In terms of financial commitment, in 2007–08 these initiatives individually ranged from around \$200 000 to \$1 million (see Appendix 2).

Information on mine action activities for 2006–07 can be found in *Australia’s mine action activities 2006–2007*.¹⁴

Activities relating to disability in country and regional programs

A summary of significant current and recently completed disability-related activities in country and regional programs is at Appendix 1. Activities have taken place in:

- > South Asia (Bangladesh and India)
- > Southeast Asia (Burma, Cambodia, Indonesia, Laos, Philippines and Vietnam)
- > China
- > the Pacific (Cook Islands, Fiji, Papua New Guinea and Tonga).

Disability-specific initiatives in AusAID’s country and regional programs have ranged across a number of disability-related areas, including:

- > the promotion of rights of people with disability in India through training of personnel and development of relevant training modules with the Human Rights Law Network, and the Human Rights Education and Training project in Laos
- > support for special education through construction of a school building and vocational training centre for children with physical and intellectual disabilities in Madras, India

¹³ AusAID (2006c: 8).

¹⁴ AusAID (2007c).

- > assistance to community-based mental health management in China, under the China–Australia Integrated Health and HIV/AIDS Facility
- > support for community-based rehabilitation in the Pacific, through funding for the Competency-based training/Assessment and consultancy/Local community solutions (CAL) program (based in Fiji). CAL provides for training for community rehabilitation assistants and special education teachers (this initiative is also supported by Australian volunteers)
- > support for the development of a knowledge base on disability through funding for the Tonga Disability Identification Survey in 2006
- > support for communication through a sign language for the Deaf program in Fiji, including the production of a dictionary of Fiji Sign Language in 2007.

Several of AusAID’s overseas posts have funded small disability-specific activities under their Direct Assistance Programs. Information on the India and Philippines activities is at Appendix 1. In these two countries, Direct Assistance Program grants have funded the purchase of equipment to support various projects for people with disability—for example, sewing machines, computers and other training materials for vocational training projects; classroom equipment for a number of schools or other learning centres for children with disability; translation software and a Braille production system to assist visually impaired learning; and diagnostic equipment related to hearing impairment.

Examples in AusAID’s country and regional programs of disability-relevant activities—that is, where disability components have been integrated into broader projects—are:

- > inclusion of children with disability in the BRAC¹⁵ Education Program in Bangladesh
- > special education teacher training under the Basic Education Assistance in Mindanao project, Philippines
- > involvement of people with disability as part of broader health system issues under a number of approved projects within the China–Australia Integrated Health and HIV/AIDS Facility (2007–2012).

The only example among AusAID’s country programs of a more coordinated, comprehensive approach to disability equality was found in the Cook Islands program. The Cook Islands program is harmonised with NZAID.¹⁶ The program has supported the development of a National Disability Strategy and continues to fund implementation activities under that strategy.

AusAID–NGO Cooperation Program

Notes on methodology

This study examined information on disability-related AusAID–NGO Cooperation Program (ANCP) activities for the three-year period 2005 to 2008. Disability-related projects were identified by AusAID’s Community Partnerships Section, and are summarised at Appendix 3. In addition, a selection of about 15 projects was examined in closer detail from file material, particularly annual development plan reports from a selection of major NGOs.¹⁷ Two recent ANCP cluster evaluations also contained information on disability-related projects.¹⁸

¹⁵ BRAC is a large NGO based in Bangladesh. Information can be found at www.brac.net

¹⁶ Under the harmonised approach, AusAID channels funding through NZAID to support an agreed program of activities.

¹⁷ Annual Development Plan Reports for 2007–08 were examined for Caritas Australia; CBM Australia (also 2006–07); the Fred Hollows Foundation; the Leprosy Mission; and World Vision.

¹⁸ AusAID (2007b) included a report on the ‘China Craniofacial Clinics Development Program’ (through the Australia Cranio-Maxillo Facial Foundation) and ‘Team Capacity Building for Cataract Surgery in Jiangxi’ (through the Fred Hollows Foundation); AusAID (2008a) included a report on the Batangas community-based rehabilitation project (through CBM Australia).

ANCP disability activities

Under ANCP, AusAID partners with Australian professional development NGOs to enable them implement their own development and poverty alleviation programs overseas.¹⁹ All prospective NGO partners must meet rigorous accreditation standards. The program's objective is to subsidise Australian NGO community development activities that directly and tangibly alleviate poverty in developing countries. Beneath this overarching goal, ANCP specifies a number of primary priorities. These do not explicitly include people with disability, but do include 'disadvantaged groups, particularly women and children—including assistance to prevent violence against women and children, child labour, and the situation of minorities and marginalised groups'.²⁰

The vast majority of disability-related activities supported through ANCP in the last three years appear to have been driven primarily by health objectives.

Areas in which ANCP has been most active include:

- > eye health and blindness treatment including rehabilitation, with partners such as Christian Blind Mission (CBM Australia) and the Fred Hollows Foundation. These activities have been spread across Africa, Asia and the Pacific.
Asia-Pacific countries have included Bangladesh, Cambodia, China, India, Laos, Pakistan, Philippines, Papua New Guinea and Samoa
- > reconstructive surgery, with partners such as Interplast Australia and New Zealand, and Australian Cranio-Maxillo Facial Foundation. Countries have included China, Indonesia, Burma, Bangladesh and Nepal
- > HIV/AIDS care and prevention and mental health care, with partners such as AngliCORD, Australian Red Cross, Caritas Australia and World Vision Australia. Countries have included Bangladesh, China, Kiribati, Papua New Guinea and several African nations
- > leprosy control, rehabilitation and community development with the Leprosy Mission in countries including Democratic Republic of the Congo, India and East Timor.

ANCP has supported a considerably smaller number of projects in sectors other than health, including:

- > improving education for children with disability in Mongolia through the Adventist Development and Relief Agency
- > capacity building for people with disability through Caritas Australia, in Bangladesh, and by ChildFund Australia in Sri Lanka
- > de-mining activities in Cambodia through the National Council of Churches Australia.

While many ANCP projects are disability-specific and could be classified as fitting within the medical approach to disability—e.g. reconstructive surgery activities and eye health and blindness treatment initiatives—there are many that adopt a social approach (e.g. community-based rehabilitation initiatives by the Leprosy Mission and CBM Australia). One of the achievements of CBM Australia's community-based rehabilitation project in Batangas, Philippines, for example, was increased access of children and youth to specialist and inclusive services provided by local government and community organisations, such as education, medical and livelihood opportunities.

Within the overall ANCP funding basket, expenditure on disability-related activities has been reasonably significant: around \$5.5 million in 2006-07 and \$7.5 million in 2007-08, equating to

¹⁹ AusAID-NGO Cooperation Program (ANCP) Guidelines

²⁰ AusAID-NGO Cooperation Program (ANCP) Guidelines.

just over 20 per cent of total ANCP expenditure in those two years. The individual activities range in size from \$5000 to just over \$0.5 million (see Appendix 3 for details). About 50 per cent of these activities are individually valued at under \$100 000.

Australian volunteer programs

The four main volunteer programs supported by AusAID are:

- > Australian Volunteers International (AVI)
- > Australian Business Volunteers (ABV)
- > Australian Youth Ambassadors for Development Program (AYAD)
- > Volunteering for International Development from Australia (VIDA).

Australian Volunteers International is the main agency in terms of the total number of volunteer assignments.

According to Gartrell's 2008 review of disability and international volunteering in the Pacific and Papua New Guinea, none of these programs currently has a disability policy.²¹ However, they have all placed volunteers in disability-related positions over the last two decades. Volunteer placements from the four programs to countries in Asia and the Pacific have included occupational therapy, physiotherapy, speech therapy, audiology, nursing and nurse education, health promotion, special education, sports development, early intervention, community development, and rehabilitation.

In terms of numbers of volunteers, Gartrell uses assignment data from the four programs to estimate the number of placements in the field of disability. Gartrell notes that the data is indicative only and likely to underestimate the number of placements.²² According to the data, Australian Volunteers International has assigned around 102 volunteers to disability-related projects worldwide, since the 1960s (around 1.3 per cent of all placements). The Pacific has received 47, representing 38 per cent of placements in that region.²³ Australian Business Volunteers reported 10 assignments in disability in the Asia–Pacific region, since the 1980s.²⁴ Australian Youth Ambassadors for Development Program has placed 24 volunteers in the Pacific in disability, 11 of which have been in Samoa, and Volunteering for International Development from Australia has placed just six, four of whom were in Solomon Islands.²⁵ Volunteers have included people with disability; however, the numbers of volunteers with disability is difficult to ascertain with accuracy due to non-disclosure and privacy considerations.

Placements are arranged in response to requests by host organisations. According to Gartrell, disability-related placements have largely been in the areas of health and rehabilitation and also 'special' (inclusive) education.²⁶ Over the last two decades, the international approach to disability has increasingly shifted from a medical to social model and this has been reflected to some degree in the volunteer programs.²⁷ As a consequence, more recent placements relating to disability inclusive development have included advocacy and community development roles.

21 Gartrell (2008: Appendix 4).

22 Gartrell (2008: 19).

23 Gartrell (2008: 19).

24 Gartrell (2008: 20).

25 Gartrell (2008: 20–21).

26 Gartrell (2008: 18).

27 Gartrell (2008: 6) (Note that Gartrell's analysis examines the Pacific region only).

Other areas of assistance

Scholarships

The Australian Government's overseas aid program aims to increase access to and the quality of education and training for people in partner countries. The program provides selective assistance in distance education, higher education and institutional strengthening in a number of fields. Many scholars have been supported to undertake study in fields which seek to improve the lives of people with disability. Fields of study have included for example, education, including specialist training and disability inclusive education courses, physiotherapy, and mental health.

People with disability are eligible for AusAID scholarships on an equal basis with others, and students with disability have been supported under this program, one example being a Philippino student with physical disability who completed his Master in Arts in Human Resources Management at the University of Sydney in 2000. AusAID has not collected data or information on the numbers of students with disability who have received scholarships, and so it is unclear how many students with disability have participated in the scholarship scheme.²⁸

Humanitarian assistance

An innovative program has recently been implemented in China, supported through the AusAID Humanitarian Assistance Program. It focuses on protecting communities, particularly children, in the wake of disasters by building technical capacity for primary care workers, schools and workplaces to help restore the mental health of vulnerable communities post-disaster. The program has been implemented in partnership with Asia–Australia Mental Health, which is a consortium of the University of Melbourne and St Vincent's Health. Asia–Australia Mental Health reported that members of the newly trained Children in Disasters mental health team were the most well prepared to take leadership roles in coordinating assistance in mental health following the earthquake disaster response in Sichuan in 2008.²⁹

Part III: Lessons learned

Notes on methodology

The following section was prepared on the basis of a study of existing evaluation, review and other project documentation, including ANCP annual development plan reports. The amount of relevant documentation was small and activities were generally reviewed against their own objectives. The exception to this was the 2008 Gartrell review of volunteer activities in disability in the Pacific. Gartrell examined the experience of volunteers with a view to informing better practice in disability in the future, taking into account current trends in approaches to disability and AusAID's aim to develop a coordinated disability policy.

From the material available for this study, several key lessons can be drawn from AusAID's own experience in disability to date. These lessons, discussed below, are in addition to the lessons learnt from other donors' experience in disability³⁰.

28 As at November 2008, AusAID was reviewing its scholarships scheme handbooks to ensure selection processes and support provided appropriately meet the needs of students with disability—Handbooks as updated from time to time are available online at <http://www.ausaid.gov.au/scholar/default.cfm>

29 Asia–Australia Mental Health (2008a).

30 See Section 4 of this Companion Volume—'An overview of the policies and activities of international donors in disability-inclusive development assistance in Asia and the Pacific'.

Main lessons from AusAID's experience in disability

More comprehensive programming holds potential for greater effectiveness

The main lesson identified through the available documentation is that AusAID has significant scope to enhance the effectiveness of its disability-related activities by taking a more comprehensive programming approach within a framework of explicit disability policy objectives. In the absence of explicit policy guidance, partial and one-off approaches to disability issues have often been implemented, with consequent shortcomings in terms of effectiveness. Some examples are:

- > *The Human Rights Education and Training project in Laos through support for the Lao Disabled People's Association*—This was a small, six-month activity with the principal aim of educating around 80 officials across several ministries in regard to human and disability rights. Its eventual objective was the development of a national strategy and action plan for disability for Laos. However, the project completion report indicated that, while training was well received, the project was limited in its ability to develop a national strategy and action plan because the officials involved required not just sensitisation and training to do this, but also a mandate from their government.³¹

The report commented also that it would have been beneficial to have had follow-up activities for government participants to sustain their enthusiasm and momentum for change. Had the activity been run in the context of a more comprehensive, coordinated approach to assisting the Government of Laos to address disability, the project might have been more successful.

- > *Funding for the Tonga Disability Identification Survey in 2006*—With AusAID's support, the Government of Tonga carried out a survey to identify the incidence and prevalence of disability in Tonga. Although the survey report was completed, in the absence of a more comprehensive approach to disability in the aid program, there has been little impetus to consider how the aid program might assist the Government of Tonga to respond to the report's findings and recommendations and make use of the survey information in policy and planning decisions.
- > *A parent mobilisation action group in India, supported through ANCP*—The aim was to empower parents to advocate with government for the rights of their children with disability. Parents associations were formed and trained to some degree. However, although there was interaction with government, it was frustrated by changes in government personnel. There was no indication that this project was associated with any broader action aimed at either supporting the parents associations or other relevant associations (such as Disabled People's Organisations or civil society organisations) working with government for change.
- > *A capacity-building activity in reconstructive surgery in China supported through ANCP*—The activity was highly commended for its excellence in building competency in reconstructive surgery in the partner hospital in Shanghai. However, the project represented a partial approach to addressing the issue of reconstructive surgery as it lacked a strategy for increasing access of the poor to its facilities.³² There was also no indication that the project was linked with other activities or policies that may have been pursuing this aim. This reduced its effectiveness in promoting poverty reduction.
- > *Volunteer assignments in disability related fields*—As Gartrell notes, while volunteers have contributed to changing attitudes to disability,³³ the impact of the volunteer placements in

³¹ Laos Disabled People's Association (2008).

³² ACMFF Asian Craniofacial Clinics Development Program in AusAID (2007b).

³³ Gartrell (2008: 19).

disability could be enhanced by a better programming approach, where volunteer assignments contribute to long-term capacity building at the individual, community, institutional and policy levels. Volunteers could play a role in assisting AusAID to mainstream disability, with the incorporation of disability related assignments into broader projects (e.g. to assist in inclusive education initiatives).

- > *Many of the medical approaches to disability assistance, such as the reconstructive surgery and eye treatment activities, supported through ANCP*—These activities have, in the main, been successful in meeting their own objectives of building capacity and providing treatment to individuals. However, if they were to be measured against a goal of promoting equality of societal participation by people with disability, such activities would most likely be unable to demonstrate that they had incorporated mechanisms to follow through on such an aim.

Examples of better practice in comprehensive programming

Taking a more comprehensive and cohesive approach to the programming of disability in development should help to ensure that disability objectives are identified for partner countries and appropriately designed activities are supported to promote those objectives. Examples of potentially better practice in the Australian aid program in this regard include:

- > the experience with the Cook Islands program, where AusAID and NZAID jointly supported the development of a national strategy on disability and are currently also contributing to its implementation. This program also demonstrates a strategic partnering among donors to maximise the opportunity for a comprehensive and integrated approach. No analysis of the success of these activities was located for this study
- > the disability-related activities under the current Mine Action Strategy, which are guided by the clear policy aims described above. This strategy is currently undergoing a mid-term review.

A good practice example of a well-designed, comprehensive disability-related activity is the community-based rehabilitation (CBR) project in Batangas, Philippines, implemented through CBM Australia.³⁴ This project followed the model of facilitating full participation and inclusion of people with disability in the life of their communities. This overarching goal was promoted by a comprehensive set of activities, including community awareness; education and therapy (e.g. special education; physical, occupational and speech therapy; and vocational skills training); social services (e.g. home visitation, counselling and referrals); diagnostic/medical assistance; mainstreaming of students in schools; human resource/organisational development (capacity building for beneficiaries and rehabilitation implementers, and creation of parent groups and community committees); and establishment of resource and rehabilitation centres (strategically located venues for assessment, training, meetings, counselling and information).

The project was set to reach over 2000 families by the end of its fifth year and had established a wide network of volunteer capacity and government support.³⁵ Notable good practice elements of the project included:

- > The project design was founded on a strong knowledge base built up from a participatory data collection process in the project area and achievement of outputs was closely monitored.
- > The project enabled involvement of local government units (LGUs) and the parents association (AKAPIN). A carefully planned, phased handover to the LGUs and AKAPIN was scheduled for 2008. This was to involve technical support for community participants as well as awareness-

³⁴ AusAID (2008a) and CBM (2008).

³⁵ AusAID (2008a).

raising and training activities for the LGUs. AusAID's evaluation of the project in 2008 concluded that its approach to sustainability represented good practice.³⁶

The project showed a comprehensive approach in terms of the extent of its goals and impact, as well as in terms of providing for the involvement of the community and local government to ensure ongoing commitment and sustainability.

Educating AusAID staff

A more comprehensive approach by AusAID to disability programming will require a complementary skills set among its staff. On the basis of international experience, it is fair to assume that many, or even most, AusAID staff who lack exposure to disability issues will have limited understanding about disability and development.³⁷ They may operate from a medical rather than rights-based understanding of disability and development, which might result in partial attempts to address disability in development, compromising the effectiveness of aid initiatives. Staff training and awareness-raising will be important to ensure effective and confident implementation of AusAID's disability-inclusive development strategy.

Educating partners

Some of AusAID's experience to date highlights a further important element of a comprehensive approach to disability—namely, the need in some cases to educate partner governments and organisations in disability good practice as a prerequisite to planning and implementing further assistance. The Batangas project discussed above, for example, required sensitisation and training for the local government participants to enable them to become involved successfully in the project. In addition, Gartrell comments that it would be good practice to prepare volunteer host organisations for placements in disability, to raise their awareness of rights-based and social approaches to disability, and also to collect case studies on international experiences of volunteers to inform DPOs [and partner governments] about potential volunteer contributions.³⁸ This would help to engender support for the aims and activities of the volunteer placements.

Working at all levels of the community enhances effectiveness

Some AusAID-funded projects demonstrated that activities are more effective when they work not just with people with disability themselves, but with all levels of a community. This is often needed to promote understanding among members of the community who do not have a disability and to remove barriers for people with disability. For example, the aims of an ANCP-supported activity in India were frustrated by husbands discouraging their wives with disability from joining self-support groups.³⁹

Involving stakeholders promotes effective outcomes

A related lesson is the need to involve stakeholders in all aspects of program design and implementation. This lesson is not specific to disability activities. However, its importance in feeding into project design and target outputs is demonstrated by some ANCP projects. For example:

- > A project to build the capacity for cataract surgery in China did not achieve as great an increase in the incidence of cataract surgery as was estimated to be needed. The causes of the shortfall

³⁶ AusAID (2008a).

³⁷ AusAID (2008f).

³⁸ Gartrell (2008: 7, 22).

³⁹ Leprosy Mission (2008).

were not definitively known. However, it was suspected that a greater promulgation of the benefits of surgery to the target populations would have been beneficial.⁴⁰

- > An integrated disability care and community-based rehabilitation project in Villupuram, India found that it was difficult to recruit younger female volunteers because the amount of travel required was not acceptable to the young women's parents.⁴¹

Establishment of networks is a valuable output

Several reports on AusAID's disability activities noted the value of establishing networks among various groups in the community, including among people with disability and their families, among community groups and government, and among development organisations. The community-level networks are referred to many times as powerful in providing support to people with disability and also in building community awareness and breaking down associated societal barriers for people with disability. Community networks can also contribute to the long-term sustainability of projects, as the involvement of the parents association in the Batangas project discussed above indicates.

Employing people with disability in project implementation can enhance effectiveness

In her review of Australian-funded volunteers in the Pacific, Gartrell comments that the equal participation of people with disability as employees and volunteers would bring considerable expertise to volunteer service providers.⁴² She also concludes from the experience of several volunteers who themselves had a disability that 'the role-modelling potential of volunteers with disability is extremely powerful'.⁴³ Employing people with disability also demonstrates a practical commitment to the principles of disability inclusion. In light of this experience, AusAID may wish to consider the potential for recruiting more employees with disability and including people with disability among policy and project personnel in other areas of the aid program.

Gartrell cites three key elements that are required to achieve greater participation of people with disability both as employees and volunteers in volunteer organisations.⁴⁴ These are inclusive recruitment and selection; accessible and enabling work and places of residence; and appropriate support to volunteers with disability. It may also require:

- > funding to provide for in-country support, e.g. infrastructural modifications, provision of interpreters or other technical support to facilitate full participation of volunteers with disability
- > provision for financial support for the carers of people with disability, whether accompanying them from Australia or sourced in-country
- > specific recruitment strategies, with recruitment information available in a variety of formats.
- > ensuring human resource personnel have knowledge and training to provide appropriate supports to facilitate the full and active contribution of employees with disability to the agency.

Good practice in activity design and implementation monitoring enhances effectiveness

The Batangas project discussed above provides a good model for monitoring and evaluation practice. An evaluation of the project included a recommendation that the model be documented

⁴⁰ Fred Hollows (2008).

⁴¹ Leprosy Mission (2008).

⁴² Gartrell (2008: 6).

⁴³ Gartrell (2008: 27).

⁴⁴ Gartrell (2008: 7, 25-29).

and findings synthesised as a good practice case study and shared among partners.⁴⁵ The model included a solid foundation of progressive data collection as well as a commitment to review and learn from the data results through the life of the project. Good practice features of the model included the following:

- > Children's records, kept by mothers and volunteers, were discussed regularly and frequently through the life of the project and annually reviewed against the project's inputs and outputs indicators
- > Capacity building was measured through a 'step' process, which allowed progressive assessment towards readiness for self-management and project phase-out
- > Monthly reporting was required, and reports were sent to CBM Australia on a three-monthly basis
- > CBM Australia conducted annual monitoring visits and reviews.

A greater level of evaluation of disability-related initiatives can inform future programs

Given the lack of analytical material specifically related to AusAID's experience in disability available for this study, it is clear that AusAID would benefit from a greater level of evaluation of its disability initiatives. Without such evaluation, it will continue to be difficult to draw relevant lessons in regard to future disability-related initiatives. AusAID would benefit from developing guidance materials on how to assess the achievement of disability objectives, both at the activity level and in terms of AusAID's disability-inclusive development strategy overall. Guidance material would also need to cover the evaluation of disability initiatives that are incorporated within broader projects (e.g. inclusive education activities).

The development of a comprehensive evaluation framework for the strategy would assist in achieving thorough evaluation of disability initiatives. Such a framework would indicate the strategy's objectives, associated performance measures and sources of performance information and could include a schedule of evaluation activities.

All AusAID policy and programs should be reviewed in light of the disability-inclusive development strategy

With the launch of the strategy it is expected that there will be a progressive integration of disability inclusion into all of AusAID's processes and programs. Consequently, AusAID will need to undertake sequenced reviews of its current processes and programs to determine how disability issues are to be systematically taken into consideration.

Some aspects that could be included in a review of processes and programs are:

- > *Creating a common understanding of what constitutes 'disability' related assistance.* There was little evidence of a common understanding of this in the information that was returned from AusAID staff on current and past activities.
- > *Establishing guidance on the most effective approaches to achieve disability-inclusive development objectives.* To date, AusAID has used a range of forms of assistance and also policy approaches (including the more traditional medical approach as well as rights-based approaches).
- > *Establishing guidance on the role of major partner organisations, particularly NGOs and the volunteer agencies, in achieving AusAID's disability-inclusive development objectives.*
For example:

⁴⁵ AusAID (2008a).

- Do the ANCP guidelines need to include disability-inclusive development as an explicit priority?
- How can the initiatives of the more medically based NGOs (such as those focusing on reconstructive surgery and avoidable blindness) be used to best effect within a rights-based/ social model of disability in development?
- How can volunteers support AusAID’s disability-inclusive development strategy?

Relevant lessons from the experience of international donors

As AusAID embarks on its first consolidated, comprehensive strategy for disability-inclusive development, the lessons learnt from the experience of international donors outlined in Section 5 of this Companion Volume are all pertinent. A number of the international lessons are worth highlighting again, in the context of this study. They include:

- > *The need to develop a knowledge base on disability in development.* It is to be expected that, since disability in development has not had an explicit focus to date in the aid program, the general, as well as country- and sector-specific, knowledge base on disability is still to be developed.
- > *The need to incorporate gender issues into disability program design (and incorporate the needs of people with disability into gender programs).* There was very little evidence of the consideration of gender issues in the design of AusAID’s disability-specific activities to date, or means to assess whether gender programs are meeting the needs of people with disability, particularly in regard to the potential for ‘double disadvantage’ faced by women with disability.
- > *The need to establish systems for collection of performance information and consolidated reporting on disability-inclusive development.* As indicated above, not surprisingly there was no evidence of a common understanding of the definition of ‘disability’ related aid and development activities. A common understanding of disability-inclusive development needs to be developed and reporting incorporated into key agency information systems such as AidWorks.⁴⁶
- > *The need to show leadership*—there is a need to show strategic leadership in promoting disability-inclusive development, and in opening up space for people with disability to have a voice in the wider development agenda—in assisting implementation of development programs, in supporting their role as advisors to governments, or in supporting and empowering them to contribute at high level regional and international meetings. Strong leadership is needed to ensure disability-inclusive development moves beyond rhetoric to producing outcomes which truly facilitate development for all.

⁴⁶ AidWorks is AusAID’s internal database of international development assistance activities.

A postscript — contextualising within the Paris principles and Accra principles for aid effectiveness

As a final note, it is important to locate and contextualise these lessons within general lessons learnt and trends in development practice. A key challenge will be to ensure that disability-inclusive development forms—and informs—part of the wider aid effectiveness agenda, which aims to improve the quality of aid delivered in order to maximise its development impact. Key agreements are the Paris Declaration,⁴⁷ and the Accra Agenda for Action.⁴⁸ Many of the principles in these agreements stress the need for cooperation, partnerships, increased use of country systems and technical knowledge from local, regional and developing country partnerships.

Australia is committed to working with partner countries and development partners, including civil society, to progress the aid effectiveness agenda; achieving the MDGs is contingent on more effective aid. A key challenge going forward will be to ensure that this agenda is pursued in a way that enhances disability-inclusive development. Greater aid effectiveness by necessity means ensuring aid effectively reaches and benefits all groups, particularly people with disability who have for so long been excluded.

⁴⁷ Paris Declaration on Aid Effectiveness (2005). Endorsed on 2 March 2005, this international agreement commits countries and organisations to increase efforts in harmonisation, alignment and managing aid for results with a set of monitorable actions and indicators.

⁴⁸ Accra Agenda for Action (2008) was agreed at the third High Level Forum on Aid Effectiveness, which was hosted by the Government of Ghana and organised by OECD and the World Bank in Accra, September 2008.

Appendix 1—Significant AusAID disability-related activities in country and regional programs

The table below does not provide a comprehensive listing of AusAID disability-related activities. It was compiled on the basis of information supplied by AusAID posts in 2008. The information returned from posts varied in the amount of detail and also in the historical period of reporting. The table includes small activities funded by Heads of Mission under their Direct Assistance Programs, where these were reported. Posts were responsible for identifying which activities were disability-related.

| Region/country and activity | Objectives/description of activities | Major partners | A\$'000 |
|--|--|---|--|
| South Asia | | | |
| Bangladesh | | | |
| Challenging the Frontiers of Poverty Reduction ⁴⁹ | Support for women-headed households among extreme poor. Target participant group includes people with disability and their carers. Addresses broader social context of disadvantage through advocacy for rights of poor and support for greater access to services. | BRAC (major Bangladesh NGO) | 37 000 (2007-08 to 2010-11 total program) |
| BRAC Education Program | Program actively seeks to address the multiple disadvantages faced by poor disabled children. | BRAC (with other donors) | n/a ⁵⁰ |
| Capacity strengthening of BPKS | Strengthening of local Disabled People's Organisation (DPO) BPKS, including support for head officer to attend civil society conference in Canberra in May 2008. | BPKS | n/a |
| India | | | |
| Human Rights of Persons with Disabilities | Funding under Human Rights Small Grants Scheme for development of training modules aimed at educating, training and raising awareness of human rights of people with disability. Also support for creation of a pool of trained personnel and their positioning as potential trainers in six training zones. | Human Rights Law Network | 67 |
| Direct Assistance Program projects | Construction of school building and vocational training centre for mentally challenged and physically disabled children. | Madras Institute to Habilitate Retarded Afflicted | 112 |
| | Vocational training in computers, tailoring and embroidery for children with disability. | Asha Viklang Shaikshik Avan Punarvas Kendra | 9 |
| | Establishment of multi-sensory room for children with cerebral palsy. | Indian Institute of Cerebral Palsy | 8 |
| | Community-based resource rooms for deaf and blind children in five rural locations. | Sense International (India) | 7 |
| | Speech therapy and physiotherapy equipment for Delhi Commonwealth Women's Association pre-nursery school and its Centre for Children with Special Needs. | Delhi Commonwealth Women's Association | 10 |
| | Vocational training for people with disability in embroidery, computers and bookbinding. | Chaitanya Institute for the Learning Disabled | 10 |
| | Supply of Mountbatten Braille Production System for Manjushree Vidyapith Orphanage and School. | Manjushree Vidyapith Orphanage and School | 10 |
| | Enabling of orthopaedically challenged women to pack waste cotton. | Madhar Nala Thondu Niruvanam | 10 |
| | Vocational training for women with disability. | Centre for Community Development | 9 |

49 AusAID was finalising agreement on this activity at the time of writing

50 n/a=not available

| Region/country and activity | Objectives/description of activities | Major partners | A\$'000 |
|---|--|---|------------|
| South-East Asia | | | |
| Burma | | | |
| Vision Myanmar project | Aims to reduce preventable blindness by providing equipment and education to ophthalmologists in Burma. Involves 28 regional eye centres. | Vision Myanmar | n/a |
| Cambodia | | | |
| | Activities under the Mine Action Strategy—see Appendix 2. | | |
| Indonesia | | | |
| Basic Education Program: Inclusive Education | Aims to support relevant ministries and district authorities to improve access to basic education for all groups currently excluded, including physically and intellectually disabled. Focuses on national and local policy development, expansion of local initiatives, networking, specialist training institutions, updating of specialist training curricula and integration of student disability data into school records and national information systems. Project in first phase at time of writing. | Government of Indonesia | n/a |
| Australia–Bali Memorial Eye Clinic | Establishment in 2007 of stand-alone eye facility as part of broader Bali Memorial Package. Includes surgical as well ophthalmology training facilities. Mobile clinics perform outreach services. AusAID ongoing support includes a team from Australian Volunteers International. | NGO (not specified) | n/a |
| Laos | | | |
| Mine action | Activities under the Mine Action Strategy—see Appendix 2. | | |
| Participation in Education Sector Working Group | AusAID is a lead donor working with the Ministry of Education to develop a 10-year strategic plan for the education sector which will include focus on inclusive education. | Cambodian Ministry of Education; Asian Development Bank; other donors | n/a |
| Human and Disability Rights Education Project | Funding under Human Rights Small Grants Scheme for promotion of development of national strategy and action plan for disability in Laos through training of Government officials across 9 ministries. | Lao Disabled Peoples' Association; Government of Laos | 149 |
| National Rehabilitation Centre (NRC) | Support for NRC through: provision of prosthetics and rehabilitation for people with disability (40% of whom are unexploded ordnance survivors) capacity building for NRC staff. | Cooperative Orthotic and Prosthetic Enterprise (COPE) | n/a |
| Philippines | | | |
| Basic Education Assistance in Mindanao | Disability-related components includes special education teacher training for children with disability. | n/a | n/a |
| Direct Assistance Program projects | 2003—Livelihood Project of Persons with Disability: equipment (chairs, desks) for school. 2004—Supply of computer units for learning and training of special IT programs (for the visually impaired). | National Federation of Cooperatives of Persons with Disability Adaptive Technology for Rehabilitation, Integration, and Empowerment of the Visually Impaired | 7 7 |

| Region/country and activity | Objectives/description of activities | Major partners | A\$'000 |
|---|---|---|-----------------------------|
| | 2006—Rehabilitation and industrial skills training program for women who recovered from leprosy; purchase of sewing machines and materials for training and income-generating activity. | Jagobiao Christian Parents Association, Inc. | 7 |
| | 2007—Adaptive Technology Training, Resources and Access Centre: purchase of computer units for learning and training of special IT programs | Adaptive Technology for Rehabilitation, Integration, and Empowerment of the Visually Impaired | 6 |
| | 2007—Supply of diagnostic audiometer and hearing rehabilitation equipment for Tagbilaran City Hearing Clinic. | St Joseph Deaf Foundation, Inc. | 7 |
| | 2007—Purchase of materials for construction of classroom for special education program (students with intellectual disability, autism, hearing and visual impairments, Downs syndrome). | Bethsaida, Inc. | 7 |
| | 2008—Purchase of sewing machines and materials for training and income-generating activity for women recovered from leprosy. | Jagobiao Christian Parents Association, Inc. | 7 |
| | 2008—Supply of embosser and translation software for the blind to aid in learning. | Societas Divinae Charitatis, Inc. | 7 |
| | 2008—Tala Community Development Project: purchase of sewing machines and materials for training and income-generating activity for families with members suffering from leprosy. | Holistic Community Development and Initiatives | 7 |
| | 2008—Purchase of sewing machines and materials for training and income-generating activity for tailoring shop. | Differently-Abled Women Network, Philippines, Inc. | 7 |
| | 2008—Supply of computer units and LCD for presentations and training of speech-impaired individuals. | Catholic Ministry to Deaf People Inc. | 4 |
| Vietnam | | | |
| Primary Education for Disadvantaged Children (PEDC) | Co-financed project (DFID, CIDA, NORAD, AusAID and World Bank) aimed at improving access to primary school and the quality of education for disadvantaged girls and boys. Includes a component to facilitate inclusive education for disabled children through national guidelines, surveys and research, teacher guides and training. Project targets schools in 189 districts where approximately 70% of Vietnam's educationally disadvantaged children reside. World Bank contribution approximately 62% of total budget. AusAID contribution very small (about US\$1.2 million against total US\$243 million). PEDC commenced in 2002, with target completion of end of 2009. | World Bank | 1200 |
| Vietnam International Road Assessment Program Project | Promotion of disability prevention through development of a program under the World Bank's Global Road Safety Facility to identify high-risk roads and affordable engineering projects to improve safety. | World Bank | 500 (over 2 years) |
| National Helmet Wearing Campaign | Promotion of disability prevention. | n/a | 176 (2006-07 to 2007-08) |

| Region/country and activity | Objectives/description of activities | Major partners | A\$'000 |
|---|---|---|----------------------------------|
| North Asia | | | |
| China | | | |
| Integrated Health and HIV/AIDS Facility | Directly addressing disability through capacity building of community-based mental health management. | Mental Health Institute of Peking University; Mental Health Centre of China, Centre for Diseases Control and Prevention (China CDC) | 25 000 (2007–2012 total program) |
| | Policy study to improve accessibility of primary health care for poor people. | Tongji Medical College of Huazhong University of Science and Technology | |
| | Rural pilot area: building a community health service in depressed area. | School of Public Health, Nanchang University, Jiangxi Province | |
| | Research on improving the diagnosis and treatment standards of township hospitals and village clinics. | Rural Health Division of Maternal and Child Health Centre of China CDC | |
| | Feasibility study of prevention and treatment strategy for common diseases of Chinese rural women. | Maternal and Child Health Centre in China CDC | |
| | China–Australia community health service capacity-building project. | China Community Health Association | |
| | Operational mechanism reform and capacity building project for community health service in China. | China Health Economics Institute | |
| | Child health management in rural areas in western China. | Maternal and Child Health Centre in China CDC | |
| | ‘Healthy China 2020’ strategy research project. | China Health Economics Institute | |
| | Capacity-building program focusing on neonatal resuscitation skills in rural medical institutions in central and western China. | China CDC | |

| Region/country and activity | Objectives/description of activities | Major partners | A\$'000 |
|--|---|--|------------------------------------|
| Pacific | | | |
| Cook Islands | | | |
| Harmonised aid program | Single co-funded aid program with NZAID. Program supported development of National Disability Strategy and continues to fund implementation activities under the National Policy. Includes contribution to staff and operating costs for Disability Action Team. | NZAID; Government of Cook Islands | n/a |
| | Activities under Community Initiative Scheme include people with disability and mental health. | n/a | n/a |
| | Core funding for Cook Islands' Creative Centre Trust to support daycare program for people with disability. | Cook Islands' Creative Centre Trust | n/a |
| Fiji | | | |
| Australian Civil Society Support Program | Funding for: implementation of the Competency-based training/Assessment and consultancy/Local community solutions (CAL) program, which provides funding for training for community rehabilitation assistants and special education teachers | Fiji Crippled Children's Association | 150 (2006) |
| | sign language for the Deaf program, including production of dictionary of Fiji Sign Language in 2007. | Fiji Association of the Deaf | 50 (2005) 20 per year from 2007 |
| Kiribati | | | |
| Educational support for students with disability | At the time of writing, AusAID is planning a three-year funding arrangement with an NGO-run school for children with disability to support food programs and transportation. | n/a | n/a |
| Papua New Guinea | | | |
| Sport for Development | Aims to establish effective and sustainable systems for personal and community development through sport. One of the guiding principles is inclusiveness — including people with disability. | Papua New Guinea Sports Federation | n/a (2008–11) |
| Tertiary Health Services Program | Phases 1 to 3 (1996–2008) have included specialist medical consultations and procedures including orthopaedics, Ear Nose and Throat (ENT) and ophthalmology. Beneficiaries have included people with disability. Program also supports training of medical specialists. The new PNG Health Education and Clinical Services (HECS) program will provide the same services on completion of THS Phase 3, from March 2009. | Papua New Guinea National Department of Health | 5,100 |
| Community Development Scheme | Funding provided to six separate organisations for implementation of disability related activities, including training, rehabilitation and resource development. | n/a | 110 |
| Tonga | | | |
| Tonga Disability Identification Survey | 2006 survey report identifies most disabilities related to non-communicable diseases. | n/a | n/a |

Appendix 2 — Mine Action Strategy 2005–2010: Summary of activities for 2007–08

The table below is based on information supplied by AusAID.

| Category/ country | Activity name | Funding channel/ implementing agency | Description | Estimated expenditure A\$ (2007–08) | Funding source |
|--------------------------|---|---|---|--|-------------------|
| Victim assistance | | | | | |
| Afghanistan | United Nations Mine Risk Education and Victim Assistance | United Nations Mine Action Centre | Mine Risk Education and Victim Assistance for Mine Action Program for Afghanistan through United Nations Mine Action Centre. | | |
| Cambodia | Landmine Survivor Assistance Program | Australian Red Cross | Supports: <ul style="list-style-type: none"> NGOs through grants for physical and socioeconomic rehabilitation for landmine survivors improvements in data collection on landmine casualties to help target future assistance mine risk education and prevention activities undertaken by the Cambodian Red Cross Government of Cambodia's development of a national strategic plan for landmine survivors. | 958 159 | Bilateral |
| | Landmine Victim Assistance Fund | Various NGOs | Funds NGOs to provide a range of services to survivors as well as support economic participation and social advocacy and participation for people with disability across Cambodia. | 174 785 | Bilateral |
| | Austcare Integrated Mine Action in Banteay Meanchey | Austcare (NGO) | Aim is to improve the livelihoods of people living in mine-affected Thmar Puok and Svay Chek, partnering with Cambodia Mine Action Centre for mine action activities. The integrated approach includes clearance, water and community infrastructure, and agricultural and vocational skills training for vulnerable groups, particularly landmine survivors. | 579 904 | Bilateral |
| | World Vision Community Strengthening & Gender Mainstreaming in Integrated Mine Action | World Vision & International Women's Development Agency | An innovative gender-based approach to integrated mine action in Battambang and Preah Vihear. Includes clearance, health interventions, education, livelihood training and community infrastructure. | 849 091 | Bilateral |

| Category/ country | Activity name | Funding channel/ implementing agency | Description | Estimated expenditure A\$ (2007–08) | Funding source |
|----------------------|---|---|---|--|------------------------------------|
| | CARE Australia— Cambodia Integrated Mine Action | CARE Australia | Further integrated mine action activity in Pailin to reduce landmine deaths and injury, increase land tenure, strengthen community natural resource management capacity and assist communities to generate economically important resources and improve their livelihoods. | 691 642 | Bilateral |
| Laos | Improving Services and Support for People with Disability and Victim Assistance program under Laos–Australia NGO Cooperation Agreements (LANGOCA) | CARE Australia | Aims to enhance awareness of and access to existing national and provincial rehabilitation services; enhance the capacity of local, regional and national rehabilitation service; and support the integration of people with disability into LANGOCA's mainstream development activities. | 200 000 | Bilateral |
| | Reducing Unexploded Ordnance Risk and Improving Livelihoods of Ethnic Communities in Sekong Province | CARE Australia & Swiss Foundation for Mine Action | Support to NGOs to reduce vulnerability to unexploded ordnance (UXO). Includes UXO clearance, community-based planning and land-use allocation, mine risk education, and small-scale rural development initiatives to enhance livelihood security. | o | Bilateral |
| | Integrated UXO Action Activity in Khammouane Province | World Vision Australia & Mine Action Group | Support to NGOs to reduce vulnerability to UXO. | o | Bilateral |
| | 50% per year of unprogrammed Laos–Australia NGO Cooperation Agreement budget for short-term UXO- related activities | Cooperative Orthotic and Prosthetic Enterprise | | o | Bilateral |
| | National Rehabilitation Centre and Cooperative Orthotic and Prosthetic Enterprise Partnership in Rehabilitation | Cooperative Orthotic and Prosthetic Enterprise | | | Humanitarian and Emergencies |

| Category/ country | Activity name | Funding channel/ implementing agency | Description | Estimated expenditure A\$ (2007–08) | Funding source |
|--|--|--|---|--|------------------------------|
| Vietnam | Special Fund for the Disabled | International Committee for Red Cross | Supports the rehabilitation of survivors and preventative mine action. The fund will ensure the continuity of programs on behalf of the war-disabled and supports physical rehabilitation centres in developing countries, including nine physical rehabilitation projects in Vietnam through the Swiss Foundation for Mine Action Asia Regional Delegation. | 500 000 | Humanitarian and Emergencies |
| Subtotal victim assistance | | | | 4 303 581 | |
| Mine risk education | | | | | |
| Nepal | UNICEF Mine Risk Education | UNICEF | Mine risk education. | 300 000 | Humanitarian Emergencies |
| Subtotal mine risk education | | | | 300 000 | |
| Mine clearance/mine action management | | | | | |
| Afghanistan | UN Mine Action—Community Based Mine Action | UN Mine Action Service & UN Mine Action Centre Afghanistan | Community-based clearance program on Afghanistan's border with Pakistan and within the province of Oruzgan, also providing mine risk education to communities receiving clearance. | 5 000 000 | Bilateral |
| Cambodia | Clearing for Results | UN Development Programme (UNDP) | New multi-donor funding facility for mine clearance. The fund focuses on aligning mine clearance with national and provincial development plans. Land is cleared for productive use, with priority given to land for roads, agriculture and resettlement. Clearing for Results has approval of up to A\$12 million from 2007–2010, which builds on an initial contribution of A\$2 million in 2006. | 3 000 000 | Bilateral |
| | Mapping of Suspect Land Under Cultivation | Mines Advisory Group | Survey and mapping of suspect land under cultivation in five mine-affected provinces for reclassification as low priority for mine clearance. | 163 692 | Bilateral |
| Iraq | Humanitarian Mine Action—Explosive Remnants of War Clearance | UNDP | Aim is to strengthen sustainable national mine action capabilities through the Rafidian Demining Organisation. Project involves releasing land contaminated with explosive remnants of war and improving local conditions for socioeconomic development in the Basra region. | 2 000 000 | Bilateral |
| Laos | Integrated UXO Threat Reduction in Savannakhet Province | Handicap International Belgium | Aims to reduce UXO risks to the local population through an integrated program of UXO clearance and risk education activities. | 550 000 | Humanitarian and Emergencies |

| Category/ country | Activity name | Funding channel/ implementing agency | Description | Estimated expenditure A\$ (2007–08) | Funding source |
|----------------------------------|--|--|---|--|------------------------------------|
| | Mine action partnership in Khammouane Province | UXO Lao & Mine Action Group | Activities include UXO clearance, community awareness raising, enhanced technical survey (allowing increased release of land for use) and training of personnel. | 550 000 | Humanitarian and Emergencies |
| | Continued support to Foundation Suisse du Deminage and Cooperative Orthotic and Prosthetic Enterprise | | Aims to reduce UXO risk and improve livelihoods of ethnic communities in Sekong and Savannakhet provinces and for national rehabilitation services for disabled, (40% of prosthetics go to those injured by UXO). | 1 200 000 | Humanitarian and Emergencies |
| | Support to National Regulatory Authority for further development of the national UXO database | | Support to allow better coordination, prioritisation and strategic planning of UXO/ mine action activities, continue work on establishing a legislative framework for the UXO sector, and raise awareness of the Ottawa Treaty in Laos. | 300 000 | Humanitarian and Emergencies |
| | Estimated 08/09 and 09/10 HES UXO Bids | | | 2 000 000 | |
| Lebanon | Humanitarian Mine Action— UXO Clearance | UN Mine Action Service | UXO clearance in southern Lebanon. | 1 000 000 | Humanitarian and Emergencies |
| Sri Lanka | Mine action coordination and technical assistance | UNDP | Aim is to support the National Mine Action Programme in Sri Lanka in coordinating mine action activities and developing national capabilities to implement and manage effective mine action activities that are targeted to the resettlement and reconstruction goals of the country. Also provides technical expertise. | 220 000 | Humanitarian and Emergencies |
| Subtotal clearance | | | | 13 983 692 | |
| Advocacy/universalisation | | | | | |
| Global | Mine Ban Convention— Implementation Support Unit | Geneva International Centre for Humanitarian Demining (GICHD) | Mine Ban Convention Voluntary Trust Fund (Implementation Support Unit). | 80 000 | Humanitarian and Emergencies |
| | Mine Ban Convention— Sponsorship Program | GICHD | Mine Ban Convention Sponsorship Program. | 25 000 | Humanitarian and Emergencies |

| Category/ country | Activity name | Funding channel/ implementing agency | Description | Estimated expenditure A\$ (2007–08) | Funding source |
|--------------------------|--|--|--|--|------------------------------------|
| | Victim Assistance Expert Position, Implementation Support Unit, GICHD | GICHD | Victim assistance process support. | 105 000 | Humanitarian and Emergencies |
| | GICHD—Operational Support Asia Pacific | GICHD | | 270 000 | Humanitarian and Emergencies |
| | Convention on Conventional Weapons Sponsorship Program | GICHD | Convention on Conventional Weapons Sponsorship Program. | 20 000 | Humanitarian and Emergencies |
| | International Campaign to Ban Landmines | International Campaign to Ban Landmines | Landmine Monitor Report 2008. | 250 000 | Humanitarian and Emergencies |
| | Geneva Call | Geneva Call | Core funding for expansion of Asia operations. | 200 000 | Humanitarian and Emergencies |
| | Headquarters Coordination Project | UN Mine Action Service | Core funding for headquarter operations. | 300 000 | Humanitarian and Emergencies |
| | Oslo Process | Austcare & Australian Network to Ban Landmines | Participation on delegations to Oslo Process. | 30 000 | Humanitarian and Emergencies |
| China | Universalisation Workshop | Austcare & Australian Network to Ban Landmines | Mine Ban Convention Universalisation Workshop for East Asian region. | 0 | |
| Subtotal advocacy | | | | 1 280 000 | |
| Total | | | | 19 867 273 | |

Appendix 3 — AusAID — NGO Cooperation Program (Ancp) disability-related projects 2005-06 to 2007-08

The projects below were identified by AusAID's Community Partnerships Section as disability related. Projects are arranged by NGO and year of funding.

| NGO | Country | Period of funding | Project name | ANCP funding A\$'000 |
|---|------------------------------|--------------------|--|----------------------|
| Adventist Development & Relief Agency | Mongolia | 2007-08 | Improving educational opportunities for disabled children | 75 |
| | Kenya | 2007-08 | HIV/AIDS impact mitigation and support program | 6 |
| | East Timor | 2007-08 | Building capacity of counsellors in East Timor's health sector | 5 |
| | Zambia | 2007-08 | HIV/AIDS impact mitigation and support program | 8 |
| AngliCORD | Kenya | 2006-07 to 2007-08 | Mt Kenya West MU AIDS program | 93 |
| | Lesotho | 2006-07 to 2007-08 | Mantsonyane AIDS prevention and care program | 114 |
| | South Africa | 2006-07 to 2007-08 | Department of Social Responsibility HIV/AIDS program | 124 |
| | | 2005-06 to 2007-08 | Asian Craniofacial Clinics Development Program | 128 |
| Australian Cranio-Maxillo Facial Foundation | China | 2005-06 to 2007-08 | Asian Craniofacial Clinics Development Program | 222 |
| Australian Foundation for Peoples of Asia and the Pacific | Indonesia | 2005-06 to 2007-08 | Vietnam's integrated health program | 23 |
| | Vietnam | 2006-07 | Karagwe Community Based Social Care project | 32 |
| | Tanzania | 2006-07 to 2007-08 | Rehabilitation of health centres | 27 |
| | Democratic Republic of Congo | 2007-08 | Nazaret Community Based Skills Training and Rehabilitation Centres | 20 |
| | Ethiopia | 2007-08 | Xinjiang Red Cross HIV/AIDS Prevention and Care Project | 294 |
| Australian Red Cross | China | 2006-07 to 2007-08 | Papua New Guinea HIV/AIDS Program | 324 |
| | Papua New Guinea | 2006-07 to 2007-08 | Mobilising HIV volunteers in the Pacific region | 31 |
| Baptist World Aid Australia | Kiribati | 2007-08 | Total Life Care — food security | 427 |
| | Malawi | 2006-07 to 2007-08 | Community-based rehabilitation | 76 |
| Burnet Institute | Cambodia | 2007-08 | Promoting health and well-being of elders in the plantation sector | 100 |
| CARE Australia | Sri Lanka | 2006-07 to 2007-08 | Peers leading understanding and support for positive living and user-friendly services | 209 |
| | Vietnam | 2006-07 to 2007-08 | | |

| NGO | Country | Period of funding | Project name | ANCP funding A\$'000 |
|--|------------------|--------------------|--|----------------------|
| Caritas Australia | Bangladesh | 2006-07 | Capacity Building of Disabled People's Organisations | 250 |
| | South Africa | 2006-07 to 2007-08 | Supporting a Community Based Response to HIV/AIDS Program | 450 |
| | Bangladesh | 2007-08 | Persons with disabilities self-initiatives to development approach replication | 230 |
| Childfund Australia | Sri Lanka | 2006-07 to 2007-08 | Capacity Building for People with Disabilities | 174 |
| | Sri Lanka | 2007-08 | Early Childhood Care and Development Project — centre-based and home-based care | 140 |
| Christian Blind Mission (Australia) (now CBM Australia). | Afghanistan | 2005-06 | Blindness and disability rehabilitation | 81 |
| | Cambodia | 2005-06 | Blindness and disability rehabilitation | 115 |
| | Ivory Coast | 2005-06 | Blindness and disability rehabilitation | 85 |
| | Niger | 2005-06 | Blindness and disability rehabilitation | 202 |
| | Nigeria | 2005-06 | Blindness and disability rehabilitation | 225 |
| | Philippines | 2005-06 | Blindness and disability rehabilitation | 246 |
| | Papua New Guinea | 2005-06 | Blindness and disability rehabilitation | 16 |
| | Samoa | 2005-06 | Blindness and disability rehabilitation | 17 |
| | Tanzania | 2005-06 | Blindness and disability rehabilitation | 297 |
| | Cambodia | 2006-07 | Takeo Eye Care and Training Program | 170 |
| | Cambodia | 2006-07 | Caritas Rehabilitation for Blind Cambodians (RBC)/Community Based Rehabilitation Program | 67 |
| | China | 2006-07 to 2007-08 | Yunnan community-based rehabilitation program for people with disability | 203 |
| | Ivory Coast | 2006-07 | Ophthalmology Hospital — Dabou | 30 |
| | Niger | 2006-07 | Rehabilitation Project for Persons with Disabilities | 222 |
| | Nigeria | 2006-07 to 2007-08 | NKST (The Church of Christ in the Sudan among the Tiv) Rehabilitation Hospital Mkar | 429 |
| | Nigeria | 2006-07 to 2007-08 | Vision 2020 Support Program | 249 |
| | Philippines | 2006-07 to 2007-08 | Simon of Cyrene Community Based Rehabilitation Program | 164 |
| | Philippines | 2006-07 to 2007-08 | Holy Face Rehabilitation Project for Mental Health | 98 |
| | Philippines | 2006-07 to 2007-08 | Cebu Community Based Rehabilitation Pag-Amoma Project | 141 |

| NGO | Country | Period of funding | Project name | ANCP funding A\$'000 |
|--|--------------|--------------------|--|----------------------|
| Interplast Australia & New Zealand | Philippines | 2006-07 to 2007-08 | Batangas community-based rehabilitation | 130 |
| | Tanzania | 2006-07 to 2007-08 | Comprehensive Community Based Rehabilitation—Tanzania (CCBRT) Disability Hospital Eye Department | 476 |
| | China | 2007-08 | Orientation and mobility program for the visually impaired | 78 |
| | India | 2007-08 | Community-based rehabilitation program for people with disability | 24 |
| | India | 2007-08 | Mobility India rehabilitation research and training centre | 83 |
| | India | 2007-08 | Developing a sustainable infrastructure for the inclusion of disabled persons | 56 |
| | India | 2007-08 | Parent mobilisation action group India | 21 |
| | Philippines | 2007-08 | Community-based rehabilitation coordinating office | 122 |
| | Sudan | 2007-08 | Juba community-based rehabilitation | 228 |
| | Unspecified | 2007-08 | Capacity development in project cycle management | 382 |
| | Burma | 2005-06 to 2007-08 | Burma Reconstructive Surgery | 148 |
| | Indonesia | 2005-06 to 2006-07 | Indonesian Reconstructive Surgery Training Program | 88 |
| | Bangladesh | 2007-08 | Microsurgery training program | 37 |
| | Bangladesh | 2007-08 | Hand therapy training program | 20 |
| National Council of Churches Australia | Nepal | 2007-08 | Microsurgery training program | 22 |
| | Cambodia | 2006-07 to 2007-08 | Demining Program | 100 |
| | China | 2006-07 | Village Doctors Training Program | 43 |
| | Zambia | 2006-07 to 2007-08 | HIV/AIDS Training and Resource Centre | 97 |
| | China | 2007-08 | Village health workers training program | 60 |
| Oxfam Australia | Malawi | 2006-07 to 2007-08 | Joint Oxfam Program in Malawi | 111 |
| | Mozambique | 2006-07 to 2007-08 | HIV/AIDS impact mitigation in Southern Africa | 379 |
| | South Africa | 2006-07 to 2007-08 | HIV/AIDS impact mitigation in Southern Africa | 543 |
| | Zimbabwe | 2006-07 | HIV/AIDS impact mitigation in Southern Africa | 196 |
| | Vanuatu | 2007-08 | Vanuatu integrated HIV/AIDS human security and active citizenship program | 337 |

| NGO | Country | Period of funding | Project name | ANCP funding A\$'000 |
|---|--------------|--------------------|---|----------------------|
| Save the Children Australia TEAR Australia | Laos | 2007-08 | HIV-affected children's care and support | 32 |
| | Kenya | 2006-07 | Kamwaji HIV/AIDS Prevention, Care and Control Project, Phase III | 42 |
| | Nepal | 2006-07 | Karnali Community Development Project | 50 |
| | Sudan | 2006-07 | Rumbek East Community-based Health | 69 |
| | Burma | 2007-08 | Integrated community health and development initiative | 242 |
| Fred Hollows Foundation | Cambodia | 2005-06 | International Cataract Blindness Prevention | 60 |
| | China | 2005-06 | International Cataract Blindness Prevention | 80 |
| | Eritrea | 2005-06 | International Cataract Blindness Prevention | 13 |
| | South Africa | 2005-06 | International Cataract Blindness Prevention | 230 |
| | Bangladesh | 2006-07 | Bangladesh District Eye Care Development Program | 10 |
| | Cambodia | 2006-07 | Sustainable Comprehensive Eye Care in Cambodia | 154 |
| | China | 2006-07 | Team capacity building for cataract surgery in Jiangxi | 35 |
| | Laos | 2006-07 | Building capacity and restoring sight in northern Lao | 14 |
| | Nepal | 2006-07 | Nepal Eye Program | 234 |
| | Pakistan | 2006-07 | Mid-level personnel training and eye camps in Pakistan | 48 |
| | Pakistan | 2006-07 | Eye camps in Pakistan | 11 |
| | Tanzania | 2006-07 | Kilimanjaro Centre for Community Ophthalmology (KCCO) Program Management for Eye Care Training Course | 25 |
| | China | 2007-08 | Australia-China Blindness Prevention and Treatment Program | 79 |
| | Kenya | 2007-08 | Australia-Kenya Blindness Prevention and Treatment Program | 40 |
| | Rwanda | 2007-08 | Australia-Rwanda Blindness Prevention and Treatment Program | 79 |
| | DRC | 2006-07 | South Kivu Leprosy Control Program | 94 |
| | India | 2006-07 to 2007-08 | Villupuram Integrated Disability Care and Community Based Rehabilitation Project | 191 |
| Leprosy Mission | Timor Leste | 2006-07 | Community Based Rehabilitation 'Enablement' Project | 69 |
| | DRC | 2007-08 | Socioeconomic development | 74 |

| NGO | Country | Period of funding | Project name | ANCP funding A\$'000 |
|-----------------------------|------------|--------------------|---|----------------------|
| | India | 2007-08 | Transforming Communities project | 34 |
| | India | 2007-08 | Sundarban community development project | 22 |
| | Nigeria | 2007-08 | Leprosy control and technical support project | 141 |
| Uniting Church Overseas Aid | Vanuatu | 2007-08 | Eye care | 35 |
| World Vision Australia | Cambodia | 2006-07 to 2007-08 | Economic Opportunity for the Poor | 247 |
| | Ghana | 2006-07 to 2007-08 | Ga West Buruli ulcer project | 136 |
| | Malawi | 2006-07 to 2007-08 | Machinga HIV/AIDS Prevention and Care, including Phase 2 | 256 |
| | Rwanda | 2006-07 to 2007-08 | Kigali Urban HIV/AIDS project | 216 |
| | Somalia | 2006-07 to 2007-08 | Child Support and Development Project | 236 |
| | Uganda | 2006-07 to 2007-08 | Masaka — Rakai Psychosocial Project | 223 |
| | Azerbaijan | 2007-08 | Improving the lives of internally displaced persons, mothers and children | 89 |
| | Ethiopia | 2007-08 | Community capacity enhancement for HIV resilience | 180 |
| | Honduras | 2007-08 | Integrating health interventions and micro-enterprise opportunities for people living with HIV/AIDS | 89 |
| | Indonesia | 2007-08 | CAKAP (prevent AIDS, love people living with HIV) | 144 |
| | Nepal | 2007-08 | Kaski HIV/AIDS project | 45 |
| | PNG | 2007-08 | Madang action against AIDS | 140 |
| | Rwanda | 2007-08 | Capacity building for healing, peace building and reconciliation community initiatives | 105 |

Sources

- Accra Agenda for Action (2008) Third High Level Forum on Aid Effectiveness, Accra, Ghana, 4 September 2008, http://www.oecd.org/document/3/0,3343,en_2649_33721_41297219_1_1_1_1,00.html
- Asian Development Bank (2005) *Disability brief: identifying and addressing the needs of disabled people*, <http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.asp>
- Asia–Australia Mental Health (2008a) *A proposal to AusAID's Humanitarian Division Protecting Children in Disasters Stage 1: Cambodia* (unpublished).
- Asia–Australia Mental Health (2008b) *A proposal to AusAID's Humanitarian Division Protecting Children in Disasters Stage 2: China* (unpublished).
- AusAID (2007), *AusAID–NGO Cooperation Program (ANCP) guidelines*, <http://www.ausaid.gov.au/ngos/ancp.cfm>
- AusAID (2007), *AusAID–NGO Cooperation Program (ANCP) guiding principles*, <http://www.ausaid.gov.au/ngos/ancp.cfm>
- AusAID (2004), *Meeting the challenge: Australia's International HIV/AIDS Strategy*, <http://www.ausaid.gov.au/publications/keyaidpubs.cfm?Type=PubKAH>
- AusAID (2006a), *Australian aid: promoting growth and stability. A White Paper on the Australian Government's overseas aid program*, <http://www.ausaid.gov.au/publications/pubs.cfm?Type=PubPolicyDocuments>
- AusAID (2006b) *Helping health systems deliver: a policy for Australian development assistance in health*, <http://www.ausaid.gov.au/publications/pubs.cfm?Type=PubPolicyDocuments>
- AusAID (2006c) *Mine Action Strategy*, <http://www.ausaid.gov.au/human/landmines.cfm>
- AusAID (2007b) *ANCP North Asia cluster evaluation*. http://www.ausaid.gov.au/publications/pdf/north_asia.pdf
- AusAID (2007c) *Australia's mine action activities 2006–2007*, <http://www.ausaid.gov.au/human/landmines.cfm>
- AusAID (2007d) *Better education: a policy for Australian development assistance in education*, <http://www.ausaid.gov.au/keyaid/education.cfm>
- AusAID (2007e) *Gender equality in Australia's aid program: why and how*, <http://www.ausaid.gov.au/keyaid/gender.cfm>
- AusAID (2008a) *ANCP Philippines cluster evaluation report*, http://www.ausaid.gov.au/publications/pdf/ancp_philippines_cluster_evaluation_report.pdf
- AusAID (2008b) *AusAID Development Research Strategy 2008–2010*, <http://www.ausaid.gov.au/publications/pubs.cfm?Type=PubPolicyDocuments>
- AusAID (2008c) *Australian Development Research Awards 2008*, <http://www.ausaid.gov.au/research/default.cfm>
- AusAID (2008d) *Education: annual thematic performance report 2006–07*, http://www.ausaid.gov.au/publications/pdf/edu_atpr_2007.pdf; <http://www.ausaid.gov.au/publications/>
- AusAID (2008e) *Development for All: Towards a disability-inclusive Australian aid program 2009–2014*, <http://www.ausaid.gov.au/keyaid/disability.cfm> (available in PDF, Word, Braille and audio versions).
- CBM (Christian Blind Mission) (2008) *Annual development plan report 2007–08*.
- Fred Hollows Foundation (2008) 'Australia–China NGO and Government Partnership for VISION 2020 Implementation–Jiangxi Project', in *The Fred Hollows Foundation annual development plan report 2007–08*.
- Gartrell, A (2008) *A review of disability and international volunteering in the Pacific and Papua New Guinea: promoting inclusive development practice*, Australian Volunteers International, <http://www.australianvolunteers.com/index.asp?menuid=180.040.070>
- Laos Disabled People's Association (2008) *Human Rights Small Grants Scheme project completion report* (unpublished).
- Leprosy Mission (2008) 'Transforming Communities project in India', in *The Leprosy Mission annual development plan report 2007–08*.
- Ministry of Education and Training, Vietnam (2007) *Primary Education for Disadvantaged Children (PEDC) progress report 9*, Project Coordinating Unit, Ministry of Education and Training, Vietnam (unpublished).
- Paris Declaration on Aid Effectiveness (2005), High Level Forum on Aid Effectiveness, Paris, 2 March 2005, http://www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html
- Tanner, S (2007) *Disability in development: the case for inclusion*, paper prepared for Australian Council for International Development, Australian National University Cadetship Program, http://def.acfid.asn.au/resources/cross-cutting-issues/disability/Disability%20in%20development_tanner_full%20report.pdf
- World Bank (2008) *Primary Education for Disadvantaged Children Project (PEDC) (PO44803): report of the Joint World Bank-Donors, progress review with Australia (AusAID), Canada (CIDA), Norway and United Kingdom (DFID)*.

Development for All: Towards a disability-inclusive Australian aid program 2009-2014

Companion Volume —Attachment 7



Australian Government

Department of Foreign Affairs and Trade

Convention on the Rights of Persons with Disabilities

New York, 30 March 2007

Signed for Australia at New York, 30 March 2007

Entry into force generally: 3 May 2008

Ratified by Australia: 17 July 2008

Entry into force for Australia: 16 August 2008

AUSTRALIAN TREATY SERIES

[2008] ATS 12

National Interest Analysis reference: [2008] ATNIA 18

Convention on the Rights of Persons with Disabilities

Preamble

The States Parties to the present Convention,

(a) *Recalling* the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,

(b) *Recognizing* that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,

(c) *Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

(d) *Recalling* the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

(e) *Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) *Recognizing* the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) *Emphasizing* the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,

(h) *Recognizing also* that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) *Recognizing further* the diversity of persons with disabilities,

(j) *Recognizing* the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) *Concerned* that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) *Recognizing* the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) *Recognizing* the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) *Recognizing* the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) *Considering* that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,

(p) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

- (q) *Recognizing* that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,
- (r) *Recognizing* that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,
- (s) *Emphasizing* the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,
- (t) *Highlighting* the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,
- (u) *Bearing in mind* that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,
- (v) *Recognizing* the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,
- (w) *Realizing* that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,
- (x) *Convinced* that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,
- (y) *Convinced* that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

Have agreed as follows :

Article 1 **Purpose**

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

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.

Article 2 **Definitions**

For the purposes of the present Convention:

“Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

“Language” includes spoken and signed languages and other forms of non-spoken languages;

“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on

an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

“Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Article 3 **General principles**

The principles of the present Convention shall be:

- (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.

Article 4 **General obligations**

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

- (a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- (b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- (c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
- (d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
- (e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- (f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;

- (g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;
- (h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;
- (i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present 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.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

Article 5 **Equality and non-discrimination**

- 1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
- 2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
- 3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
- 4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

Article 6 **Women with disabilities**

- 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.

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.

Article 8 **Awareness-raising**

1. States Parties undertake to adopt immediate, effective and appropriate measures:
 - (a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
 - (b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
 - (c) To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
 - (a) Initiating and maintaining effective public awareness campaigns designed:
 - (i) To nurture receptiveness to the rights of persons with disabilities;
 - (ii) To promote positive perceptions and greater social awareness towards persons with disabilities;
 - (iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
 - (b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
 - (c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
 - (d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

Article 9 **Accessibility**

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
 - (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
 - (b) Information, communications and other services, including electronic services and emergency services.
2. States Parties shall also take appropriate measures to:

- (a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- (b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- (c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
- (d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- (e) Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
- (f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- (g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
- (h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 10 **Right to life**

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

Article 11 **Situations of risk and humanitarian emergencies**

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.

Article 12 **Equal recognition before the law**

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.
5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Article 13

Access to justice

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.
2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

Article 14

Liberty and security of the person

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:
 - (a) Enjoy the right to liberty and security of person;
 - (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.
2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.

Article 15

Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.
2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16

Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.
2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 17 **Protecting the integrity of the person**

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

Article 18 **Liberty of movement and nationality**

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

- (a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;
- (b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;
- (c) Are free to leave any country, including their own;
- (d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

Article 19 **Living independently and being included in the community**

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 20 **Personal mobility**

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- (a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- (b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;

(c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;

(d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 21

Freedom of expression and opinion, and access to information

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

(a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;

(b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;

(c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;

(d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;

(e) Recognizing and promoting the use of sign languages.

Article 22

Respect for privacy

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.

2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

Article 23

Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Article 24 **Education**

1. 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 life long 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.

2. In realizing this right, States Parties shall ensure that:

- (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- (c) Reasonable accommodation of the individual's requirements is provided;
- (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train

professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

Article 25 **Health**

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 26 **Habilitation and rehabilitation**

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

- (a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
- (b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

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 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.

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, including measures:

- (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
- (b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
- (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

- (d) To ensure access by persons with disabilities to public housing programmes;
- (e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Article 29 **Participation in political and public life**

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

- (a) Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:
 - (i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;
 - (ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;
 - (iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;
- (b) Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:
 - (i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;
 - (ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

Article 30 **Participation in cultural life, recreation, leisure and sport**

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
 - (a) Enjoy access to cultural materials in accessible formats;
 - (b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
 - (c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.
3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

- (a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
- (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
- (c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
- (d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
- (e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Article 31 **Statistics and data collection**

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

- (a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;
- (b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.

2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

Article 32 **International cooperation**

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- (a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
- (c) Facilitating cooperation in research and access to scientific and technical knowledge;
- (d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

Article 33 **National implementation and monitoring**

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, 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. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

Article 34 **Committee on the Rights of Persons with Disabilities**

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as “the Committee”), which shall carry out the functions hereinafter provided.

2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the Committee shall increase by six members, attaining a maximum number of eighteen members.

3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States Parties are invited to give due consideration to the provision set out in article 4.3 of the present Convention.

4. The members of the Committee shall be elected by States Parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.

5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States Parties from among their nationals at meetings of the Conference of States Parties. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State Parties which have nominated them, and shall submit it to the States Parties to the present Convention.

7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.

8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.

9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State Party which nominated the member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.

10. The Committee shall establish its own rules of procedure.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.

13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

Article 35 **Reports by States Parties**

1. Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.

2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.

Article 36 **Consideration of reports**

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State Party concerned. The State Party may respond with any information it chooses to the Committee. The Committee may request further information from States Parties relevant to the implementation of the present Convention.

2. If a State Party is significantly overdue in the submission of a report, the Committee may notify the State Party concerned of the need to examine the implementation of the present Convention in that State Party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State Party concerned to participate in such examination. Should the State Party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.

3. The Secretary-General of the United Nations shall make available the reports to all States Parties.

4. States Parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.

5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States Parties in order to address

a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

Article 37 **Cooperation between States Parties and the Committee**

1. Each State Party shall cooperate with the Committee and assist its members in the fulfilment of their mandate.
2. In its relationship with States Parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the implementation of the present Convention, including through international cooperation.

Article 38 **Relationship of the Committee with other bodies**

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

- (a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;
- (b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

Article 39 **Report of the Committee**

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.

Article 40 **Conference of States Parties**

1. The States Parties shall meet regularly in a Conference of States Parties in order to consider any matter with regard to the implementation of the present Convention.
2. No later than six months after the entry into force of the present Convention, the Conference of the States Parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General of the United Nations biennially or upon the decision of the Conference of States Parties.

Article 41 **Depositary**

The Secretary-General of the United Nations shall be the depositary of the present Convention.

Article 42 **Signature**

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

Article 43 **Consent to be bound**

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be open for accession by any State or regional integration organization which has not signed the Convention.

Article 44 **Regional integration organizations**

1. “Regional integration organization” shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by this Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by this Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.
2. References to “States Parties” in the present Convention shall apply to such organizations within the limits of their competence.
3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, any instrument deposited by a regional integration organization shall not be counted.
4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States Parties, with a number of votes equal to the number of their member States that are Parties to this Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

Article 45 **Entry into force**

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.
2. For each State or regional integration organization ratifying, formally confirming or acceding to the Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

Article 46 **Reservations**

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.
2. Reservations may be withdrawn at any time.

Article 47 **Amendments**

1. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a conference of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of

two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

3. If so decided by the Conference of States Parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall enter into force for all States Parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment.

Article 48 **Denunciation**

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

Article 49 **Accessible format**

The text of the present Convention shall be made available in accessible formats.

Article 50 **Authentic texts**

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.

Section 8

Development for All: Towards a disability-inclusive Australian aid program 2009-2014

Companion Volume —Section 8

Biwako Millennium Framework for Action (BMF)

Background

Members of the United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP) adopted the Biwako Millennium Framework for Action (BMF) to promote an inclusive, barrier-free and rights-based society for persons with disabilities in the region. An “inclusive” society means a society for all and a “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic and cultural barriers. A “rights-based” society means a society based on the concept of human rights, including the right to development,

The BMF sets out a draft regional framework for action that provides regional policy recommendations for action by Governments in the region and concerned stakeholders to achieve an inclusive, barrier-free and rights-based society for people with disability.

The BMF identifies seven areas for priority action in the new decade 2003-2012, and incorporates the Millennium Development Goals (MDGs) and their relevant targets to ensure that concerns relating to people with disability become an integral part of efforts to achieve the MDGs:

- ii. Self-help organizations of persons with disabilities and related family and parent associations;
- iii. Women with disabilities;
- iv. Early detection, early intervention and education;
- v. Training and employment, including self-employment;
- vi. Access to built environments and public transport;
- vii. Access to information and communications, including information, communications and assistive technologies;
- viii. Poverty alleviation through capacity-building, social security and sustainable livelihood programmes.

The regional framework for action explicitly identifies four main strategies to support Governments, in collaboration with civil society organisations, to reach these goals:¹

- 1. National plan of action (five years) on disability
- 2. Promotion of a rights-based approach to disability issues
- 3. Disability statistics/common definition of disabilities for planning, and
- 4. Strengthened community-based approaches to the prevention of causes of disability, rehabilitation and empowerment of persons with disabilities.

The text of the BMF is set out below.

¹ <http://www.worldenable.net/bangkok2003/biwako4.htm>

I. PREAMBLE

We, the members and associate members of ESCAP represented at the High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons,

1. Recognize that while an estimated 400 million persons with disabilities have the capacity to contribute to national development in the Asian and Pacific region and have increasingly become agents of change in their communities through their collective action, the majority of persons with disabilities are still excluded from education, employment and other economic and social opportunities and constitute some 20 per cent of the poorest people,
2. Recall that following the International Year of Disabled Persons in 1981, the United Nations General Assembly, in its resolution 37/52 of 3 December 1982, adopted the World Programme of Action concerning Disabled Persons, aimed at achieving full participation and equality and protection of rights of persons with disabilities,
3. Also recall the continuing commitment of Governments in the Asian and Pacific region to the promotion of full participation and equality of persons with disabilities in the Asian and Pacific region and to the improvement of their lives through the proclamation of the Asian and Pacific Decade of Disabled Persons, 1993-2002, at the end of the United Nations Decade of Disabled Persons (1983-1992) and through the adoption of the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, at the launch of the Decade at Beijing in 1992,
4. Affirm the policy guidelines set out in the Agenda for Action for achieving the goals of the Asian and Pacific Decade of Disabled Persons within the 12 policy areas (national coordination, legislation, information, public awareness, accessibility and communication, education, training and employment, prevention of causes of disability, rehabilitation services, assistive devices, self-help organizations and regional cooperation) and the 107 specific targets adopted at a regional review meeting in 1995, further strengthened in 1999 and endorsed by the Commission at its fifty-sixth session in 2000,
5. Recognize that in the 1990s, United Nations initiatives concerning global policies and programmes in areas such as education, environment, human rights, population and development, social development, advancement of women, children, and shelter and habitat incorporated disability issues as substantive concerns in their declarations, frameworks and strategic action programmes. In particular, the World Summit for Social Development, held at Copenhagen in March 1995, in its Copenhagen Declaration on Social Development noted that people with disabilities, as one of the world's largest minorities, are often forced into poverty, unemployment and social isolation. It recommended the promotion of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the development of strategies for implementation of the Rules,
6. Note that the world community has expressed its commitment to economic and social development in the face of rapid globalization in adopting General Assembly resolution 55/2 of 8 September 2000 entitled "United Nations Millennium Declaration", embodying a large number of specific commitments aimed at improving the lot of humanity in the twenty-first century,
7. Appreciate that under such a favourable policy milieu at the global and regional levels, ESCAP members and associate members adopted resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century, by which it proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012. The resolution will give further impetus to the implementation of the World Programme of Action concerning Disabled Persons and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons in the region beyond 2002,
8. Agree that overall improvement has been achieved in all 12 policy areas under the Agenda for Action, but that progress has been uneven, particularly in the continuing and alarmingly low rate of access to education for children and youth with disabilities, and has been marked by significant subregional disparities,

9. Encourage Governments to actively implement the paradigm shift from a charity-based approach to a rights-based approach to the development of persons with disabilities and to move towards the human rights perspective, especially the perspective of the right to development for persons with disabilities, bearing in mind General Assembly resolution 56/168 of 19 December 2001 on a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities,

10. Urge Governments in the region which have not done so to join the signatories to the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region and to strive to achieve the 107 targets for the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons,

11. Adopt the Biwako Millennium Framework for Action to promote an inclusive, barrier-free and rights-based society for persons with disabilities in the region. An “inclusive” society means a society for all and a “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic and cultural barriers. A “rights-based” society means a society based on the concept of human rights, including the right to development,

12. Confirm that the Biwako Millennium Framework for Action is set in the context of relevant disability-specific United Nations international instruments, mandates and recommendations, including General Assembly resolutions 2856 (XXVI) of 20 December 1971 on the Declaration on the Rights of Mentally Retarded Persons, 3447 (XXX) of 9 December 1975 on the Declaration on the Rights of Disabled Persons, 37/52 of 3 December 1982 on the World Programme of Action concerning Disabled Persons, the Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, adopted by the International Labour Organization on 20 June 1983, and its recommendation on that Convention, General Assembly resolution 48/96 of 20 December 1993 on Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Salamanca Statement and Framework for Action on Special Needs Education,

13. Anticipate that the Biwako Millennium Framework for Action will contribute to attaining the millennium development goals and targets as issues relating to persons with disabilities are vital concerns to be addressed in realizing the relevant millennium development goals and targets.

II. PRINCIPLES AND POLICY DIRECTIONS OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

14. To promote the goals of an inclusive, barrier-free and rights-based society for persons with disabilities in the Asian and Pacific region, the Biwako Millennium Framework for Action, is guided by the following principles and policy directions:

- (1) Enact and/or enforce legislation and policies related to equal opportunities and treatment of persons with disabilities and their rights to equity in education, health, information and communications, training and employment, social services and other areas. Such legislation and policies should include persons with all types of disabilities, women and men, and people in urban and remote and rural areas. They should be rights-based and promote inclusive and multisectoral approaches.
- (2) Include disability dimensions in all new and existing laws, policies plans, programmes and schemes.
- (3) Establish or strengthen national coordination committees on disability which will develop and coordinate the implementation and monitoring of the policies concerning disability, with effective participation from organizations of and for persons with disabilities.
- (4) Support the development of persons with disabilities and their organizations and include them in the national policy decision-making process on disability, with special focus on the development of women with disabilities and their participation in self-help organizations of persons with disabilities as well as in mainstream gender initiatives.

- (5) Ensure that disabled persons be an integral part of efforts to achieve the millennium development goals, particularly in the areas of poverty alleviation, primary education, gender and youth employment.
- (6) Strengthen national capacity in data collection and analysis concerning disability statistics to support policy formulation and programme implementation.
- (7) Adopt a policy of early intervention in all multisectoral areas, including education, health and rehabilitation, and social services for children with disabilities from birth to four years.
- (8) Strengthen community-based approaches in the prevention of causes of disability, rehabilitation and equalization of opportunities for persons with disabilities.
- (9) Adopt the concept of universal and inclusive design for all citizens, which is cost-effective, in the development of infrastructure and services in the areas of, inter alia, rural and urban development, housing, transport and telecommunication.

III. PRIORITY AREAS FOR ACTION

15. Further efforts need to focus on priority areas where progress was found inadequate and action was lagging during the implementation of the Asian and Pacific Decade of Disabled Persons, 1993-2002. By resolution 58/4, Governments in the region defined the priority policy areas as:

- (a) Self-help organizations of persons with disabilities and related family and parent associations;
- (b) Women with disabilities;
- (c) Early detection, early intervention and education;
- (d) Training and employment, including self-employment;
- (e) Access to built environments and public transport;
- (f) Access to information and communications, including information, communications and assistive technologies;
- (g) Poverty alleviation through capacity-building, social security and sustainable livelihood programmes.

IV. TARGETS AND ACTION IN THE PRIORITY AREAS

A. Self-help organizations of persons with disabilities and related family and parent associations

1. Critical issues

16. Persons with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other persons with disabilities. Evidence suggests that the quality of life of persons with disabilities, and of the broader community, improves when disabled persons themselves actively voice their concerns and participate in decision-making. Self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy, legislation and strategies which will ensure their full participation in social, economic, cultural and political life and enable them to contribute to the development of their communities.

17. It is imperative to recognize the right of persons with disabilities to self-representation and to strengthen their capacity to participate in the decision-making process. Persons with disabilities must articulate their own issues and advocate for reforms that will bring about their development and independent living in their communities and society at large. However, when children and others are not able to represent themselves, their parents, family members and other supporters should be encouraged and enabled to help advocate their rights and needs until such support is no longer necessary.

18. The development of a democratic, representative disability movement is one way to help ensure that government provision is appropriate to the needs and rights of persons with disabilities. Self-help organizations of persons with disabilities should include groups and organizations from rural areas as

well as those of particularly marginalized disabled persons such as women and girls with disabilities, persons with intellectual disabilities and persons with psychiatric disabilities.

2. Targets

Target 1. Governments, international funding agencies and non-governmental organizations (NGOs) should, by 2004, establish policies with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities in all areas, and with a specific focus on slum and rural dwellers. Governments should take steps to ensure the formation of parents associations at local levels by the year 2005 and federate them at the national level by year 2010.

Target 2. Governments and civil society organizations should, by 2005, fully include organizations of persons with disabilities in their decision-making processes involving planning and programme implementation which directly and indirectly affect their lives.

3. Action required to achieve targets

1. Governments should implement measures under the direction of the national coordination committee on disability to increase the level of consultations between self-help organizations of persons with disabilities and diverse sectoral ministries, as well as with civil society and the private sector. These measures should include training of persons with disabilities, including women with disabilities, on how to participate effectively in the various decision-making processes. Governments should establish guidelines for the conduct of consultations and the process should be periodically reviewed and evaluated by representatives of self-help organizations of persons with diverse disabilities.
2. Governments should establish a policy review panel within the national coordination committee on disability consisting of representatives of persons with diverse disabilities. The panel should review all policies and their implementation which directly or indirectly affect persons with disabilities.
3. Governments should take action to increase the representation of persons with disabilities in all areas of public life, including government, at all levels from national to local, as well as the legislature and judicial bodies. This should be promoted by means of affirmative action and anti-discrimination legislation.
4. Self-help organizations should develop programmes for capacity-building to empower their members, including youth and women with disabilities, to take consultative and leadership roles in the community at large as well as in their own organizations and enable them to serve as trainers in the development of leadership and management skills of members of self-help organizations.
5. National self-help organizations of diverse disability groups should develop mechanisms to engage rural persons with disabilities in self-help organizations for mutual support, advocacy and referral to programmes and services, and to collaborate actively with rural and urban development NGOs and Government in rural development initiatives.
6. International funding agencies and NGOs should give high priority in their development policies to providing funding and technical assistance to promote and strengthen self-help organizations of persons with disabilities.

B. Women with disabilities

1. Critical issues

19. Women with disabilities are one of the most marginalized groups in society, as they are multiply disadvantaged through their status as women, as persons with disabilities, and are over-represented among persons living in poverty. Women and girls with disabilities, to a greater extent than boys and men with disabilities, face discrimination within the family, are denied access to health care, education, vocational training, employment and income generation opportunities, and are excluded from social and community activities.

20. Women and girls with disabilities encounter further discrimination as they are exposed to greater risk of physical and sexual abuse, denial of their reproductive rights, and reduced opportunity to enter marriage and family life. In rural areas girls and women are more disadvantaged, with higher rates of illiteracy, and lack of access to information and services. Stigmatized and rejected from earliest

childhood and denied opportunities for development, girls with disabilities grow up lacking a sense of self-worth and self-esteem and are denied access to the roles of women in their communities.

21. Within some self-help organizations of persons with disabilities in some countries in the region, women with disabilities have faced further discrimination. Women with disabilities are under-represented in membership of such organizations and scarcely visible in leadership and executive roles. Their concerns are not addressed in the advocacy agenda of self-help organizations and young women with disabilities have not been targeted for leadership training.

22. The mainstream gender movement, which has had a significant effect on improving the equality of lives of non-disabled women, has had minimal effect on the lives of women with disabilities. Women with disabilities have not been included in membership of mainstream gender organizations, their issues have not been addressed other than to note that they are of special concern and they have lacked the advocacy skills to change this situation.

23. Governments have a special responsibility in rectifying the imbalances, providing the needed support services and promoting the full participation of women with disabilities in mainstream development.

2. Targets

Target 3. Governments should, by 2005, ensure anti-discrimination measures, where appropriate, which safeguard the rights of women with disabilities.

Target 4. National self-help organizations of persons with disabilities should, by 2005, adopt policies to promote the full participation and equal representation of women with disabilities in their activities, including in management, organizational training and advocacy programmes.

Target 5. Women with disabilities should, by 2005, be included in the membership of national mainstream women's associations.

3. Action required to achieve targets

1. Governments should implement measures to uphold the rights of women with disabilities and to protect them from discrimination. In particular, measures should be implemented to ensure equal access to health services, education, training and employment, and protection from sexual and other forms of abuse and violence.
2. Governments, NGOs and self-help organizations should implement programmes to raise the public's awareness of the situation of women with disabilities and to promote positive attitudes, role models and opportunities for their development.
3. Governments may facilitate the establishment of a mechanism at the regional, national and subnational levels to disseminate relevant gender-related information among women with disabilities. The information should include, but not be limited to, international documents and information on national legislation.
4. Self-help organizations of persons with disabilities should ensure that women with disabilities are represented at the local, national and regional levels of the organizations.
5. Self-help organizations should ensure that women with disabilities constitute at least half of their delegations at meetings, workshops and seminars.
6. Women with disabilities should be encouraged to take part in and be given priority in receiving training opportunities in managerial and general subjects provided by self-help organizations.
7. Governments, NGOs, self-help organizations and donors should provide leadership training for women with disabilities to raise their awareness of gender issues and to increase their capacity to participate in policy and decision-making processes at all levels of self-help organizations of persons with disabilities and in advocacy and consultative roles with Government and in civil society.
8. Women with disabilities should form self-help groups within self-help organizations and form national and regional networks as a means of support and of disseminating and sharing information.

9. Groups and networks of women with disabilities should promote the development of girls with disabilities, with particular emphasis on access to education, health information, training and social development.
10. National and regional groups and networks of women with disabilities should advocate to mainstream women's groups for the inclusion of women with disabilities, their self-help groups and concerns into the organizations and networks of mainstream women's groups, for information dissemination and support.
11. Mainstream women's organizations should specifically include women with disabilities in their training programmes through providing accessible venues, arrangements and support as well as training materials in accessible formats.
12. All agencies, including Governments, NGOs, self-help organizations, donors and civil society must promote and uphold at all times the rights of women with disabilities to choice and self-determination.

C. Early detection, early intervention and education

1. Critical issues

24. Available evidence suggests that less than 10 per cent of children and youth with disabilities have access to any form of education. This compares with an enrolment rate of over 70 per cent for non-disabled children and youth in primary education in the Asian and Pacific region. This situation exists despite international mandates declaring that education is a basic right for all children and calling for the inclusion of all children in primary education by 2015. Governments should ensure the provision of appropriate education which responds to the needs of children with all types of disabilities in the next decade. It is recognized that there is wide variation in the response which Governments in the Asian and Pacific region have made in providing education for children with disabilities, and that children are currently educated in a variety of formal and informal educational settings, and in separate and inclusive schools.

25. The exclusion of children and youth with disabilities from education results in their exclusion from opportunities for further development, particularly diminishing their access to vocational training, employment, income generation and business development. Failure to access education and training prevents the achievement of economic and social independence and increases vulnerability to poverty in what can become a self-perpetuating, inter-generational cycle.

26. Infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to four years old), with support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities. Provision of early intervention should be a combined effort of Education, Health and/or Social Services.

27. Currently education for children and youth with disabilities is predominantly provided in special schools in urban centres and is available to limited numbers of children in many countries of the Asian and Pacific region. The Salamanca Statement and Framework for Action on Special Needs Education recommended that inclusive education, with access to education in the regular local neighbourhood or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas. Exceptions to this rule should be considered on a case-by-case basis where only education in a special school or establishment can be shown to meet the needs of the individual child. It is acknowledged that in some instances special education may be considered to be the most appropriate form of education for some children with disabilities.¹ The education of all children, including children with disabilities, in local or community schools assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion within communities. The involvement of parents and the local community in community schools further strengthens this process.

28. Major barriers to the provision of quality education for children with disabilities in all educational contexts include the lack of early identification and intervention services, negative attitudes,

¹ See General Assembly resolution 48/96 of 20 December 1993 on Standard Rules on the Equalization of Opportunities for Persons with Disabilities, annex, rule 6. Education, para. 8.

exclusionary policies and practices, inadequate teacher training, particularly training of all regular teachers to teach children with diverse abilities, inflexible curriculum and assessment procedures, inadequate specialist support staff to assist teachers of special and regular classes, lack of appropriate teaching equipment and devices, and failure to make modifications to the school environment to make it fully accessible. These barriers can be overcome through policy, planning, implementation of strategies and allocation of resources to include children and youth with disabilities in all national health and education development initiatives available to non-disabled children and youth.

29. Governments, in collaboration with other stakeholders, need to provide sport, leisure and recreational activities and facilities for persons with disabilities, as the fulfillment of their basic rights to the improvement of life.

2. Millennium development goal

30. In this priority area the millennium development goal is to ensure that by the year 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.

3. Targets

- Target 6.* Children and youth with disabilities will be an integral part of the population targeted by the millennium development goal of ensuring that by 2015 all boys and girls will complete a full course of primary schooling.
- Target 7.* At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling.
- Target 8.* By 2012, all infants and young children (birth to four years old) will have access to and receive community-based early intervention services, which ensure survival, with support and training for their families.
- Target 9.* Governments should ensure detection of disabilities at as early an age as possible.

4. Action required to achieve targets

1. Governments should enact legislation, with enforcement mechanisms, to mandate education for all children, including children with disabilities, to meet the goals of the Dakar Framework for Action and the millennium development goal of primary education for all children by 2015. Children with disabilities need to be explicitly included in all national plans for education, including national plans on education for all of the Dakar Framework for Action.
2. Ministries of Education should formulate educational policy and planning in consultation with families and organizations of persons with disabilities and develop programmes of education which enable children with disabilities to attend their local primary schools. Policy implementation needs to prepare the school system for inclusive education, where appropriate, with the clear understanding that all children have the right to attend school and that it is the responsibility of the school to accommodate differences in learners.
3. A range of educational options should be available to allow the selection of a school that will best cater for individual learning needs.
4. Adequate public budgetary allocation specifically for the education of children with disabilities should be provided within the education budget.
5. Governments, in collaboration with others, should collect comprehensive data on children with disabilities, from birth to 16 years old, which should be used for planning appropriate early intervention and educational provision, resources and support services, from birth through school age.
6. Five year targets should be set for the enrolment of children with disabilities in early intervention, pre-school, primary, secondary and tertiary (post-school) education. Progress towards meeting these targets should be closely monitored with a view to achieving the goal of 75 per cent of children with disabilities in school by 2012.
7. Ministries of Health and other concerned ministries should establish adequate early detection and identification services in hospitals, primary health care, centre and community-based health care services, with referral systems to early intervention services for all disabled

infants and children (birth to four years old). Governments should routinely screen high-risk pregnancies and high-risk newborn babies for early detection of disabilities at birth or soon thereafter.

8. Ministries of Health and Education should establish early intervention services, in collaboration with other concerned ministries, self-help organizations, NGO and community-based agencies, to provide early intervention, support and training to all disabled infants and children with disabilities (birth to four years old) and their families.
9. Governments, including Ministries of Education, should work in partnership with NGOs at the national and local level to conduct public awareness campaigns to inform families of children with disabilities, schools and local communities, of the right of children and youth with disabilities to participate in education at all levels, in urban and rural areas, and with particular emphasis on the inclusion of girls with disabilities where there is a gender imbalance in school attendance.
10. The following measures should be taken, where appropriate, by Governments in the region to improve the quality of education in all schools, for all children, including children with disabilities, in special and inclusive educational contexts: (a) conduct education and training for raising the awareness of public officials, including educational and school administrators and teachers, to promote positive attitudes to the education of children with disabilities, increase sensitivity to the rights of children with disabilities to be educated in local schools and on practical strategies for including children and youth with disabilities in regular schools; (b) provide comprehensive pre- and in-service teacher training for all teachers, with methodology and techniques for teaching children with diverse abilities, the development of flexible curriculum, teaching and assessment strategies; (c) encourage suitable candidates with disabilities to enter the teaching profession; (d) establish procedures for child screening, identification and placement, child-centred and individualized teaching strategies and full systems of learning and teaching support, including resource centres and specialist teachers, in rural and urban areas; (e) ensure the availability of appropriate and accessible teaching materials, equipment and devices, unencumbered by copyright restriction; (f) ensure flexible and adaptable curriculum, appropriate to the abilities of individual children and relevant in the local context; (g) ensure assessment and monitoring procedures are appropriate for the diverse needs of learners.
11. Governments should implement a progressive programme towards achieving barrier-free and accessible schools and accessible school transport by 2012.
12. Governments should encourage programmes of research at tertiary institutions to develop further effective methodologies for teaching children and youth with diverse abilities.
13. Organizations of and for disabled persons should place advocacy for the education of children with disabilities as a high priority item on their agenda.
14. Regional cooperation needs to be strengthened to facilitate the sharing of experiences and good practices and to support the development of inclusive education initiatives.

D. Training and employment, including self-employment

1. Critical issues

31. The challenge of integrating and including persons with disabilities in the economic mainstream has not been met. Despite international standards and the implementation of exemplary training and employment legislation, policies and practices in some countries, persons with disabilities, and especially women, youth and those in rural areas, remain disproportionately undereducated, untrained, unemployed, underemployed and poor.

32. Persons with disabilities have a right to decent work. Decent work is productive work in conditions of freedom, equity, security and human dignity. Persons with disabilities have unique differences and abilities and they should have the right to choose what they want to do based on their abilities, not on their disabilities. They require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and

contribution. Furthermore, a lifetime of exclusion often results in psychosocial barriers, which must be addressed if persons with disabilities are to succeed in training and employment situations.

33. Vocational training and employment issues must be considered within the context of the full participation of persons with disabilities in community life and within the macro context of changing demographics and workplaces. Responses to issues such as globalization, job security, poverty reduction and unemployment among youth and older workers must also consider how these issues and responses affect persons with disabilities.

34. Generally, there is a lack of trained and competent staff working with persons with disabilities, especially with regard to training and employment. Other capacity issues that relate to developing, implementing, evaluating and disseminating effective policies and programmes on national and regional levels must continue to be addressed. Persons with disabilities must also be regularly and actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services.

2. Targets

Target 10. At least 30 per cent of the signatories (member States) will ratify the International Labour Organization Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, by 2012.

Target 11. By 2012, at least 30 per cent of all vocational training programmes in signatory countries will be inclusive of persons with disabilities and provide appropriate support and job placement or business development services for them.

Target 12. By 2010, reliable data that measure the employment and self-employment rates of persons with disabilities will exist in all countries.

3. Action required to achieve targets

1. Governments should examine, ratify and implement the Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983.
2. Governments should have policies, a written plan, a coordinating body and some mechanism to evaluate the success of including persons with disabilities in training, employment, self-employment and poverty alleviation programmes. These activities should include consultations with organizations of and for persons with disabilities as well as employers' and workers' organizations.
3. Governments should develop and implement employer incentives and strategies to move persons with disabilities into open employment and recognize that government, as a major employer in most countries, should be a model employer with regard to the hiring, retention and advancement of workers with disabilities.
4. Governments should examine and/or enact anti-discrimination legislation, where appropriate, that protects the rights of workers with disabilities to equal treatment and opportunity in the workplace and in the marketplace. Governments should encourage and promote employment of persons with disabilities in the private sector and should provide a mechanism for the protection of rights of those persons with disabilities affected by layoffs and downsizing exercises.
5. Governments, international organizations, NGOs, training institutions and other social partners should collaborate to increase the availability and upgrade the competencies of staff providing training, employment and vocational rehabilitation services to ensure that trained and competent staff are available. Persons with disabilities should be actively recruited and included in such training programmes and hired as staff.
6. Governments, with the assistance of NGOs, should ensure that persons with disabilities have the support services they require to participate in mainstream vocational training and employment, and allocate the additional funds required to remove barriers to inclusion, with the full recognition that the price tag related to exclusion is higher.
7. Governments, NGOs and disabled persons' organizations should collaborate more with employers, trade unions and other social partners to develop partnerships, policies, mutual understanding and more effective vocational training and employment services that benefit persons with disabilities working in formal, informal or self-employment settings.

8. Governments, in collaboration with employers' organizations, workers' organizations, organizations of and for persons with disabilities and other social partners should review current policies, practices and outcomes related to the vocational training of persons with disabilities to identify gaps and needs and develop a plan to meet these needs in the light of workplace changes related to globalization, ICT and the needs of persons with disabilities living in remote and rural communities.
9. Funds must be allocated to meet the needs of those with the most extensive disabilities to provide training and employment services in dignified and inclusive settings to the extent possible, by using strategies such as transitional and production workshops and community-based and supported employment.
10. Recognizing the lack of formal job opportunities in many countries, Governments, international agencies, donors, NGOs and others in civil society must ensure that persons with disabilities and organizations of and for persons with disabilities have equitable access and are included in programmes related to business development, entrepreneurship and credit distribution.
11. Regional organizations, including those of persons with disabilities, in collaboration with national governments and international agencies, should develop mechanisms for the collection and dissemination of information related to good practices in all aspects of training and employment, especially those that reflect regional and cultural needs.

E. Access to built environments and public transport

1. Critical issues

35. Inaccessibility to the built environment, including the public transport system, is still the major barrier which prevents persons with disabilities from actively participating in social and economic activities in the countries of the region. Some Governments recognize disabled persons' basic right to equal access to built environments. Creating inaccessible built environments, streets and transport systems discriminates against persons with disabilities and other members of society. The concept of universal/inclusive design has emerged as a result of the struggle of persons with disabilities for accessible physical environments. Universal/inclusive design approaches have proven to benefit not only persons with disabilities but also many other sectors within the society, such as older persons, pregnant women and parents with young children.

36. Most of the world's population of older persons resides in the Asian and Pacific region. The numbers are expected to increase dramatically given current demographic trends. The proportion of older women is also steadily growing given that women outlive men in nearly all countries, both rich and poor. As more people - men and women - survive to older age, the numbers of older people with disabilities are rising. Additionally, the onset of physical disability in old age will only exacerbate the social stigma older persons face as they are often viewed as burdens and liabilities. All persons with disabilities, however, whether young or old, have issues in common which affect them equally. These include the barriers in our environment, such as the lack of access to built environments and public transport.

37. The universal/inclusive design approaches provide safer environments for all by reducing the rate of accidents. Physical barriers are known to prevent full participation and reduce the economic and social output of persons with disabilities. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds, particularly in areas most critical to social and economic participation (e.g., transport, housing, education, employment, health care, government, public discourse, cultural and religious activities, leisure and recreation). It is important to note that not only facilities but also services should be accessible in their entirety. In this connection dealing with persons with disabilities should be an important part of a staff training curriculum.

2. Targets

Target 13. Governments should adopt and enforce accessibility standards for planning of public facilities, infrastructure and transport, including those in rural/agricultural contexts.

Target 14. All new and renovated public transport systems, including road, water, light and heavy mass railway and air transport systems, should be made fully accessible by persons with disabilities and older persons; existing land, water and air public transport systems

(vehicles, stops and terminals) should be made accessible and usable as soon as practicable.

Target 15. All international and regional funding agencies for infrastructure development should include universal and inclusive design concepts in their loan/grant award criteria.

3. Action required to achieve targets

1. Governments, in collaboration with disabled persons' organizations, civil society groups such as professional architecture and engineering associations and others in the corporate sector, should support the establishment of national and/or regional mechanisms to exchange information on means to realize accessible environments, with display, library and research facilities, and information centres and should network with research and/or educational architectural and engineering establishments.
2. Ensure that professional education and academic courses in architecture, planning and landscape and building and engineering contain inclusive design principles; "teaching the teachers" courses in effective teaching of practical accessible design are established for all design schools in the region, including travelling workshops which involve the active participation of persons with disabilities; and support continuing education professional development courses on best practices in inclusive design techniques for experienced practitioners, including those professionals who work closely with the end-users, such as community-based rehabilitation personnel.
3. Encourage innovative techniques, such as through design competitions, architectural and other awards and various other forms of support, to identify particular applications that enhance accessibility and apply local knowledge and materials. Local materials to make built environments accessible, e.g., tactile blocks and non-slip floor tiles, should be developed and made available. Networks to disseminate innovative techniques should be developed.
4. Support the establishment of appraisal mechanisms on how codes and standards have been developed, applied and enforced and how they have increased accessibility in various countries. Feedback and case studies on areas (rather than on a single new or upgraded building) are important, with publicity and dissemination of the findings, and show how improvements could be made.
5. Ensure that the accessibility needs of persons with disabilities be included in all rural/agricultural development programmes, including but not limited to access and use of sanitation facilities and water supply through a process of consultation that includes disabled user-groups.
6. Create access officers or posts which include the function of access officers at local, provincial and national levels whose functions include providing architects/designers/developers with technical advice and information on access codes and application of inclusive design, and appropriate technology in the natural and built environments in rural, peri-urban and urban contexts.
7. Disabled persons' organizations should implement confidence-building and advocacy measures to present their needs collectively and effectively in the built environment in one voice representing the needs of different disability groups, including not only persons with physical, visual and hearing disabilities but also persons with intellectual disabilities.

F. Access to information and communications, including information, communication and assistive technologies

1. Critical issues

38. ICT has been the engine of economic growth and continues to spur the globalization process. However, the benefits of ICT development have spread unevenly between the haves and the have-nots and between developed and developing countries.

39. The effects of ICT upon persons with disabilities have been both positive and negative. Many disabled persons benefit from ICT development, as the technologies are opening up opportunities for employment at all skill levels and opportunities to live independently in the community. Deaf-blind persons, with proper training, are using a refreshable Braille screen reader and persons with severe

cerebral palsy are taking part in information exchange through the Internet. However, benefits are still largely limited to persons with disabilities in more developed countries. The rapid development of ICT has given rise to unanticipated problems for persons with certain disabilities. For example, online processes for registration, banking or shopping transactions may not be accessible to persons with cognitive/intellectual, physical or visual and/or auditory disabilities.

40. The majority of disabled persons in the developing countries in the Asian and Pacific region are poor and have been excluded from ICT use, although there is a great potential benefit for the use of ICT in rural areas in developing countries.

41. The Tokyo Declaration on Asia-Pacific Renaissance through ICT in the Twenty-first Century, adopted by the Asia-Pacific Summit on the Information Society, organized by the Asia-Pacific Telecommunity and held at Tokyo in November 2000, declared that people in the Asian and Pacific region should have access to the Internet by the year 2005 to the extent possible. It also recognized disability as one of the causes of the digital divide, along with income, age and gender. The World Summit on the Information Society will be held at Geneva in 2003 and at Tunis in 2005. At the Summit, issues concerning persons with disabilities and other disadvantaged groups should be considered.

42. In the information society, access to information and communications is a basic human right. Copyright owners should bear responsibility for ensuring that content is accessible to all, including persons with disabilities. Any anti-piracy or digital rights management technology should not prevent persons with disabilities from access to information and communications.² Information and communication technology should break down the barriers in telecommunication and broadcasting systems. Developing countries need greater support in the area of ICT.

43. In many countries in Asia and the Pacific, Sign Language, Braille, finger Braille and tactile sign language have not yet been standardized. These and other forms of communication need to be developed and disseminated. Without access to such forms of communication, persons with visual and/or hearing impairments cannot benefit from ICT developments. More importantly, they maybe deprived of the basic human right to language and communication in their everyday lives.

2. Targets

Target 16. By 2005, persons with disabilities should have at least the same rate of access to the Internet and related services as the rest of citizens in a country of the region.

Target 17. International organizations (e.g., International Telecommunication Union, International Organization for Standardization, World Trade Organization, World Wide Web Consortium, Motion Picture Engineering Group) responsible for international ICT

² The right to information and communications should include, but not be limited to, disabled persons' access to:

- Computer hardware/software and related accessory devices purchased and used by state agencies or purchased and owned by private agencies for public use;
- Public communication facilities;
- Broadcasting systems, including community radio, video content and digital television;
- Telecommunication systems, including telephone service;
- The Internet, including web, multimedia content, internet telephony and software used to create web content;
- Other consumer electronic/communication devices, including mobile communication devices;
- Interactive transaction machines, including kiosk machines;
- Services provided through electronic information systems;
- Instructional materials, including textbooks, teachers' edition and electronic learning environments;
- Spoken language through sign language interpretation and vice versa;
- Information and communication in the individuals' mother tongue, including indigenous languages which may not have their own written scripts;
- Any print materials, through all means, such as computer screen readers, Braille, other augmentative and alternative methods;
- Any future ICT intended for public use.

When, for whatever reasons, direct access by persons with disabilities to the items listed above cannot be readily achieved, ICT developers should ensure effective interoperability of their products and services with assistive technology used by persons with disabilities.

standards should, by 2004, incorporate accessibility standards for persons with disabilities in their international ICT standards.

Target 18. Governments should adopt, by 2005, ICT accessibility guidelines for persons with disabilities in their national ICT policies and specifically include persons with disabilities as their target beneficiary group with appropriate measures.

Target 19. Governments should develop and coordinate a standardized sign language, finger Braille, tactile sign language, in each country and to disseminate and teach the results through all means, i.e. publications, CD-ROMs, etc.

Target 20. Governments should establish a system in each country to train and dispatch sign language interpreters, Braille transcribers, finger Braille interpreters, and human readers and to encourage their employment.

3. Action required to achieve targets

1. Governments should promulgate and enforce laws, policies and programmes to monitor and protect the right of persons with disabilities to information and communication; for instance, legislation providing copyright exemptions to organizations which make information content accessible to persons with disabilities, under certain conditions.

Governments, in collaboration with other concerned agencies and civil society organizations, should:

2. Set up an ICT accessibility unit within the ICT ministry/regulatory agency, and encourage private companies to establish an equivalent unit to coordinate activities within and outside agencies/companies.
3. Conduct and encourage awareness-raising training for ICT policy makers, regulatory agencies, representatives as well as technical personnel of private ICT companies to raise understanding of disability issues, including disabled persons' ICT accessibility needs, their capability and aspiration to be productive members of society.
4. Support computer literacy training and capacity-building for persons with disabilities, through training on how to communicate with software and hardware developers and standards organizations to address their needs.
5. Provide various forms of incentives, including exemption of duties for ICT devices used by persons with disabilities and subsidize the cost of assistive technology equipment to ensure that they are affordable for persons with disabilities in need.
6. Support the creation and strengthening of networks, including cooperatives, of consumers with disabilities at the national, regional and international levels in order to increase the bargaining and buying power for ICT products and services, which are generally expensive to buy individually.
7. Take all necessary steps to ensure, in the development of measures and standards relating to ICT accessibility, that organizations of persons with disabilities are involved in all stages of the process.
8. Adopt and support ICT development based on international standards which are universal/open/non-proprietary to ensure the long-term commitment to ICT accessibility for persons with disabilities among all sectors, with special attention to standards that have accessibility components and features with a proven record of effectiveness. Examples of these are the Web Accessibility Initiative of the World Wide Web Consortium and the Digital Accessible Information System Consortium.
9. Require that local language applications and content use national/international standard character encoding and modelling, such as the Unified Modeling Language, and encourage dialogue on accessibility requirements of character encoding and modelling.
10. Support participation of civil society organizations representing and reflecting the requirements of persons with disabilities in discussions on regional and international standards towards a goal of increased harmonization of international standards supporting the requirements of persons with disabilities. Where such international standards are lacking, Governments should support alternative initiatives to address those needs, with attention to compatibility and interoperability with international standards.

11. Bilateral and multilateral donor agencies and international funding agencies should adopt award criteria based on the social responsibility of the receiving agencies/organizations, including their obligation to promote ICT accessibility for persons with disabilities.
12. Support and establish a regional working group to develop standards in ICT, telecommunication and broadcasting to ensure that new and existing technologies are based on disability inclusive standards and are developed on a universal design concept. In addition to ICT, measures to ensure communication of persons with disabilities, including development of standardized Sign Language and Braille, need to be established.

G. Poverty alleviation through capacity-building, social security and sustainable livelihood programmes

1. Critical issues

44. In the Asian and Pacific region, it is estimated that of 400 million persons with disabilities, over 40 per cent are living in poverty. Those persons with disabilities have been prevented from accessing entitlements available to other members of society, including health, food, education, employment and other basic social services, and from participating in community decision-making processes.

45. Poverty is both a cause and consequence of disability. Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family.

46. The increasing numbers and proportions of older people living to advanced old age has meant that the number of persons with disabilities will increase and this may be a contributing factor to human poverty. The issues of concern for older persons have to do with disabilities related to ageing and the provision of appropriate health care and social security. In ageing societies, especially, these issues will have a profound impact on national health and long-term care systems and on whether social security schemes are sufficient as currently constituted.

47. The main factors that account for the low level of social services for poor persons with disabilities are household-based and community-based. However, there is little knowledge about the determining factors for the low welfare level of persons with disabilities in the developing countries of the region. Social and economic survey data at the household and community levels, which are necessary for an analysis of the factors, are lacking. It is important to examine to what extent the development of community-level infrastructure affects the provision of services for poor persons with disabilities.

48. An integrated approach is required, linking prevention and rehabilitation with empowerment strategies and changes in attitudes. The significance of disability should be assessed as a key development issue and its importance should be recognized in relation to poverty, human rights and the achievement of internationally agreed development targets. Eliminating world poverty is unlikely to be achieved unless the rights and needs of persons with disabilities are taken into account.

49. One of the millennium development goals has a specific target of poverty eradication. This is a positive approach. However, there is a danger that this strategy may omit the important vulnerable group of persons with disabilities as efforts to achieve the targets could focus on those who can be brought out of poverty most easily and not those in extreme poverty, among whom persons with disabilities are disproportionately represented. The root causes of poverty of persons with disabilities are far more complicated and multifaceted. Hence, conscious efforts should be made to include persons with disabilities in the target groups given priority in the poverty reduction strategy to achieve the millennium development goals.

2. Millennium development goals

50. The relevant millennium development goal in this priority area is to halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger, and by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water.

3. Targets

Target 21. Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day.

4. Action required to achieve targets

1. Governments should immediately include, as a major target group, persons with disabilities in their national poverty alleviation programmes in order to achieve the millennium development goal target to eradicate extreme poverty and hunger.
 2. Governments should allocate adequate rural development and poverty alleviation funds towards services for the benefit of persons with disabilities.
 3. Government should include disability dimensions and poverty mapping and disability into the collection and analysis of millennium development goal baseline data on income poverty, education, health, etc., so as to ensure baseline data for poor persons with disabilities.
 4. Government should mainstream disability issues into pro-poor development strategies through:
 - (a) Increased resource allocation for poor persons with disabilities and the introduction of social budgeting for disability;
 - (b) Participatory evaluation of existing social and economic policies through more effective methodologies, including the use of citizen's report card method;
 - (c) Establishment of appropriate social protection schemes, such as schooling subsidy and/or health insurance for poor families with disabled children and older persons with physical and mental disabilities;
 - (d) Comprehensive development policies targeting persons with disabilities and families with disabled persons.
 5. Governments should document and disseminate good field-based practices in poverty alleviation for persons with disabilities that can be used as models for capacity-building in government sectoral ministries, civil society organizations and the private sector.
 6. Governments should encourage the building of strategic alliances among and advocating the importance of disability issues to policy makers. organizations of persons with disabilities and community development organizations, with assistance from the United Nations system, with a view to incorporating disability issues into development policies
 7. Preventive measures aimed at minimizing the causes of disability and the provision of rehabilitation services should be an integral part of the normal business of Governments, the private sector and NGOs. Programmes aimed at disability prevention and rehabilitation should be included in national plans, policies and budgets.
 8. Governments should design and adopt a national strategy on prevention of causes of disabilities and rehabilitation for persons with disabilities.
 9. The national strategy should acknowledge the role of all three approaches, institutional, outreach and community-based, in the rehabilitation of persons with disabilities. Community-based approaches, in particular, should be emphasized to achieve maximum coverage and outreach of services as well as to maximize their cost-effectiveness.
 10. The health service delivery structures, both governmental and non-governmental, should include rehabilitation services such as physiotherapy and occupational therapy as well as the provision of essential assistive device services. Little is known about gender-specific measures and health care approaches for mental health and physical disabilities among older women and men. Service provision for mental illness in older people needs attention. Special emphasis should be placed on ensuring that such services are available at the local level, including rural and urban poor areas.
 11. Governments should support the formation of self-help groups of persons with disabilities in rural and urban poor areas and their federations, with a view to developing their capacity in mutual support, advocacy and participation in the decision-making process.
-

V. STRATEGIES TO ACHIEVE THE TARGETS OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

51. The following strategies should support Governments, in collaboration with civil society organizations, in the achievement of targets cited in chapter IV.

A. National plan of action (five years) on disability

52. A national plan of action concerning disability is vital to implement the Biwako Millennium Framework for Action, 2003-2012, at the national and subnational levels.

Strategy 1. Governments should develop, in collaboration with organizations of persons with disabilities and other civil society organizations, and adopt by 2004, a five-year comprehensive national plan of action to implement the targets and strategies of the Biwako Millennium Framework for Action, 2003-2012. The national plan should have inclusive policies and programmes for integrating persons with disabilities into mainstream development plans and programmes.

B. Promotion of a rights-based approach to disability issues

53. A rights-based approach should be taken to advance disability issues. The civil, cultural, economic, political and social rights of persons with disabilities should be addressed and protected. Disability issues should be integrated into national plans relating to development and into a human rights agenda. Globally, more than 40 countries have adopted non-discrimination laws on disability, but only 9 countries in the Asian and Pacific region have done so.

Strategy 2. Governments should examine the adoption of laws and policies and review of existing laws to protect the rights of persons with disabilities, especially to ensure non-discrimination. They should include a clear and specific definition of what constitutes discrimination against persons with disabilities. Such laws and policies should comply with United Nations standards on human rights and disabilities. Persons with disabilities should have equal access to effective remedies to enforce their rights under such laws.

Strategy 3. National human rights institutions should draw special attention to the rights of persons with disabilities and integrate them into the full range of their functions. Governments should consider, according to the concrete circumstances of their countries and areas, establishing an independent disability rights institution to protect the rights of persons with disabilities.

Strategy 4. Governments should ensure that persons with disabilities, including disability groups in civil society, fully participate from an early stage in helping to shape the laws and policies that will affect their lives and in monitoring and evaluating the implementation of these laws and policies and in recommending improvements.

Strategy 5. States should consider ratifying the core international human rights treaties³. After consultation with disability groups, Governments should include specific information about the rights of persons with disabilities in reports submitted to treaty monitoring bodies under the treaties they have ratified.

Strategy 6. Governments should consider support for and contribute to the work of the Ad Hoc Committee established by General Assembly resolution 56/168 of 19 December 2001 to consider proposals for a “comprehensive and integral international convention to promote and protect the rights of persons with disabilities” in the elaboration of the comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities and should encourage and facilitate the full participation of a wide range of disability groups from all regions of the world in contributing to the Committee’s work.

³ Six core human rights treaties are: the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the International Convention on the Elimination of All Forms of Racial Discrimination.

Strategy 7. Governments should include persons with disabilities and their organizations, in their procedures at the national, regional and international levels, concerning the drafting and adoption of the proposed human rights convention on disability, (as decided by General Assembly resolution 56/168 of 19 December 2001) which by passing, will ensure a strong consumer-influenced monitoring mechanism on the rights and responsibilities of persons with disabilities.

C. Disability statistics/common definition of disabilities for planning

54. Lack of adequate data has been one of the most significant factors leading to the neglect of disability issues, including the development of policy and measures to monitor and evaluate its implementation, in the region. In many developing countries, the data collected do not reflect the full extent of disability prevalence. This limitation results in part from the conceptual framework adopted, the scope and coverage of the surveys undertaken, as well as the definitions, classifications and the methodology used for the collection of data on disability. It is also recognized that a common system of defining and classifying disability is not uniformly applied in the region. In this connection, a wider usage of the International Classification of Functioning, Disability and Health in countries of the region will be expected to provide a base for the development of such a common system of defining and classifying disability.

Strategy 8. Governments are encouraged to develop, by 2005, their system for disability-related data collection and analysis and to produce relevant statistics disaggregated by disability to support policy-making and programme planning.

Strategy 9. Governments are encouraged to adopt, by 2005, definitions on disability based on the *Guidelines and Principles for the Development of Disability Statistics*⁴, which will allow intercountry comparison in the region.

D. Strengthened community-based approaches to the prevention of causes of disability, rehabilitation and empowerment of persons with disabilities

55. Many developing countries in the region are now beginning to augment and replace traditional institutional and centralized rehabilitation programmes and projects with approaches better suited to their social and economic environments of poverty, high unemployment and limited resources for social services. Community-based rehabilitation programmes form the hub of such strategies. The community-based approach is particularly appropriate for the prevention of causes of disability, early identification and intervention of children with disabilities, reaching out to persons with disabilities in rural areas, raising awareness and advocacy for the inclusion of persons with disabilities in all activities in the community, including social, cultural and religious activities. Education, training and employment needs could also be met by this approach. It is essential that persons with disabilities exercise choice and control over initiatives for community-based rehabilitation.

Strategy 10. Governments, in collaboration with organizations of persons with disabilities and civil society organizations, should immediately develop national policies, if that has not yet been done, to promote community-based approaches for the prevention of causes of disability, for rehabilitation and for the empowerment of persons with disabilities. Community based rehabilitation (CBR) perspectives should reflect a human rights approach and be modelled on the independent living concept, which includes peer counselling.

VI. COOPERATION AND SUPPORT IN PURSUANCE OF THE BIWAKO MILLENNIUM FRAMEWORK FOR ACTION

A. Subregional cooperation and collaboration

56. One of the important focuses of the new regional framework is to strengthen cooperation and collaboration among Governments at the subregional level. Countries in the same subregion share common concerns, aspirations and constraints and are in the best position to provide mutual support and collaboration. In this regard, Governments in each subregion are requested to formulate their own

⁴ United Nations publication, Sales No. E.01.XVII.15.

subregional priorities and a plan of action to seek mutual support in the implementation of the Biwako Millennium Framework for Action.

Strategy 11. Governments, in cooperation with relevant NGOs, such as the Asian and Pacific Disability Forum, and self-help organizations of persons with disabilities in each subregion of Asia and the Pacific, should establish, by 2004, subregional mechanisms to support governments to achieve targets and strategies contained in the Biwako Millennium Framework for Action.

Strategy 12. Governments in each subregion should collaborate with relevant NGOs in establishing focal points within appropriate subregional organizations with a view to coordinating subregional activities on disability.

B. Regional collaboration

1. Collaboration with the Asian and Pacific Development Center on Disability

57. The Asia-Pacific Development Center on Disability will be established towards 2004 at Bangkok, as a legacy of the Asian and Pacific Decade of Disabled Persons, to promote the empowerment of persons with disabilities and a barrier-free society in the Asian and Pacific region. The Center will serve persons with disabilities and persons working with them in training and information support in the Asian and Pacific region.

Strategy 13. Governments, the United Nations system, civil society organizations and the private sector should collaborate, support and take advantage of the training and communication capability of the Center in the field of disability in the region. Capacity-building of persons with disabilities in the Pacific should be also clearly addressed by the Center.

2. Networking among centres of excellence in focused areas

58. There are government institutes and agencies, as well as civil society and private organizations involved in research and development, implementing new approaches in the field of disabilities in the Asian and Pacific region. It would be useful to identify those institutes/agencies/organizations as centres of excellence and to facilitate the exchange among them of information, experiences and personnel to promote networking, with a view to maximizing cooperation and collaboration. The Asia-Pacific Development Center on Disability could play a supporting role in establishing and maintaining such a network.

Strategy 14. Governments, civil society organizations and the private sector should establish a network of centres of excellence in focused areas to maximize cooperation and collaboration.

Strategy 15. ESCAP and other United Nations agencies should assist in the establishment of a network of centres of excellence in focused areas through the identification and promotion of such centres.

Strategy 16. Governments of the region should enter into a suitable agreement on trade, technology transfer and human resource development for fast and efficient sharing of resources. Governments should also promote regional cooperation, share information and document good practices on the achievements of the Biwako Millennium Framework targets.

C. Interregional collaboration

59. The Asian and Pacific Decade of Disabled Persons, 1993-2002, has influenced developments at the international level, in particular in countries in Africa. The African Decade of Disabled Persons, 2000-2009, was declared in 1999. It is also expected that the Arab Decade of Disabled Persons, 2003-2012, will be declared, which will coincide with the newly extended regional framework on disability in the Asian and Pacific region. In order to strengthen regional programmes, learn from other regional experiences and create synergy among the regional frameworks on disability, interregional exchange activities are important.

Strategy 17. The Asian and Pacific region, the African region and the Western Asian region should strengthen their cooperation and collaboration to create synergy in implementing regional decades through interregional exchange of information, experiences and expertise, which will mutually benefit all the regions

VII. MONITORING AND REVIEW

A. Organization of regional and subregional meetings

60. The Commission, by its resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century, requested the Executive Secretary of ESCAP to report to the Commission biennially until the end of the Decade on the progress made in implementation of that resolution. ESCAP should convene biennial meetings to review achievements and to identify action that may be required to implement the Biwako Millennium Framework for Action. At those meetings, the representatives of national coordination committees on disability matters comprising government ministries/agencies, NGOs, self-help organizations and the media will be invited to present reports to review progress in the implementation of the Biwako Millennium Framework for Action at the national and subnational levels. Self-help organizations of persons with disabilities should be encouraged to participate actively in the review process. Regional meetings should focus one at a time on the targets adopted in the following thematic areas:

- (a) Self-help organizations of persons with disabilities, women with disabilities, education, training and employment;
- (b) Access to built environments and access to information and communications;
- (c) Poverty alleviation through social security and sustainable livelihoods.

61. Governments in each subregion should organize subregional meetings to review achievements and to identify action that may be required to implement the Biwako Millennium Framework for Action based on their subregional priorities and action plan in a similar manner as at the regional level described in the above paragraph.

B. Regional working group to coordinate and monitor the Biwako Millennium Framework for Action

62. A regional working group comprising the United Nations system, Governments and civil society organizations, including organizations of persons with disabilities in the region should meet regularly to coordinate and monitor implementation of the Biwako Millennium Framework for Action.

C. Mid-point review of the Biwako Millennium Framework for Action

63. A mid-point review of the Biwako Millennium Framework for Action should be conducted. Based on the review, the targets and strategic plans for the second half of the Decade may be modified and new targets and strategic plans formulated.

Section 9

Biwako Millennium Framework for Action and the UN Convention on the Rights of Persons with Disabilities — Implications for AusAID's disability-inclusive development strategy

Summary analysis of the Biwako Millennium Framework for Action and the UN Convention on the Rights of Persons with Disabilities — Implications for AusAID's disability-inclusive development strategy

United Nations Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted by the United Nations General Assembly at its 76th Plenary Meeting on 13 December 2006 and is the first human rights treaty of the 21st century. Its purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disability, and to promote respect for their inherent dignity.¹

As at 17 December 2008, there were 138 signatories to the CRPD, and 45 ratifications or accessions.² A number of countries have signed but are yet to ratify the CRPD.³

Australia was one of the first countries to sign the Convention at the opening for signature ceremony in New York on 30 March 2008. Following domestic consultations and completion of procedures for entering into binding international legal agreements, Australia ratified the CRPD on 17 July 2008. Australia was thus one of the first developed countries to ratify the CRPD, and has joined countries around the world in a move that aims to promote a global community in which all people with disability are equal and active citizens. As the Australian Government has made clear, ratification of the CRPD sent an unequivocal message to the world affirming Australia's long-standing commitment to upholding and safeguarding the rights of people with disability.⁴

As a multilateral treaty that creates binding legal obligations, the CRPD is an international benchmark for the rights of people with disability and has significantly more weight than earlier international instruments relating to disability.

The CRPD requires State parties to ensure and promote the rights contained within it so that people with disability—broadly defined to include people who have long-term physical, mental,

¹ The full text of the convention is available at <http://www.un.org/disabilities/>

² See UN list of Parties (updated from time to time) at <http://www2.ohchr.org/english/bodies/ratification/15.htm>

³ See <http://www.un.org/disabilities/countries.asp?id=166>

⁴ Joint media release, Minister for Foreign Affairs, the Hon Stephen Smith MP, Attorney-General, the Hon Robert McClelland MP, and Parliamentary Secretary for Disabilities, the Hon Bill Shorten MP, 18 July 2008, <http://www.foreignminister.gov.au/releases/2008/fa-so80718.html>

intellectual or sensory impairments—are able to achieve all rights and freedoms, and achieve full and active participation in all aspects of life, with dignity and respect.

Human rights are a high priority in existing Australian Government⁵ and AusAID policy, and the rights of people with disability form part of the suite of human rights which Australia is obliged to uphold.

Principles

There are eight guiding principles that underlie the CRPD (Article 3):

- > respect for inherent dignity, individual autonomy and independence
- > non-discrimination
- > full and effective participation and inclusion in society
- > respect for difference and acceptance of people with disability as part of humanity and human diversity
- > equality of opportunity
- > accessibility
- > equality between men and women
- > respect for the capacities of children with disability and their right to preserve their identities.

These principles are appropriate and useful within the context of AusAID's disability-inclusive development strategy, and provide valuable guidance for AusAID in implementing programs and policies.

CRPD—a guiding framework

The CRPD provides a framework that:

- > promotes respect for the dignity and rights of people with disability at the highest international levels
- > provides an international benchmark and accountability mechanism for the protection and promotion of the rights of people with disability
- > is centred on human rights which will, over time, raise awareness and inform laws, regulations, policy and program delivery
- > puts issues facing people with disability at the forefront of national political, government and community agendas, and helps drive cultural change
- > benefits the wider community by promoting universal design (and promotes efficiencies through good design from outset)
- > advances access by people with disability to a fair share of public goods and services and participate in political and public life
- > enables governments, industry, service providers and civil society to ensure people with disability are treated fairly and equitably in all aspects of life.

⁵ Speech by the Prime Minister of Australia, the Hon Kevin Rudd MP, to Australian Parliament, House of Representatives, Hansard, 2 December 2008 (4.46 pm), pp. 27–32, <http://www.aph.gov.au/hansard/hansreps.htm>

Obligations

The CRPD sets out detailed obligations for governments to honour in respect of their own citizens—to promote and protect the rights of people with disability to ensure their full and effective participation across all spheres of life—economic, social, cultural and political. Governments must take steps to put in place policies, laws and practices that will facilitate appropriate inclusion of people with disability, to raise community awareness about disability and counter negative stereotypes, and to urge the private sector to respond to the needs of people with disability.

Countries that have become party to the CRPD must make sure that people with disability enjoy all human rights and fundamental freedoms without discrimination because of disability.

To do this, countries agree to:

- > apply the rights in the CRPD
- > remove or change laws, policies or ways of doing things that discriminate against people with disability
- > take into account the rights of people with disability in policies and programs
- > make sure that government officials act consistently with the obligations in the CRPD
- > prohibit discrimination on the grounds of disability
- > carry out or promote research and development of goods, services and facilities that can be accessed by people with disability, at minimum cost
- > provide accessible information on new technologies which assist people with disability, including mobility aids and devices
- > promote training about the rights of people with disability for people who work with them
- > implement the provisions of the CRPD that apply immediately according to international law and, taking into account available resources, progressively implement the parts relating to economic, social and cultural rights
- > make sure people with disability (including children), through organisations that represent them, have a say in the way the CRPD is implemented.

While Australia bears these obligations within its jurisdiction, in the development context there is an opportunity to provide capacity building and assistance to developing countries to assist them to meet these obligations progressively and to develop and implement appropriate policies, laws, institutions, practices and services.

International assistance—Article 32

Article 32, dealing with international cooperation, requires that state parties recognise the importance of international cooperation and its promotion, in support of national efforts to realise the purpose and objectives of the CRPD, and to undertake appropriate and effective measures in this regard, between and among states and, as appropriate, in partnership with relevant international and regional organisations and civil society—in particular Disabled People's Organisations (DPOs). While there is flexibility in how this measure may be implemented, Article 32 notes that such measures could include, among other things:

- > ensuring that international cooperation and development programs are inclusive of, and accessible to, people with disability
- > facilitating and supporting capacity building, including through the exchange and sharing of information, experiences, training programs and best practices

- > providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies
- > facilitating cooperation in research and access to scientific and technical knowledge.

In becoming a party to the CRPD, Australia agreed to take appropriate and effective measures in international cooperation to support national efforts, including in aid and development.

It should be noted—as recognised in Article 32(2)—that any assistance Australia provides would not detract from the primary obligation of a recipient State Party to fulfil its own obligations under the Convention.

Monitoring and reporting

Article 4(3) of the CRPD requires states to ensure that people with disability are consulted and involved in the development and implementation of legislation and policies to implement the CRPD, and in other decision-making processes concerning issues relating to people with disability.

State Parties to the CRPD are required under Article 33 to designate one or more focal points within government for matters relating to the implementation of the Convention, and to maintain, strengthen, designate or establish independent mechanisms to promote, protect and monitor implementation, which may include national institutions for protection and promotion of human rights. Civil society, including people with disability and DPOs, also has a role in monitoring.

Each State which is a party to the CRPD has a responsibility to prepare a comprehensive report on measures taken to give effect to the obligations in the CRPD and on progress made in that regard. The report must be provided to the Committee on the Rights of Persons with Disabilities, a new UN committee established on 3 November 2008. The first report is due within two years after the entry into force of the CRPD for that country (Art 35) and updates must be provided every four years thereafter.

In its report, a State Party will need to address each article of the CRPD and advise the Committee what it is doing about implementing each particular obligation. After providing its first report, the State will appear before the Committee in person and provide answers to specific questions that the Committee directs at each state individually.

Of relevance to AusAID, Australia will be required to report on measures taken under Article 32 (international assistance).

More broadly, the 12-member expert body will have a role to consider ways and means of enhancing national capacities for implementation of the CRPD, including through international cooperation. The election in New York on 3 November 2008 of an eminent Australian, Professor Ronald McCallum AO, to the new committee is an outstanding achievement and bodes well for the committee's service in promoting the CRPD in countries in our region.

Implications for AusAID's disability-inclusive development strategy

The CRPD provides both the impetus and a principled guiding framework for Australia to provide appropriate international assistance in the area of disability-inclusive development.

The CRPD clearly articulates the rights that should be respected and promoted through AusAID's strategy for disability-inclusive development. It can guide the design and implementation of sectoral and thematic programs to better incorporate the needs of people with disability (e.g. education, infrastructure, gender and governance) and provide a basis for engaging with

partners to assist delivery of services in a way that recognises and provides for people with disability as set out in the CRPD.

The strategy—in both its content and in the means by which it is developed, delivered and implemented—should enable AusAID to ensure that people with disability are considered across the range of aid and development program activities. In doing so, AusAID should continue to undertake activities that directly address specific economic, social, cultural, civil and political rights of people with disability, recognising that at the broadest level the whole Australian aid program contributes to the realisation of human rights. Use of targeted initiatives may be appropriate.

As AusAID's strategy for disability-inclusive development is rolled out, and as it evolves over time, Australia will work with partner countries to assist them in the realisation of substantive compliance across a range of areas covered by the CRPD. This will be based on a needs analysis, and dependent on support from partner governments.

Such assistance could potentially include, for example:

- > measures to improve the rights of women and children with disability (Articles 6, 7)
- > measures to promote community understanding and awareness raising (Article 8), including about living independently and being included in the community (Article 19) and respect for home and the family (Article 23)
- > supporting partners in developing guidelines on accessibility of public facilities and services (Article 9)
- > supporting partners in their emergency planning to assist people with disability in situations of risk and humanitarian emergencies (Article 11)
- > strengthening laws and legal institutions, and training law enforcement personnel to facilitate equality before the law (Article 12); access to justice (Article 13); respect for privacy (Article 22), liberty and security of the person (Article 14); and freedom from torture, inhuman or degrading treatment or punishment, violence and abuse (Articles 15, 16)
- > facilitating access to affordable mobility aids and providing training in how to use them (Article 20)
- > assisting the development of sign languages and developing understanding of accessibility requirements to facilitate freedom of expression (Article 21)
- > working with partner governments to increase their capacity to deliver appropriate and accessible education (Article 24), health and rehabilitation services (Articles 25, 26), vocational training and employment (Article 27), and adequate standards of living and social protection (Article 28)
- > working with partner governments to ensure participation of people with disability in political and public life (Article 29)
- > working with partner governments and sports and cultural commissions to encourage participation in cultural life, recreation, leisure and sport (Article 30)
- > working with national statistics offices and appropriate regional organisations and donors to improve the design, collection and analysis of statistics and data on disability (Article 31)
- > assisting establishing and strengthening national human rights institutions, or other independent institutions and monitoring frameworks (Article 33).

While it will be prudent to start small and scale up over time, practical action based on principles in the CRPD, and measures to ensure that international cooperation and development programs

are inclusive of, and accessible to, people with disability, will assist the aid program to focus on its objective of helping developing countries reduce poverty and achieve sustainable development that benefits all people equally.

By consulting with and actively involving people with disability in the design and implementation of the strategy and its monitoring, and by providing assistance and capacity building to DPOs, AusAID can seek to explicitly honour the principle of including people with disability in the development and implementation of policy reflected in Article 4(3) of the CRPD.

The UN Committee on the Rights of Persons with Disabilities will play a role in monitoring and promoting the implementation of the CRPD, and opportunities for engagement with this committee will be welcomed.

Biwako Millenium Framework for Action: Towards an Inclusive Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (2003–12) ('BMF')

and

Biwako Plus Five: Further Efforts Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific ('Biwako Plus Five')

The BMF⁶ and the Biwako Plus Five⁷ have been adopted by countries in the region and provide guidance for action towards achieving an inclusive society for people with disability in Asia and in the Pacific.

BMF

The BMF was developed during the United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP) first Asian and Pacific Decade of Disabled Persons, 1993–2002. In May 2002, UN ESCAP adopted the resolution 'Promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century', which also proclaimed the extension of the Decade of Disabled Persons, for a further decade until 2012. UN ESCAP declared that this second decade would ensure the paradigm shift from a charity-based approach to a rights-based approach to protect the civil, cultural, economic, political and social rights of people with disability.

Forty-six countries in the Asia and Pacific region, including Australia, UN agencies, the World Bank, the Asian Development Bank, DPOs and non-government organisations have committed to the BMF. It sets out a regional framework and policy recommendations for action by governments and concerned stakeholders to achieve an inclusive, barrier-free and rights-based society for people with disability.

The BMF identifies seven areas for priority action in the decade 2003–2012, and incorporates the Millennium Development Goals and their relevant targets to ensure that concerns relating to people with disability become an integral part of efforts to achieve those goals. For each priority area, critical issues and targets with specific timeframes and actions follow. In all, there are 18

6 <http://www.worlddenable.net/bangkok2003/biwako1.htm>

7 http://www.unescap.org/esid/psis/disability/bmf/APDDP2_2E.pdf

targets and 15 strategies supporting the achievement of those targets. The seven priority areas of the BMF (often raised in regional consultations on the AusAID strategy) are:

- > self-help organisations of people with disability and related family and parent associations
- > women with disabilities
- > early detection, early intervention and education
- > training and employment, including self-employment
- > access to built environments and public transport
- > access to information and communications, including information, communications and assistive technologies
- > poverty alleviation through capacity-building, social security and sustainable livelihood programs.

Four main strategies are outlined in BMF to support governments, in collaboration with civil society organisations, to reach these goals:⁸

- > national plan of action (five years) on disability
- > promotion of a rights-based approach to disability issues
- > disability statistics/common definition of disabilities for planning
- > strengthened community-based approaches to the prevention of causes of disability, rehabilitation and empowerment of people with disability.

Biwako Plus Five

A High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Disabled Persons, 2003–2012, organised by UN ESCAP, was held in Bangkok 19–21 September 2007.⁹ At the meeting, participants:

- > reviewed the progress and challenges in implementing the BMF (noting many targets were not being met)
- > considered and adopted the Biwako Plus Five. (The meeting agreed that the Biwako Plus Five would supplement the BMF and, for the remaining five years of the decade, both the documents would continue to serve as regional guidelines in Asia and the Pacific.)

Biwako Plus Five supplements the BMF by:

- > providing additional actions in the seven priority areas
- > reconfiguring the four strategy areas into five areas with 25 additional strategies
- > adding three further strategies under ‘cooperation and support and monitoring and review’.¹⁰

The reconfigured five areas of strategies in Biwako Plus Five address:

- > reinforcing a rights-based approach to disability issues
- > promoting an enabling environment and strengthening effective mechanisms for policy formulation and implementation
- > improving the availability and quality of data and other information on disability for policy formulation and implementation
- > promoting disability-inclusive development

8 <http://www.worlddenable.net/bangkok2003/biwako4.htm>

9 <http://www.worlddenable.net/bmf5/finalreport.htm>

10 Document E/ESCAP/APDDP(2)/2 paragraph 8, http://www.unescap.org/esid/psis/Disability/bmf/APDDP2_2E.pdf

- > strengthening comprehensive community-based approaches to disability issues for the prevention of the causes of disability and for the rehabilitation and empowerment of people with disability.

The report from the Asia Pacific Disability Forum on outcomes from the meeting notes:

There was optimism that the remaining 5 years of the Decade would see further progress in the implementation of BMF and Biwako Plus Five towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific. However, there is a possibility that the BMF and Biwako Plus Five may become redundant and overtaken by the increasing momentum of the [CRPD].¹¹

Implications for AusAID's disability-inclusive development strategy

Australia should be mindful of existing frameworks and commitments, plans and initiatives that partner countries may already have established under BMF and Biwako Plus Five.

It will be necessary to work with national governments to support and reinforce priority areas for action and strategic approaches and to help coordinate and harmonise donor and implementing partner activities.

The BMF and Biwako Plus Five make valuable contributions. However, the CRPD provides a more widely recognised international framework for full inclusion and participation of people with disability in all aspects of life, and will increasingly become the dominant paradigm for international work and cooperation in relation to disability.

¹¹ http://www.dinf.ne.jp/doc/english/twg/071030_pt_eng.html