Best Practices

FOR INCLUDING PERSONS WITH DISABILITIES IN ALL ASPECTS OF DEVELOPMENT EFFORTS

April 2011

BEST PRACTICES
FOR INCLUDING PERSONS WITH DISABILITIES
IN ALL ASPECTS OF DEVELOPMENT
EFFORTS April 2011

United Nations

NOTE

The designations employed and the presentation of the material in the present publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country or territory or of its authorities, or concerning the delimitations of its frontiers.

The term "country" as used in the text of this review also refers, as appropriate, to territories or areas. The designations of country groups in the text and the tables are intended solely for statistical or analytical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.

Mention of the names of firms and commercial products does not imply the endorsement of the United Nations.

Symbols of United Nations documents are composed of capital letters combined with figures.

PHOTO CREDITS

Cover "Tree House" by Debbie Allaire | WHO Photo Contest "Images of Health and Disability 2007"
Page 1, "Easy access" by Arthur Calasans | WHO Photo Contest "Images of Health and Disability 2005"
Page 4 "Looking ahead uncertain future" by Maria Cierna | WHO Photo Contest "Images of Health and Disability 2007"
Page 9, "Welded" to work by Serge Corrieras | WHO Photo Contest "Images of Health and Disability 2005"

Table of Contents

References

Acronyms

ACLU	American Civil Liberties Union
ADA	Americans with Disabilities Act
ADD	Action on Disability and Development
ADS	Australian Development Scholarship
AIN	Association of International NGOs
ASB	Arbeiter-Samariter-Bund Deutschland e.V.
ASDOWN	Asociación Colombiana de Síndrome de Down (Colombian Down Syndrome Association)
ASOPIECAD	Association of inclusive community education programs Astrid Dellemann
AusAID	Australian Agency for International Development
BESIK	Bee, Saneamentu no Igene iha Komunidade (Water, Sanitation and Hygiene in the Community)
CAB	Children's Advisory Board (United Republic of Tanzania)
CAFOD	Catholic Agency for Overseas Development
CBM	Christoffel-Blindenmission
CBR	Community-based rehabilitation
CCDS	Canadian Centre on Disability Studies
CDD	Centre for Disability and Development
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSID	Centre for Services and Information on Disability
CSO	Civil Society Organization
DCDD	Dutch Coalition on Disability and Development
DDA	Department of Disability Affairs
DGCS	Direzione Generale Cooperazione allo Sviluppo (Italian Ministry of Foreign Affairs General Directorate for Development Cooperation)
DID	disability inclusive development
DPO	Organisations of Persons with Disabilities
DRG	Disability-Inclusive Development Reference Group
DRR	disaster risk reduction
DSHAC	Disability Stakeholders HIV & AIDS Committee (Uganda)
DWASH	District Water Sanitation and Hygiene
DWG	Disability Working Group
ECDD	Ethiopian Centre for Disability and Development
ESET	Ecole Supérieure d'Enseignement Technique
FELAPH	Fédération Locale des Associations de Personnes Handicapées (Local Federation of DPOs)
FELASCOM	Fédération Locale des Associations de Santé Communautaire (Local Federation of Community Health Associations)
FEMAPH	Fédération Malienne des Associations de Personnes Handicapées (Mali Federation of DPOs)
GAATES	Global Alliance on Accessible Technologies and Environments
GoE	Government of Ethiopia
HI	Handicap International
IA	Information-Action
IBP	International Best Practices in Universal Design
IE	inclusive education
II	Inclusion International
ILO	International Labour Organization
INEE	Inter-agency Network on Education in Emergencies
ISO	International Standards Organization
LCD	Leonard Cheshire Disability
LCD-SARO	Leonard Cheshire Disability South Asia Regional Office

LIC	Livable and Inclusive Community
M&E	Monitoring and Evaluation
MADIPHA	Masaka Association of Persons with Disabilities Living with HIV & AIDS
MDGs	Millennium Development Goals
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoE	Ministry of Education
MoLYWCD	Ministry of Labour, Youth, Women and children Development (now Ministry of Youth, Women, Children Development and Social Welfare) (Zanzibar)
MoU	Memorandum of Understanding
NAFOPHANU	National Forum of People living with HIV & AIDS Networks of Uganda
NCDPZ	National Council of Disabled Persons of Zimbabwe
NDAP	National Disability Action Plan
NDP	National Disability Policy
NGO	non-governmental organization
NORAD	Norwegian Agency for Development Cooperation
NORCAP	Norwegian Capacity
NUDIPU	National Union of Disabled Persons of Uganda
OCHA	Office for the Coordination of Humanitarian Affairs
OGG	Office for Good Governance (within OPM)
OHCHR	Office of the High Commissioner for Human Rights (United Nations)
OPM	Office of the Prime Minister
OSF	Open Society Foundation
PIO	Public Information Officer
PNG	Papua New Guinea
PRP	Protracted Relief Programme
PSGs	peer support groups
PSO	Vereniging voor Personele Samenwerking met Ontwikkelingslanden (Association for Staff Cooperation with Developing Countries)
PSS	Pastoral Social Services
RBEC	Regional Bureau for Eastern Europe and the Commonwealth of Independent States (UNDP)
RHTO	Ra'es Hadomi Timor Oan (Timor-Leste Disabled People Organization)
RTI	Right to Information
SAM	Society of African Mission
SCiT	Save the Children in Tanzania
SENESE	SENESE Inclusive Education Support Services (Samoa)
SIDA	Swedish International Development Cooperation Agency
SNNPR	Southern Nations Nationalities and People's Region
TASO	The AIDS Support Organization
TLM	The Leprosy Mission
TLP	Thematic Learning Programme
TRAC	Target for Resource Assignments from the Core
TWGs	Technical Working Groups
UN/DESA	Department of Economic and Social Affairs of the United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VSO	Voluntary Service Overseas
WA	WaterAid
WASH	Water, Sanitation and Hygiene
WEDC	Water, Engineering and Development Centre
WHO	World Health Organization
YEF	Youth Employment Fund
ZAFOD	Zambia Federation of the Disabled
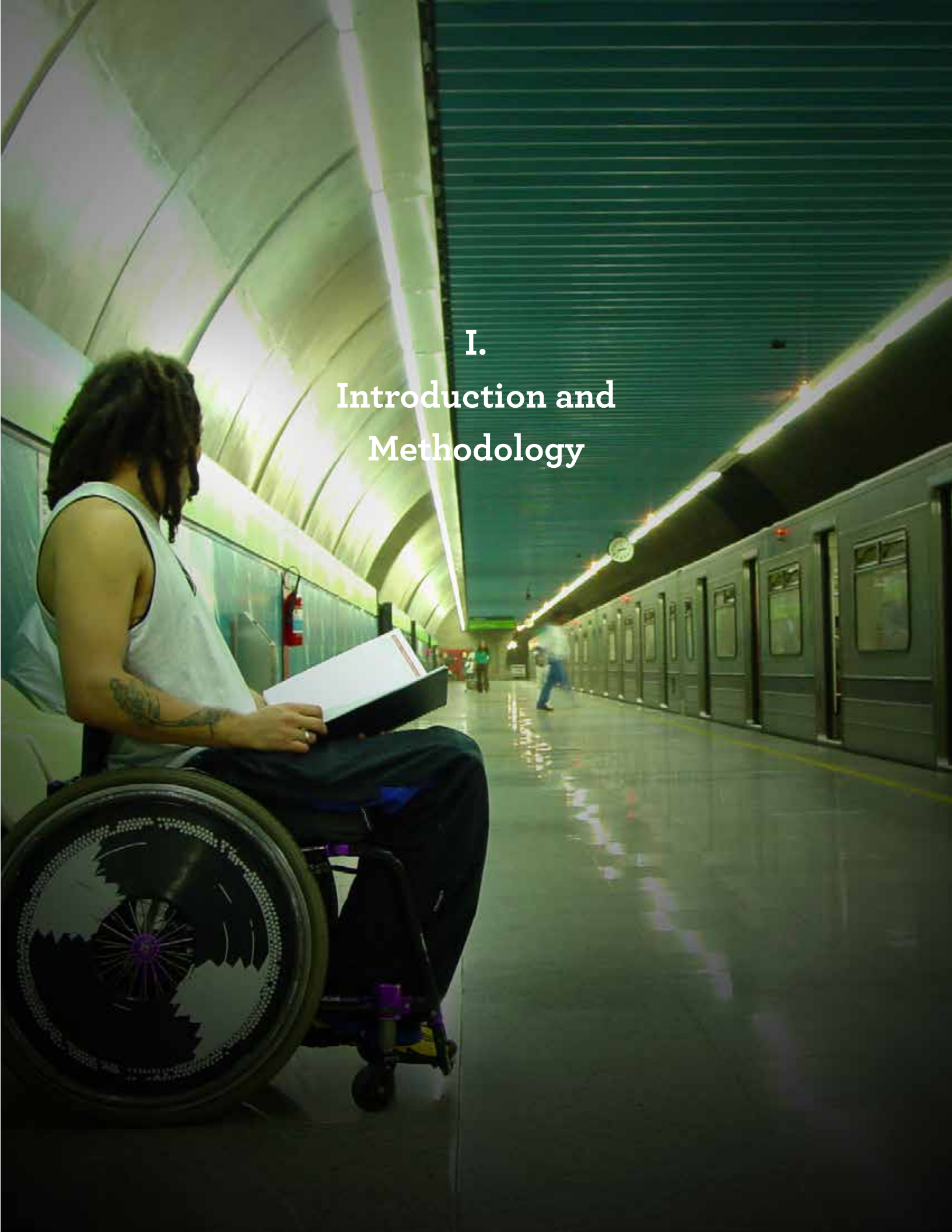
I.
Introduction and Methodology

I. Introduction and Methodology

The present document has been prepared in response to the request in paragraph 15(b) of General Assembly resolution 65/186, in which the Secretary-General was asked to "provide information on best practices at international, regional, subregional and national levels for including persons with disabilities in all aspects of development efforts". Its aim is the following:

(a) To establish a set of initial common criteria based on the Convention on the Rights of Persons with Disabilities (CRPD) for the identification of what constitutes best practices in mainstreaming disability;

(b) To present a number of case studies that illustrate these criteria and/or the efforts to implement them in inclusive development;

(c) To present recommendations that can be proposed for the discussion amongst different stakeholders in development and in the disability community leading up to the envisaged high-level meeting of the General Assembly on disability and development in 2013.

The case studies included in this document have been collected through key contacts and networks.[1] Given the level of detail sought, the production of each case study has required extensive dialogue with the staff involved in the project. In collecting these case studies, the intention has been to illustrate the efforts to achieve the initial criteria for best practices (see section II) in different regions and thematic areas, with an emphasis on those emanating from recent General Assembly resolutions (A/63/150, A/64/154 and A/65/186), namely: capacity-building, multi-stakeholder partnerships, collection of data on disability and statistics, promotion of accessibility (built environment, information and communication technology, institutional), social and economic rights of girls and women with disabilities, and development cooperation.
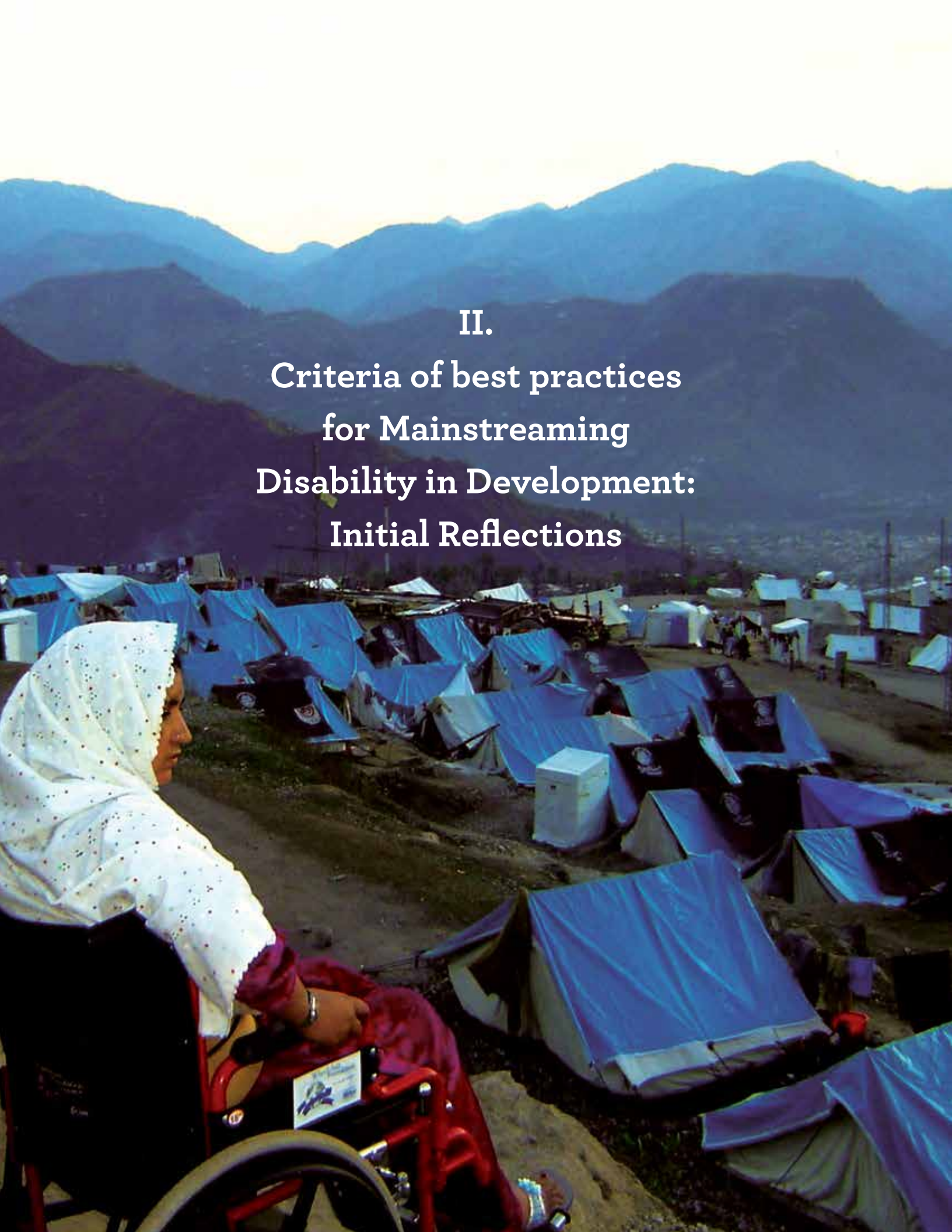
Therefore, the case studies presented here are diverse, geographically, thematically and in scope. They range from specific mainstreaming activities and initiatives to organizational and national strategies that address the inclusion of persons with disabilities. They also cover, with different degrees of detail, the criteria for best practices in mainstreaming disability and come from a range of organizations, including Disabled Persons Organizations (DPOs), donor organizations, disability-focused and mainstream non-governmental organizations (NGOs) and United Nations agencies.

---

1. The template for the collection of case studies was adapted from a number of templates, including the "Collection and Documentation of Good Practice" in http://www.makingitwork-crpd.org/technical-support/making-it-work-toolkit/ ; the questions used by World Bank/Leonard Cheshire Disability in their database; the form drawn up by the Inter-Agency Network on Women and Gender Equality (IANGWE) Task Force on *Indigenous Women in Indigenous Women & the United Nations System: Good Practices and Lessons Learned*, 2006; and http://www.un.org/womenwatch/resources/goodpractices/guideline.html (accessed August 2011).

The selection of case studies does not aim in any way to be exhaustive; as stated above, it simply aims to offer a set of illustrative examples.

The document is divided into four main sections. Following this brief introduction, section II will focus on the initial criteria for the assessment of best practices. Section III presents a number of recommendations, suggesting also how the United Nations can facilitate the process of mainstreaming disability and persons with disabilities in development and highlighting the interlinkages between the mainstreaming of disability and achievement of the Millennium Development Goals (MDGs); and section IV contains 26 case studies from across the globe.

II.
Criteria of best practices
for Mainstreaming
Disability in Development:
Initial Reflections

II. Criteria of best practices for Mainstreaming Disability in Development: Initial Reflections

The concept of mainstreaming disability in development is broadly defined as the inclusion of persons with disabilities in all aspects of development efforts. The concept of inclusive development is enshrined in article 32 of the CRPD—the first stand-alone provision on international cooperation in a core human rights treaty. It can be described, according to the report of the Secretary-General on the implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly (A/63/133, para. 61), in the following way: "The Convention identifies disability as an issue to be considered in all programming, rather than as a stand-alone thematic issue, and requires all States parties to implement measures ensuring full and equal participation of persons with disabilities in society. However, disability-specific actions and programming may also be required, depending on national context." The Human Rights Council reiterated the importance of inclusive development in its resolution A/HRC/RES/16/15 calling on "States parties to the Convention to ensure that all international cooperation measures in the disability field are consistent with their obligations under the Convention; such measures could include, in addition to disability-specific initiatives, ensuring that international cooperation is inclusive of and accessible to persons with disabilities". In the report of the Secretary-General on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities (A/66/128), it is stated that "Investment in persons with disabilities is necessary not only to promote compliance with the Convention on the Rights of Disabled Persons and other relevant instruments, but also for the realization of the internationally agreed development goals, including the Millennium Development Goals." Mainstreaming is at once a method, a policy and a tool for achieving social inclusion, which involves the practical pursuit of non-discrimination and equality of opportunity: mainstreaming disability is about recognizing persons with disabilities as rights-holding, equal members of society who must be actively engaged in the development process irrespective of their impairment or other status, such as race; colour; sex; sexual orientation; language; religion; political or other opinion; national, ethnic, indigenous or social origin; property; birth or age. Mainstreaming is also recognized as the most cost-effective and efficient way to achieve equality for persons with disabilities.[2] United Nations General Assembly resolution 65/186 entitled "Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond", urges Member States to mainstream "disability issues and persons with disabilities in national plans and tools designed for the full realization of the Millennium Development Goals".[3] In this respect, it now seems clear that none of the MDGs will be met unless persons with disabilities

2 Note by the Secretariat on mainstreaming disability in the development agenda (A/CN.5/2008/6, p. 2), submitted to the forty-sixth session of the Commission for Social Development, held from 6 to 15 February 2008.
3 United Nations General Assembly resolution 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond (para. 5).

are included in development plans. It is also recognized that persons with disabilities can be included in mainstream programmes with minimal adaptation.[4] However, in order to achieve the full inclusion and participation of persons with disabilities, "it is often necessary to provide specific support ... in parallel, to ensure that they are empowered to participate on an equal basis with others. This combination of 'disability inclusion' with disability specific projects, or components of projects, which aim to empower persons with disabilities in particular, is called the 'twin track approach'".[5] Unfortunately, to date, there have been, overall, "a low amount of people with disabilities who have experienced progress through development aid".[6] Moreover, existing examples are not collected systematically and are often not available in accessible formats, with only a few exceptions.[7]

This section outlines a set of criteria for assessing best practices in mainstreaming disability. Best practices are understood here as being well-documented initiatives that provide evidence of success in contributing to the removal and/or reduction of barriers to the inclusion of persons with disabilities in all aspects of life, and which can be considered for replication, scaling up and further study. The criteria listed below aim at providing a framework to assist initial assessments of existing practices and to facilitate further discussion. They reflect an ideal situation, and the case studies included here present experiences of working towards the best practices criteria without necessarily meeting all of them. Also, depending on the topic and scope of the programme/ project or policy work and on the context, some of these criteria will be more relevant than others.

These initial criteria are based, above all, on the CRPD; on the abovementioned resolutions; on the thematic study by the Office of the United Nations High Commissioner for Human Rights (OHCHR) on the structure and role of national mechanisms for the implementation and monitoring of the Convention on the Rights of Persons with Disabilities; on the reports of the Expert Group on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All; on the few existing guidelines; and also on the gender mainstreaming experience.[8] Some of the criteria

4 Nora Ellen Groce and Jean-François Trani, Millennium Development Goals and People with Disabilities, The Lancet, vol. 374, No. 9704, 28 November–4 December 2009, pp. 1800-01.

5 See http://www.inclusive-development.org/cbmtools/part1/twin.htm (accessed August 2011).

6 Norwegian Agency for Development Cooperation (NORAD), report on Mainstreaming Disability in Development Cooperation, Oslo, 27-29 March 2011, available from www.norad.no/_attachment/380926/binary/192749?download=true (accessed August 2011).

7 Ibid. Amongst the exceptions is the thematic study by the Office of the United Nations High Commissioner for Human Rights on the structure and role of national mechanisms for the implementation and monitoring of the Convention on the Rights of Persons with Disabilities (A/HRC/13/29).

8 AusAID (Australian Agency for International Development), Development for All: Towards a disability-inclusive Australian aid program 2009-2014, Canberra: AusAID, 2008, http://www.ausaid.gov.au/keyaid/disability.cfm (accessed August 2011); EDAMAT (European Disability Action for Mainstreaming Assessment Tool), A Practical Tool for Effective Disability Mainstreaming in Policy and Practice, Leonard Cheshire International, 2006; Human Rights for People with Disabilities: Sida's plan for work, Swedish International Development Cooperation Agency (SIDA), 2009; Janet Lord and others, Disability and International Cooperation and Development: A Review of Policies and Practices, World Bank, 2010; Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All, report of the Expert Group Meeting, organized by the Secretariat for the CRPD, Division for Social Policy and Development, DESA in collaboration with the World Health Organization (WHO), April 2009; NORAD, Evaluation of Norwegian support to promote the rights of persons with disabilities, inception report, draft version, October 2011; Mark Priestley, Targeting and mainstreaming disability in the 2008-2010 National Strategy Reports for Social Protection and Social Inclusion, University of Leeds, November 2009; United Nations Expert Group Meeting on Accessibility: Innovative and cost-effective approaches for inclusive and accessible development, June 2010, http://www.un.org/disabilities/default.asp?id=1516 ; UNNATI-Organisation for Development Education, Realising UNCRPD: Learning from Inclusive Practices: Case Studies in Education and Employment, UNNATI, 2011; A Handbook on Mainstreaming Disability, VSO (Voluntary Service Overseas), 2006.

are closely linked to one another. For example, if participation is to be meaningful, it has to be accessible and non-discriminatory. Moreover, some of the criteria may serve as a means to the end of mainstreaming disability in a specific project/initiative but they may also represent an end in themselves. Thus, participation can be a means to achieving a project/programme/policy outcome but it can also be an end in itself in projects/programmes that have as their aim the improvement of the participation of people with disabilities.

The criteria for a best practice example are that it must:

- Adopt a rights-based approach: in other words each mainstreaming initiative should contribute systematically to the implementation of the CRPD, which aims 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. This means promoting barrier removal and inclusion in all sectors, including health, rehabilitation, assistance and support, environments, education and employment. This, in turn, means that the mainstreaming initiative must:

  o Ensure equality and be non-discriminatory, allowing people to participate regardless of their disability, level of education, age, social and life skills, religion or ethnicity; it is especially important to ensure the inclusion of the most marginalized groups of persons with disabilities, such as persons with psychosocial disabilities and persons with intellectual disabilities

  o Recognize the interaction between gender and disability; in this regard, data should be disaggregated by sex and by type of disability

  o Promote accessibility (built environment, information and communications technology, institutional, economic, social) to people with all disabilities, i.e., physical, mental, sensory, intellectual, developmental

  o Be participatory, actively and meaningfully involving people with disability in all matters concerning them in the process of forming policies and programmes; DPOs are key players in this process and development agencies need to consider investing in capacity-building and capacity development initiatives for its promotion

  o Be accountable to persons with disabilities, involving them actively in the decision-making process in projects/programmes and policies and creating accountability mechanisms for monitoring, complaint and feedback

- Increase awareness and understanding of disability at organizational, community and institutional levels so as to promote positive attitudes towards disability, since stigmatization is considered one of the major causes of exclusion

- Be results-based and produce a measurable change that contributes to the improvement of the quality of life of people with disability. This will also imply having a robust monitoring and evaluation system that includes the collection of data on people with disabilities

- Be appropriately resourced, financially and in terms of human resources; hence, the importance for donors to emphasize disability-inclusive matters and for NGOs to recognize it as an organizational priority

- Be sustainable, socially, culturally, economically (i.e., be affordable), politically and environmentally

- Be replicable, able to show how the product and/or process can be reproduced or adapted in other countries and contexts; replicability should be assessed taking into consideration context-specificity, since it is important to recognize that some practices in one country or context are not necessarily valid or transferable to the circumstances of another; the concept of "appropriateness" should therefore be introduced when talking about replication

- Involve effective partnerships that show the commitment of organizations, including government, academia, media, the United Nations, NGOs, etc.; inter-agency and inter-organizational efforts should be emphasized with the full involvement of DPOs and local governments to assure ownership of the initiative

III.
Recommendations

III. Recommendations

In order to realize fully the rights of persons with disabilities in development, systematic efforts and commitments need to be made, together with appropriate resource allocation. The international community may wish to consider the following recommendations:

(a) Remove obstacles and constraints in international development so that persons with disabilities are included in international development and that new barriers are not created. A number of barriers limit or exclude the enjoyment of the rights of persons with disabilities. These include policies and standards, attitudes, services, lack of accessibility and of participation in decision-making, inadequate data and statistics.[9] In conformity with the World Programme of Action Concerning Disabled Persons and the CRPD, which is a human rights instrument and a development tool, and in the effective and inclusive pursuit of the achievement of the MDGs, the international community should make systematic efforts to remove or support the removal of these obstacles and barriers. In addition, the international community should ensure that new barriers are not created by international cooperation programmes in any of the above-mentioned areas. In order to maximize the removal of barriers for persons with disabilities, the "twin-track" approach should be strengthened: programmes and services should be designed accessibly and inclusively, but at the same time some people with disabilities may require specific targeted services and measures to make sure that they can participate equally with others in education, employment, health, social protection and all other services;

(b) Ensure that disability-sensitive indicators or markers are applied for the MDGs and in other development strategies and road maps. States Parties to the CRPD and the United Nations system should make determined efforts to include disability-sensitive indicators related to the accessibility and inclusion of persons with disabilities in the MDGs, all of which are "interconnected and mutually reinforcing"[10] and relevant to persons with disabilities. Accessibility and inclusion of persons with disabilities in the MDGs should be ensured in States Parties' action plans and in other national, regional and international road maps and strategies. General Assembly resolution 65/186 calls upon Governments to ensure "planning, monitoring, evaluation and implementation to be disability-sensitive".[11] Participation of civil society and, in particular, of DPOs in the creation and monitoring of disability-sensitive indicators is a key component of the process and is crucial to ensuring accountability. General Assembly resolution 64/131 calls upon Governments and United Nations bodies and agencies "to include disability issues and persons with disabilities in reviewing progress towards achieving the Millennium Development Goals and to step up efforts to include in their assessment the extent to which persons with disabilities are able to benefit from efforts to achieve the Goals";[12]

9 See WHO/World Bank, World Report on Disability, Geneva, 2011, p. 262.

10 Draft outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (General Assembly resolution 64/299, operative para. 15).

11 General Assembly resolution 65/186 on realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond (operative paras. 8 and 13).

12 General Assembly resolution 64/131 on realizing the Millennium Development Goals for persons with disabilities (operative para. 5).

(c) Promote, enable and facilitate the meaningful participation of persons with disabilities, including children with disabilities.[13] In conformity with the World Programme of Action Concerning Disabled Persons and articles 3.c and 4.3 of the CRPD, and as reflected in article 32.1, participation is crucial. The active and informed participation of persons with disabilities at all levels—community, regional, national and international—is key in the planning and discussions to meet the MDGs and in the post-2015 agenda. DPOs should be involved in decision-making processes and in all stages of programming, and non-discrimination of persons with disabilities should be ensured at all times. The right of children with disabilities to be heard in all matters concerning them and to have their views given due weight is stated in article 7.3 of the CRPD, which, echoing the language of the Convention on the Rights of the Child (CRC), states that "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". In addition, article 23 states that "the child's active participation in the community" must be facilitated. To enable meaningful and active participation of different actors with disabilities, capacity-development measures need to be planned and supported;[14]

(d) Strengthen statistical capacity to produce reliable disaggregated data on persons with disabilities. Article 31 of the CRPD represents a stand-alone provision on data and statistics. Its paramount importance is also emphasized in operative paragraph 3 of General Assembly resolution 65/186 and paragraph 23 (s) of the MDG outcome document contained in General Assembly resolution 65/1. Resources should be allocated to the collection and analysis of reliable and disaggregated data by sex and disability in national statistical systems in order to support the design and the monitoring of better programmes, policies and emergency responses and to promote the awareness of persons with disabilities as a heterogeneous and internally differentiated group;

(e) Ensure disability-inclusive responses in situations of risk and humanitarian emergencies. The biosocial or biopsychosocial model adopted by the CRPD in its preamble, whereby disability is an interaction between a physical condition and the social environment, should be used in the design and implementation of emergency responses and in other situations of risk, including armed conflict. Persons with disabilities, including children, have an equal right to be included in emergency preparedness and to benefit from full access to relief services (article 11). The exposure to vulnerability of all persons with disabilities, especially children, women and girls, becomes more acute after an emergency or in situations of risk;[15]

---

13 In its resolution 65/197, the General Assembly requested the Secretary-General to submit at its sixty-sixth session a report on the status of the Convention on the Rights of the Child, with a focus on implementing the rights of children with disabilities.

14 The right of children with disabilities to participate has been emphasized recently in the report of the Secretary-General on the status of the Convention on the Rights of the Child, with a focus on implementing the rights of children with disabilities (A/66/230, paras. 22-24).

15 Ibid., para. 55, which states that "children, and particularly girls with disabilities, are vulnerable to violence, exploitation and sexual abuse".

(f) Include a gender perspective in disability work. The right to equality is essential, as well as being a means to achieving inclusive development. The empowerment of all women, the full enjoyment of their human rights and the eradication of poverty are essential to development efforts, including the achievement of the MDGs. Disparities in access experienced by women with disabilities and their increased exposure to situations of vulnerability were emphasized in the annual ministerial reviews of the Economic and Social Council for 2010 and 2011. The establishment of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) can play a crucial role in operationalizing the right of women with disabilities;

(g) Invest in capacity development of staff involved in international cooperation and emergency response. Awareness-raising and capacity-building related to the rights of persons with disabilities (CRPD, article 4.1.i) and an understanding of the biosocial model of disability should be developed among the different actors and stakeholders working in development communities and emergency situations;

(h) Adopt a national disability strategy or action plan. A national disability strategy or action plan should provide the long-term vision for the implementation of the CRPD and the fulfilment of the rights of persons with disabilities. Moreover, disability should be part of all strategies for development and action plans (General Assembly resolution 65/186, operative paragraph 5), which persons with disabilities need to monitor and participate actively in (CRPD, article 33.3).

The United Nations system can contribute greatly to the implementation of the CRPD through the above-mentioned actions, as well as with a number of specific actions, including:

(a) Coordinating amongst United Nations agencies on the advancement of disability rights at headquarters and at the country office level, and coordinating with the United Nations Statistical Commission to ensure the systematic collection of data;

(b) Undertaking specific and targeted efforts to mainstream disability in internal documents, strategies, work plans, including, for example, the 2012 Quadrennial Comprehensive Policy Review (QCPR) of the General Assembly; disability-sensitive indicators in performance review and job descriptions could be added;

(c) Holding regional meetings ahead of the high-level meeting of the General Assembly on disability and development in order to ensure wide participation of persons with disabilities from developing countries.

IV.

Case studies

IV. Case studies

1. Africa

ETHIOPIA

Organizational learning from attempts to mainstream disability in a small-scale pilot project on access to water, sanitation and hygiene

Name of organization, address and website
Water Aid, 47-49 Durham Street, London, SE11 5JD (www.wateraid.org)
Project/programme title
Including disabled people in access to safe sanitation: a case study from Ethiopia
Initiative selected as best practice example
Organizational learning process from attempts to mainstream disability in a small-scale
Pilot project on access to sanitation and hygiene
Thematic area/s of best practice example:
Access to sanitation and hygiene
Country and specific location
Ethiopia, Southern Nations Nationalities and People's Region (SNNPR), Butajira town
Duration of project
February–September 2009
Beneficiaries of best practice example
People with physical and hearing impairments and non-disabled community members
Impairment/s targeted
People with mobility and hearing impairments
Implementing agency/agencies
WaterAid, Progynist—women's empowerment Ethiopian NGO
(http://www.bds-ethiopia.net/progynist.html) and private sector contractors
Source of fund
WaterAid
Relevant article/s of the CRPD
25, 28

Background to the project and to the selected practice
The Government of Ethiopia (GoE) has adopted a number of laws, policies and standards with a disability focus. In relation to the provision of basic WASH services, the most relevant are article 41.5 of the Constitution of the Federal Democratic Republic of Ethiopia (1995), and the National Programme of Action for Rehabilitation of Persons with Disabilities (1999). Ethiopia also aims to implement the Action Plan established for the African Decade of Persons with Disabilities (extended to December 2019). Despite the existence of these policies and frameworks, the GoE standard designs for WASH facilities in Ethiopia are not accessible to people with disabilities.

Overall objectives of the project/programme and of the selected practice

In 2006, WaterAid (WA) in Ethiopia conducted research into the barriers people with disabilities face when accessing safe WASH facilities. Informants were members of Fana, a DPO with 62 members in Butajira town, SNNPR. A key research recommendation was to incorporate accessible designs within the WASH sector. In 2009, WA in Ethiopia piloted accessible sanitation and showers in a building administered by Fana as a small-scale pilot project. Key objectives of the project were: (a) to meet the sanitation and hygiene needs of the Fana members; (b) to raise the profile of disability issues within WASH in Ethiopia; (c) to learn from the experience and encourage other actors (government, development agencies, private sector) to mainstream inclusive WASH in WA Ethiopia—this is the component selected as best practice; and (iv) to generate learning for WA globally.

Process/strategy used to implement the selected practice

WA provided the funds and developed the pilot project in consultation with the Fana management committee, Progynist and the local government. It also provided technical advice and support throughout the project. Progynist liaised with Fana members, local government officials and the private sector. The city Water and Sewerage Bureau assigned its employees to install a water supply to the Fana building, and the private sector constructed the two accessible toilets and two accessible showers. The project has an income generation component, as a fee is charged for using the showers for non-disabled community members. Two members of the Fana management committee participated in the design and implementation of the project, advising on construction, carrying out basic construction and managing the project once it was completed.

Changes achieved

The pilot project achieved changes in the following areas:

Awareness-raising: At the community level, attribution can be claimed for addressing attitudinal barriers within the wider community, as the project raised awareness of disability issues. The Fana management committee is also providing a service (toilets and showers) for non-disabled people and this shows them that disabled people are capable of earning an income. In addition, the Fana management committee, who live in the Fana building, reported significant benefits from being in close proximity to the facilities. At the national level, WA raised the profile of disability within the WASH sector in Ethiopia by disseminating research and publications nationally and internationally (see below) through networks and the media.

Research: WA in Ethiopia was one of the first WA country programmes to pilot accessible toilets within its work. The WA team in Ethiopia has now committed to mainstreaming inclusive development within all areas of its programming, as is WA globally.

Policies: The learning from the pilot project informed the WA Equity and Inclusion Framework that guides the implementation of the Equity and Inclusion Policy of WA. This includes disability rather than having it as a stand-alone topic/policy. Of a total of 26, 15 WA country programmes now have a specific focus on disability in their country strategies.

How change was monitored and evaluated

Monitoring: WA invited a number of external organizations—Woreda government officials, Handicap International (HI), Ethiopian Centre for Disability and Development (ECDD) and staff from WA globally—to visit the project and to learn and critique the approach.

Evaluation: An extensive review of the relevant literature, including an assessment of four case studies of World Vision's inclusive projects (in Angola, Armenia, Senegal and Ethiopia); in-depth, semi-structured interviews with Fana members and participant observation were carried out as part of a formative evaluation of the project. Transect walks with two wheelchair users were also conducted within the project area and around their homes in order to understand environmental barriers. Spanning a two-week period, the formative evaluation applied the social model of disability.

How the other criteria for best practices were met or efforts made to meet them

Participation: The Fana management committee was involved in the project design, management and in the evaluation. Fana members outside the management committee and non-disabled community members were also involved in the evaluation, as described above.

Awareness-raising: WA has an Equity and Inclusion Officer in Ethiopia who champions issues of equality and non-discrimination within the work of WA and with its partner organizations. The ECDD has provided awareness-raising training for WA staff in Ethiopia. WA has developed a technical training programme of written assignments, webinars and workshops for country programme and UK staff.

Partnerships: WA in Ethiopia has developed partnerships with specialist organizations in order to mainstream disability in its work, as well as to encourage other organizations to mainstream inclusive WASH in their work.

Criteria not met and why

The evaluation revealed a number of limitations in terms of design, access and participation. Design and access: The majority of Fana members live outside Butajira town; these informants' sanitary practices remain unchanged. Environmental barriers in relation to infrastructure in the Fana building were not addressed fully in spite of the design process.

Participation: WA did not fully analyse the power dynamics within the DPO prior to intervention and arguably gave the most powerful group the legitimacy to act on behalf of the target group by engaging only the management committee. No informants outside the management committee were aware of accessible toilet designs. All respondents stated that they would have valued the opportunity to feed into the development intervention. WA concentrated on disabled people's impairments and therefore focused only on physical access to the sanitation facilities. It did not aim to address the attitudinal or institutional barriers, which limit disabled people from fully participating in society. This focus was in response to the priority placed on addressing those aspects by the Fana informants during WA in Ethiopia's initial research. The WA project team in Ethiopia and the WA East Africa Regional Programme Officer decided on the criteria.

Ways in which the best practice example could have been improved

The best practice example could have been improved in the following ways:

- By undertaking mainstream inclusive development in all areas of work rather than targeting disabled groups as a stand-alone activity. Intervention should be designed to address environmental, social/attitudinal and institutional barriers

- By conducting a stakeholder analysis that incorporates an assessment of power, age, gender and impairment during the project planning phase. Other aspects could be added, as appropriate; these could include ethnicity, religion and caste

- By recognizing that full participation is unrealistic within resource constraints

- By making "empowerment" more specific, measurable and achievable. Using the information gained from the stakeholder power analysis, activities could be developed to improve specific power relations

Reference materials

Gosling, L. (2009). Equity and Inclusion Framework, WaterAid. Available from www.wateraid.org.

Wapling, L, N. Paxe and J. Parkinson (2008). Empowerment of Disabled People's Organisations, World Vision, Angola. Available from www.worldvision.org.

Wapling, L (2010). World Vision Ethiopia Case Studies. Available from www.worldvision.org.

WaterAid in Ethiopia (2010). Innovation in WASH: a key to bring positive change in the lives of the marginalized and excluded.

Wilbur, J., WaterAid (2011). What the Global Disability Report means for the WASH sector (for an up-to-date picture of WaterAid's work on disability). Available from http://www.wateraid.org/documents/report__what_the_global_report_on_disability_means_for_the_wash_sector.pdf.

Wilbur, J. (2010). Principles and practices for the inclusion of disabled people in access to safe sanitation: a case study from Ethiopia, WaterAid. Available from www.wateraid.org and http://wedc.lboro.ac.uk/.

Contact details for further information

Jane Wilbur, Principles Officer, Equity, Inclusion and Rights, WaterAid.
E-mail: janewilbur@wateraid.org; tel: +44 20 7793 4567.

Mahider Tesfu, Senior Equity and Inclusion Officer, WaterAid in Ethiopia.
E-mail: mahidertesfu@WA.org; tel: +251 11661680.

GHANA
Direct child assistance

Name of organization, address and website
Hope for Life Association, Bethany Project, P.O. Box GP 247, Accra, Ghana
Project/programme title
Pastoral Social Services (PSS)
Initiative selected as best practice example
Direct child assistance
Thematic area/s of best practice example:
health; rehabilitation; education; support services; employment and awareness creation
Country and specific location
Ghana: Accra, Gbawe
Duration of project
13 years (Direct Child Assistance with Liliane Fonds support), from 1998 to 2011
Beneficiaries of best practice example
Children and young adults with disabilities, their parents and guardians
Impairment/s targeted
Physical impairment, intellectual impairment, sensory impairments
Implementing agency/agencies
Hope for Life Association, Bethany Project
Source of funds
Hope for Life Association, Liliane Fonds
Relevant article/s of the CRPD
3.3, 3.4, 3.5, 3.6, 3.7, 3.8

Background to the project and to the selected practice
Ghana has an estimated population of 2.4 million persons living with all forms of disabilities (WHO). The majority of them live in rural areas. It is also estimated that less than 5 per cent have access to formal rehabilitation and educational services due to the lack of infrastructure,

ignorance and negative traditional beliefs and practices. The facilities for training and support for professionals are inadequate, which makes intake of trainees very limited. Private rehabilitation centres are located in urban centres. Community-based rehabilitation (CBR) programmes are very few, run by NGOs and mainly funded by organizations in the North. Hope for Life Association is an independent DPO set up by the Society of African Missions (SMA) in 1986, to implement PSS for persons with disabilities.

Overall objectives of the project/programme and of the selected practice

The overall objective of the PSS programme is to help mobilize persons with disabilities and community members so as to contribute towards addressing their health, rehabilitation, education and social inclusion needs within the mainstream society, as part of the CBR. The practice documented here is direct child assistance, an approach within PSS that is tailor-made for children and young adults with disabilities. The objective is to ensure the application of a direct and holistic approach by promoting the rehabilitation, human rights and social inclusion of these individuals to enable them to overcome physical, social and economic barriers that confront them in their lives.

Process/strategy used to implement the selected practice

The strategy for implementing the practice involves the use of field coordinators, who are employees of Hope for Life and are referred to as "mediators". A team of five people, made up of three disabled members of the association and two community members, oversees the implementation of the practice within defined project areas. The process, which is fully participatory, involves the following steps:

- Awareness-creation within the communities
- House-to-house identification of children with disabilities, followed by social investigation to establish the case history and development of the individual rehabilitation plan
- Referral for medical assessment, treatment and possible surgery by specialists within the public health institutions; clinical rehabilitation and provision of assistive devices within rehabilitation centres
- Referral of school-age children for formal education within the special or public education systems, with provision of school fees and other necessary supplies, with follow up
- Periodic counselling and training of parents and guardians on appropriate care for their children with disabilities
- Referral of young adults for vocational/skills training in public training institutions and, where appropriate, apprenticeship with local tradesmen or women, with follow up
- Counselling and support (financial and advisory) for young adults to assist them in undertaking their own income-generating projects, with follow up; and support for very poor parents to undertake income-generating projects as part of a microsocial protection scheme
- Case closure or exit after multidisciplinary consultations

Changes achieved

Awareness-raising: More than 65 per cent of families and guardians have come to accept their children with disabilities and now offer assistance to them just as to their non-disabled children. Statistics: Disaggregated data are collected by the mediators and also by programme management and partners.

Resource allocation: Resource allocation to the practice improved over the period under review following partnership with the main sponsor, the Liliane Fonds.

Processes and procedures: Processes and procedures have been enhanced through regular field monitoring and supervision by both the management and implementing teams.

Capacity-building: Regular training of all staff and reviews of the programme have contributed greatly to capacity-building within the organization.

Social and economic rights of girls and women with disabilities: All school-age girls are being enrolled in schools, while 40 per cent of women are engaged in micro-enterprises.

How change was monitored and evaluated

Monitoring is done through direct visits to the homes and activity centres by the mediators, the implementing and management teams. The "radar" (or "spider-web") assessment tool is then used to interpret and show changes.

How the other criteria for best practices were met or efforts made to meet them

All the criteria are either directly contained in the organization's policy or are outlined in the operating guidelines for implementation. Staff training programmes also address them.

Accountability: All stakeholders, including the beneficiaries, are involved in programme planning, implementation, monitoring and evaluation to ensure transparency and accountability.

Participation: Participatory practices ensure accountability and healthy partnerships.

Replicability: Lessons learned are fed into programme planning cycles to ensure that replication of the practice takes account of the best practices.

Criteria not met and why

Advocacy effort and research were not major priorities.

Entity responsible for deciding whether the criteria were/were not met

Management of the Hope for Life, the implementing team.

Factors facilitating/hindering the success of the practice

Facilitating: parental commitment, community participation and policies that enhance access to mainstream services.

Hindering: negative traditional beliefs, poverty and widespread ignorance.

Ways in which the best practice example could have been improved

More parental and local government involvement/commitment.

Other lessons learned

Combined efforts of persons with disabilities and communities to promote non-discriminatory practices are effective.

Contact details for further information

Bernard Morvan, Team Beleid & Allianties. E-mail: bmorvan@lilianefonds.nl.

MALI

Initiative for the Inclusion of the Concerns of People with Disabilities in the Economic, Social and Cultural Development Programme of the Municipality of Bougouni

Name of organization, address and website

Handicap International (www.handicap-international.org)

Project title

Droits en Actions (Rights in Action)

Initiative selected as best practice example

Initiative for the inclusion of the cConcerns of People with Disabilities in the Economic, Social and Cultural Development Programme of the Municipality of Bougouni, Mali

Thematic area/s of best practice example:

Local inclusive governance and participation in local decision-making processes

Country and specific location

MALI, Bougouni (a municipality located 160 km from the capital, Bamako)

Duration of project

Rights in Action project 2009 to present

Beneficiaries of best practice example

The population of Bougami and specifically people with disabilities

Impairment/s targeted

N/A

Implementing agency

FELAPH (Fédération Locale des Associations de Personnes Handicapées—Local Federation of DPOs)

Source of funds

N/A

Relevant article/s of the CRPD

24, 25, 29

Background to the project and to the selected practice

In West Africa, as in many other regions of the world, people with disabilities are largely excluded from the process of development, with extremely limited opportunities to engage in public consultations and decision-making. This exclusion serves only to reinforce the

marginalization, critical poverty and isolation experienced by people with disabilities in the region. However, there is a growing political shift towards decentralization across West Africa, with decision-making and resource allocation increasingly devolved to government authorities at the local level. This shift now offers greater opportunities for people with disabilities and their representative organizations to influence local development and decisions about the provision of public goods and services. The number of DPOs is high in Mali. There is also a DPO umbrella organization, FEMAPH (Fédération Malienne des Associations de Personnes Handicapées), and each type of impairment group is represented by at least one national association. Mali does not have specific laws dealing with disability issues. Nevertheless, Mali signed the CRPD on 15 May 2007. It was ratified on 5 September 2007 and voted on by the National Assembly on 8 November 2007.

Overall objectives of the project/programme and of the selected practice

Rights in Action is a research and advocacy initiative using the Making it Work methodology. The objective of Rights in Action is to document good practices on key disability issues, and to use this evidence to advocate for social change. The good practice featured in this case study refers to the actions of a local federation of DPOs, FELAPH, which now plays a key role in local decision-making processes for the municipality of Bougouni, Mali.

Process/strategy used to implement the selected practice

In June 2008, FELAPH, with support from an international NGO, conducted a participatory local diagnosis of the situation of people with disabilities in the municipality with a view to developing concrete proposals to address their main needs and concerns. The results of the diagnosis were analysed and endorsed during a workshop involving key stakeholders in the municipality. The main problems highlighted by the study were access to health, education (more than 90 per cent of people with disabilities did not attend school) and employment. To overcome these problems, the following actions have been proposed by the actors involved in the diagnosis:

•   Increase the level of education of people with disabilities
•   Increase access to basic social services
•   Facilitate professional integration through the development of income-generating activities
•   Promote the participation of people with disabilities in community life
•   Educate and inform people about disability
•   Educate all stakeholders at the municipality level so that they consider disability as an across-the-board issue in their work

After the study, the FELAPH approached the municipal council of Bougouni to discuss the results and make proposals for action. Consultations between the FELAPH, the municipality of Bougouni, the Circle Council and local services then led to concrete actions to promote the inclusion of disability issues in the Programmes for Economic and Cultural Development of the municipality and also to improve access to health and vocational training.

Changes achieved

The practice achieved changes in the following areas:

Inclusion of disability in the economic, social and cultural development programmes: Partnership agreements were signed between FELAPH, DPOs and the municipality of the Circle of Bougouni (Bougouni, Koumantou, Zantiébougou, Faragaran Faradielé and Kelea). These agreements aimed to encourage the involvement of DPOs in the development process, and in the implementation, monitoring and evaluation of the economic, social and cultural development programme in the various municipalities.

Access to health services: A multiparty agreement was signed by the Chairman of the Circle Council, the president of the Local Federation of Community Health Associations (FELASCOM), the head of the Social Development and Solidarity Economy Department in the prefecture, and the President of the Federation of DPOs. This convention guarantees free consultations and hospitalization in all health centres of the prefecture to any person with a disability who is a member of the Federation. This could be improved to ensure that non-members can also benefit.

Access to vocational training: An agreement was signed between the private vocational school Ecole Supérieure d'Enseignement Technique (ESET) and the local federation of DPOs of Bougouni. Renewable every year, the agreement allows the bearing of 50 per cent of the school fees by the institution and the remaining 50 per cent by the individual with a disability. Since the signing of the agreement between the ESET and the Federation of DPOs, six people with disabilities have accessed training courses.

How change was monitored and evaluated

Rights in Action carried out field research during the period 2009–2011. This was a Making it Work project. This means that a wide range of organizations (at national and regional levels) have been involved in selecting good practice criteria, analysing and validating good practices, developing recommendations and monitoring advocacy activities.

How the other criteria for best practices were met or efforts made to meet them

A regional project committee comprising eight organizations (including DPOs, and women's rights, disability and governance specialists) developed general criteria based on the general principles of the CRPD (article 3) and specific criteria (based on article 29.b). This good practice case study is not an instance of one organization submitting an example of its own work. Rather, it is the product of a multi-stakeholder project, where different organizations (including DPOs) have come together to analyse and think seriously about good practice and to try to use it to influence change. This good practice could be replicated in other municipalities. The objective of the Rights in Action project is now to advocate for this.

Factors facilitating/hindering the success of the practice

Facilitating: The existence of a Federation and very dynamic and organized local DPOs; good relations between the Federation and the partners; constructive dialogue with the local council;

financial support provided for the conducting of the study. From the results of the diagnosis, the Federation of DPOs has implemented a strategy of awareness-raising and advocacy on disability rights, and has submitted proposals to the council to improve the situation of people with disabilities.

Other lessons learned

Kanata Maïmouna Mariko, 1st Deputy Mayor of the municipality of Bougouni, stated that "decision-making is the essential basis of managing a municipality and should involve all segments of society, without any discrimination".

Reference materials

Making it Work, available from www.makingitwork-crpd.org.

Contact details for further information

Ousmane Diakité, President of FELAPH, Mali. Tel: +223 76216727.

UNITED REPUBLIC OF TANZANIA

Disability-inclusive child participation

Name of organization, address and website
Save the Children Tanzania—Zanzibar programme
Project title
Child Participation Initiative: Children's Advisory Board (CAB) in Zanzibar
Initiative selected as best practice example
Disability-inclusive child participation: the Children's Advisory Board in Zanzibar, the issues raised by its members and the actions taken as a response
Thematic area/s of best practice example:
Participation of children with disabilities and multi-stakeholder partnership
Country and specific location
Zanzibar, United Republic of Tanzania
Duration of project
First phase: 2008–2010
Second phase: 2011–2015
Beneficiaries of best practice example
All children, including children with disabilities, their families and their community
Impairment/s targeted
All
Implementing agency/agencies
Save the Children
Source of funds
Swedish International Development Cooperation Agency (SIDA) and Oak Foundation
Relevant article/s of the CRPD
12, 16, 23

Background to the project and to the selected practice

The United Republic of Tanzania has signed and ratified both the CRC and the CRPD. However, there is no systematic data collection on persons with disabilities, and one recent study has shown how the core concept of accountability is absent from Tanzania's National Policy on Disability (Aldersey, 2011). In 2009, the Save the Children in Tanzania—Zanzibar programme made the decision to become more proactive in putting all children at the heart of its activities. As a result, a journey was embarked upon to enable all children, including children with disabilities, to have more say in the programme in Zanzibar and to become accountable to them. The inclusive Children's Advisory Board (CAB) was created as one of the results of these efforts.

Overall objectives of the project/programme and of the selected practice

The overall aim of the CAB is to promote the right to meaningful participation of all children and, through this, the fulfilment of other rights (CRC, article 12, and CRPD, article 7). The specific objectives of the CAB are to involve children in the planning processes of Save the Children programmes, events, activities and initiatives, and also increase Save the Children and government accountability to all children, including children with disabilities.

The process/strategy used to implement the selected practice

The CAB was created in January 2010 and consists of eight girls and seven boys between the ages of 12 and 17, elected from the shehia (the smallest administrative unit in Zanzibar) Children's Councils and from minority groups to ensure inclusive representation: one of these children has a visual impairment and two children are albino (a highly discriminated against group in the United Republic of Tanzania, albinism being considered by the majority as a "disability"). The programme has been working with DPOs to gain access to more children with disabilities for involvement in various consultations. This partnership has been key in ensuring the success of the disability-inclusive dimension of the CAB activities. The initial setting-up and running of the CAB included seven main elements to make sure that children's participation was meaningful. The main elements are: (a) staff training, both initial and ongoing, (b) learning from the experience of others to set up mechanisms for child participation and accountability, (c) the planning and design of the system involving children at an early stage, (d) the election of children to the CAB and ensuring they are representative— hence the importance of involving children with disabilities, (e) the ensuring of children's safe participation, (f) the working with partners, parents and communities to enable a conducive environment for all children to be heard, and (g) government relations: signing an MoU around the wider protection work. CAB members have regular meetings and consultations with Save the Children and also with ministries. Children in the CAB drew attention to a number of issues that had not been considered before either by Save the Children in Tanzania (SCiT) or by the local government, including the issue of sexual violence against children with disabilities.

Changes achieved

Overall, the inclusion of children with disabilities in the CAB and in a number of participatory consultations has led to increased awareness of their needs in local children's councils, in Save the Children and in the ministries. More specifically, the practice achieved changed in the following areas:

Policies: The disability-inclusive CAB led to the involvement of 10 children with disabilities in the consultations to inform the Children's Bill. The Children's Bill contains clear provisions on the rights of children with disabilities to be treated equally and to be entitled to special care and protection, and to have effective access to education, training and healthcare services, as well as preparation for employment and recreation opportunities.

Research and awareness-raising: SCiT, as a result of the issues raised by the disability-inclusive CAB, undertook a research study on the vulnerability of children with disabilities to sexual violence in Zanzibar. The multi-stakeholder workshops, held between December 2010 and March 2011 to disseminate the findings of the research study, led to the development of a Plan of Action in which all 45 stakeholders have a role.[16] The findings from the research have inspired SCiT to undertake and/or support a number of initiatives to promote further the rights of children with disabilities, for example: (a) funds from SIDA were obtained by SCiT to work with the Department of Disability Affairs (DDA) in order to build the capacities of children with disabilities and their families in Zanzibar and to improve their understanding of the legal provisions for children with disabilities; (b) mobilization activities on the vulnerability of children with disabilities to sexual violence were organized at different levels; (c) an advocacy briefing was prepared by Save the Children UK Head Office in partnership with HI, which was presented at various meetings in Geneva and Brussels in close collaboration with the programme manager of the SC Zanzibar Programme; (d) police stations in Zanzibar improved their database on reported cases of abuse to include disability in the information collected, and officers from the Offenders Educational Centre in Zanzibar are also considering doing the same. This will, in turn, increase the data on children with disabilities.

Strategies: The CAB has now been officially incorporated into government structures as the National Child Consultation Group under the Ministry of Labour, Youth, Women and Children Development (MoLYWCD).

How change was monitored and evaluated

Close follow-up with government representatives on the issues raised during the meetings with the CAB; also, a multi-stakeholder committee was set up to follow up on activities suggested in the Action Plan. Feedback on the report on the research study was collected from all stakeholders, including children with disabilities.

---

16 These include stakeholders such as Government ministries, local government authorities, district offices, the police force, DPOs, NGOs working for children, lawyers associations, the High Court, magistrates, the Law Review Committee and the Commission for Human Rights and Good Governance.

How the other criteria for best practices were met or efforts made to meet them

Equality and non-discrimination and gender perspective: These have been ensured by the representation of girls with and without disabilities in the CAB and in the other consultations held by SCiT. The children in the CAB were elected through a fair process.

Participation and partnership: Participation and partnership with the meaningful involvement of children with disabilities are at the core of this initiative. DPOs, parents and government have also been involved in a number of activities, including training.

Sustainability: To ensure sustainability, the CAB has now been officially incorporated into government.

Accountability: Accountability to all children is at the core of this initiative. Save the Children put a lot of effort into building a shared understanding between staff, partners and the government of the meaning of accountability and meaningful participation. The Project Officer decided whether the criteria were met/not met.

Factors facilitating/hindering the success of the practice

Facilitating: Political will and commitment of the Save the Children Tanzania-Zanzibar programme and of the local government; context/size of Zanzibar; working within existing structures; capacity-building with staff and supportive donors.

Hindering: Variations in understanding children's participation; limited feedback from the children involved in the CAB to other children (in their own constituencies); high expectations of children and adults.

Ways in which the best practice example could have been improved

An extra "layer" between CAB and Children's Councils at the local/village level to ensure better sharing of information; more work with the media to increase awareness-raising; development of a more specific monitoring and evaluation (M&E) system.

Reference materials

Aldersey, H. M. (2011). The United Republic of Tanzania's National Policy on Disability: A Policy Analysis. Available from http://dps.sagepub.com/content/early/2011/02/10/1044207310397877.abstract?rss=1.

Save the Children UK (2005). Practice Standards for Child Participation. Available from http://www.savethechildren.org.uk/en/54_3169.htm.

Save the Children and Handicap International (2011), Out of the Shadows. Available from http://www.savethechildren.org.uk/en/54_out-from-the-shadows.htm.

Contact details for further information

Mubarak Maman, Zanzibar Representative, Save the Children. Skype: mubarak.maman; e-mail: m.maman@savethechildren.or.tz; tel.: +255 24 2234153; cell: +255 787357042.

UGANDA

Formation of peer support groups of persons with disabilities living with HIV/AIDS at the sub-county level

Name of organization, address and website

Action on Disability and Development (ADD) International, Plot 4A, Commercial Road—Ntinda, P.O. Box 9658, Kampala, Uganda (www.add.org.uk)

Project title

Strengthening peer support groups of people with disabilities living with HIV & AIDS in Masaka to engage effectively with the mainstream service providers

Initiative selected as best practice example

Formation of peer support groups (PSGs) of people with disabilities living with HIV/AIDS at the sub-county level

Thematic area of best practice example:

HIV/AIDS

Country and location

Uganda, Masaka District in South Central Region

Duration of the project

Three years (2011–2013)

Beneficiaries of the best practice example

Persons with disabilities living with HIV and AIDS

Impairments targeted

All

Implementing agency/agencies

Add International Uganda through Masaka Association of Persons with Disabilities Living with HIV/AIDS (MADIPHA)

Source of funds

DFID through the Programme Partnership Agreement, with additional funds obtained through public fundraising in the United Kingdom

Relevant article/s of the CRPD

8, 9, 10, 21, 25

Background to the project and to the selected practice

Since the mid 1990s, Uganda had been credited with being at the forefront of the fight against HIV/AIDS ravaging much of the young population in sub-Saharan Africa. Tremendous strides were made in creating awareness through various fora of the causes, signs and symptoms of HIV/AIDS and preventive measures. However, despite the rosy picture that was painted, people with disabilities in Uganda had not been effectively mobilized and they remained poorly informed on the magnitude of the epidemic. It is against this background that, in 2005, the ADD International Uganda programme commissioned the study "Challenges faced by People with Disabilities in Utilizing HIV/AIDS Communication and Related Health Services in Uganda". The study brought out glaring gaps in Uganda's health delivery system, particularly with regard to HIV/AIDS among people with disabilities. One of the immediate outcomes of the dissemination of the study's findings was the formation of a Disability Stakeholders HIV & AIDS Committee (DSHAC) composed of representatives of DPOs and agencies committed to ensuring access by people with disabilities to HIV/AIDS services. ADD augmented the work of the National Union of Disabled Persons of Uganda (NUDIPU) to extend project activities from 11 to another 19 districts. The best practice documented here focuses on the engagement with MADIPHA, formed to advocate for the inclusion of people with disabilities in all HIV/AIDS programmes in the Masaka district.

Overall objectives of the project/programme and of the selected practice

The overall objective of the project is to support MADIPHA in strengthening its institutional capacity and form PSGs to engage effectively with the mainstream service providers to include their needs. The specific objectives of the selected good practice are to: (a) position people with disabilities living with HIV/AIDS (rather than programme implementers) at the lead of the struggle to mainstream the disability perspective; and (b) to network, collaborate and build linkages with other organizations and government bodies in the district of operation, nationally and internationally.

Process/strategy used to implement the selected practice

Engagement meetings have been conducted between ADD and MADIPHA to develop a shared vision. A three-year partnership between ADD and MADIPHA has been initiated.

Changes achieved

The practice achieved changes in the following areas:

Strategies: MADIPHA was able to conduct a strategic planning process with participation of key HIV/AIDS service providers leading to a Five-Year Strategic Plan.

Advocacy: There has been tremendous improvement in the levels of community awareness with regard to HIV/AIDS and disability. Disabled people living with HIV/AIDS can now actively participate in activities like the World AIDS Day celebrations and the International Day of Persons with Disabilities, which are used as events for communicating disability and HIV/AIDS issues across a broad spectrum.

Statistics: Through the PSGs, MADIPHA is able to capture and store information about their members. This is incorporated into the work of other service providers like The AIDS Support Organization (TASO).

Capacity-building: With the intervention of ADD, MADIPHA has established a well-defined leadership, has clear governance, management systems and structures in place, has plans that clearly show their vision, mission and objectives and has exhibited adherence to the principles of accountability, transparency and integrity. This is manifest in the ability of disabled people to engage relevant service providers in articulating their issues and concerns.

How change was monitored and evaluated

ADD conducts periodic monitoring visits to assess the progress of work in light of planned activities and to draw lessons. "Stories of Change" are collected from MADIPHA members.

How the other criteria for best practices were met or efforts made to meet them

Partnership and participation: ADD uses a partnership-led strategy, working with DPOs and with the slogan "Working with Disabled People for Positive Change".

Accessibility: Advocacy campaigns for accessible physical environment and information are conducted.

Non-discrimination: The project targets all people with disabilities irrespective of their culture, religion or disability; it is spearheaded by people with disabilities themselves.

Gender: ADD policy stipulates that a 50 per cent level of male/female, disabled/non-disabled staff should always be maintained.

Criteria not met and why

Replicability and sustainability have not yet been met, partly because the project is still in its first year of implementation. However, strategies are in place to ensure their progressive achievement.

Factors facilitating/hindering the success of the practice

Facilitating: Building on existing structures of disabled people and scaling up existing experience: the lessons and successes of some of the previous work of ADD with districts like Katakwi and Kamuli in the area of HIV/AIDS did provide benchmarks; collaborating with others stakeholders like NUDIPU; comprehensive support (financial and technical) from ADD; building on the enormous advocacy successes realized by the disability movement in Uganda.

Hindering: The MADIPHA coverage area comprises only 5 sub-counties out of the 23 in the district; the MADIPHA Secretariat is manned by only one staff member.

Ways in which the best practice example could have been improved

Exposure visits by members of MADIPHA to other peer support groups; support for the emergence of more PSGs to lead to a national umbrella organization.

Other lessons learned from the process

As a local saying goes "The person wearing the shoe knows where the stone hurts." This means that it is key to support people with disabilities living with HIV/AIDS to take the lead in bringing to light the issues affecting them.

Reference materials

Action on Development and Disability (2008). Challenges faced by People with Disabilities in Utilising HIV&AIDS Communication and Accessing Health Services in Uganda. November. Available at the country office.

Action on Development and Disability. International Annual Report 2010. Available from http://www.add.org.uk/downloads/ADD-annualReport-2010.pdf.

Contact details for further information

Baraza Deusdedit, Monitoring & Evaluation Officer, ADD International, Uganda Country Programme. E-mail: baradeus@adduganda.org; tel.: +256 414 531446.

ZIMBABWE

Disability-Inclusive Livelihoods Protection and Promotion Programme

Name of organization, address and website
Catholic Agency for Overseas Development (CAFOD)
4 Duthie Avenue, Belgravia, Harare, Zimbabwe (www.cafod.org.uk)
Project title
Livelihoods Protection and Promotion Programme
Initiatives selected as best practice examples
1. Disability advocacy/awareness in livelihoods programmes
2. Promotion of accessibility (built environment)
Thematic area/s of best practice example:
health; rehabilitation and income generation activities and agriculture recovery
Country/specific location
Zimbabwe (Binga District, Bulawayo Urban and Mutare Urban)
Duration of the project
Three-year programme to June 2011
Beneficiaries of best practice example
Binga and Bulawayo Urban
Impairment/s targeted
Physical disability

Background to the project and to the selected practice

Zimbabwe is the sixth poorest country in the world, ranking 58 out of 84 countries on the Global Hunger Index and 169 out of 169 on the Human Development Index. Facing poverty, food insecurity, and the threat of waterborne diseases, it is one of the five countries hardest hit by HIV/AIDS. According to WHO estimates, about 1.3 million people have disabilities, about 10 per cent of Zimbabwe's population. As elsewhere, persons with disabilities suffer from widespread violation of their fundamental freedoms and rights. They are especially vulnerable to poverty and to physical and sexual violence. Only 33 per cent of people with disabilities have access to education, compared with over 90 per cent of the able-bodied. Stigma and discrimination stem from the way society views disability.

Overall objectives of the project/programme and of the selected practice

The main objective is to promote and protect the sustainable livelihoods of 15,600 chronically poor and labour-endowed households in five districts, with special focus on vulnerable groups, such as people with disabilities. The specific objectives are:

* Increased food production
* Diversified livelihoods and income sources
* Improved household income-earning capacity, to be achieved through unconditional cash transfers, internal savings and lending schemes, and income generation
* Nutrition mainstreaming
* Increased access to safe water, sanitary facilities and hygiene

Process/strategy used to implement the selected practice

* Multi-stakeholder consultations: CAFOD and partners assessed the availability and accessibility of services for people with disabilities in Bulawayo Urban and Binga districts. This involved an in-depth examination of who is doing what, where and how
* Establishing alliances: CAFOD and partners established good working relationships with various other players (both government and civil society) working on disability. Through engagement with stakeholders, CAFOD and partners cultivated a strong working relationship with Government Rehabilitation Departments at various district hospitals
* Three types of key training: Basic training on disability issues and on disability mainstreaming in livelihoods interventions, and training of trainers on disability mainstreaming was undertaken targeting CAFOD and partner staff, district stakeholders, Ward community leaders and community members. A total of 275 people were trained at both partner and district levels on disability issues and more than 2,000 people were reached with disability information during community awareness and leadership sessions

- Income-generating activities in the Mzilikazi District of the metropolitan province of Bulawayo included: production of cleansing materials (liquid soap, etc.), bed- and mattress-making, flea market sales (selling of second-hand clothes), bead-making, welding and peanut butter–making

CAFOD and its partners procured and distributed assistive devices, such as wheelchairs and commodes, to a number of beneficiaries. Through engagement with stakeholders, CAFOD and partners cultivated a strong working relationship with Government Rehabilitation Departments at various district hospitals. The project used the CAFOD Vulnerability and Inequality Analysis Tool which aims to ensure that the organization or programme (a) remains relevant and effective and (b) does no harm in contexts also affected by disability/gender/HIV issues. The analysis takes five stages into consideration: awareness, analysis, adjustment, action and assessment of impact.

Changes achieved

The practice achieved changes in the following areas:

Strengthening of multisectoral response: In Binga, Caritas Hwange changed its ways of working by offering transport to government rehabilitation services staff members as the team travels from district office to wards of operation. This has seen rehabilitation services brought to community doorsteps, whereas previously people with disabilities were not accessing rehabilitation services due to distances involved and lack of bus fares to the district centre.

Awareness-raising and advocacy: There was an increased understanding of disability issues and disability mainstreaming in Zimbabwe by CAFOD and partner staff members as well as district and community leadership, leading to a reduction in negative attitudes towards people with disabilities. This was quite evident in Bulawayo Urban where people with disabilities are now members of the powerful ward community development committee and other community associations and groups that spearhead developmental activities in the operational area.

Opposition to all stigma or discrimination: There has been increased attendance and greater participation of people with disabilities in development activities. For example, under home-based care programmes, 29 per cent of the beneficiaries were people with disabilities and a significant number of people with disabilities were also reached with small livestock (goats and chickens).

Promotion of accessibility: CAFOD responded to water sanitation challenges being faced in the five districts (Binga, Chivi, Bulilima, Mangwe and Nyanga) through the provision of clean water sources and proper sanitation facilities. In order to promote the accessibility of sanitation facilities by people with disabilities, CAFOD, in partnership with other critical stakeholders from the Ministry of Health and Child Welfare, modified the latrines and added ramps to the structure.

How change was monitored and evaluated

Beneficiary self-evaluation; multi-stakeholder monitoring visits; internal and external evaluation processes.

How the other criteria for best practices were met or efforts made to meet them

Mainstreaming: The CAFOD mainstreaming model emphasizes the following key principles: (a) community-based, working in partnership, (b) ownership by local communities, (c) meaningful involvement of people with disabilities, (d) gender-specific considerations informing all programme responses, (e) opposition to all stigma or discrimination, (f) working within a multi-sectoral response and informed by good practice guidelines, (g) evidence-based criteria and identified good practice, and (h) "know your disability, know your response". NCDPZ was the technical partner for the CAFOD-led Livelihoods Protection and Promotion Consortium. The NCPDZ role was to enhance understanding and competencies on disability issues and in particular disability mainstreaming in livelihoods interventions.

Sustainability: CAFOD and partner organizations managed to transfer disability mainstreaming skills to community and district structures. These will be able to continue working on issues of disability mainstreaming.

Participation: Participation of people with disabilities in livelihoods programmes ensured that beneficiaries were empowered to generate their own income with minimal external support.

Entity responsible for deciding whether the criteria were/were not met

Beneficiaries' feedback meetings, multi-stakeholder committees, regular project monitoring teams, external and internal evaluation.

Factors facilitating/hindering the success of the practice

Facilitating: Community and district leadership commitment; multi-stakeholder approach in addressing disability mainstreaming issues; working with DPOs; staff development on disability issues; strong leadership and management support from local partners and CAFOD; community commitment and dedication to eradicate stigma and discrimination; legal framework that supports socioeconomic and cultural rights of people with disabilities.

Hindering: Limited resources: certain disability issues go beyond mainstreaming and demand more resources, especially in areas that are very remote and marginalized.

Ways in which the best practice example could have been improved

Existence of disability coordination forums at district levels; availability of information, education and communication material suitable for people with disabilities at community and district levels; strong networking and exchange visits between players and regions for cross-learning.

Other lessons learned

People with disabilities are committed and willing to transform their lives; community reintegration and rehabilitation interventions are sustainable and produce greater impact; interventions should be responsive to the different needs and aspirations of various social groups such as the elderly, chronically sick, young people and people living with disability; "know your disability, know your response".

Contact details for further information

Tawanda Guvi, Programme Officer – HIV & AIDS and Social Protection. Skype: cafod_harare/ tawanda.guvi; e-mail: tguvi@cafod.org.zw; tel.: +263 4 706 522; cell: +263 7777 21112.

2. Asia

BANGLADESH, INDIA and PAKISTAN

Awareness-raising and sensitization among all stakeholders on the rights of children with disabilities, with a focus on the right to education

Name of organization, address and website

Leonard Cheshire Disability (LCD), International Department, 66 South Lambeth Road, London SW8 1RL, United Kingdom

Project title

Promoting socio-economic empowerment of people with disabilities in south asia and mainstreaming disability within their communities

Initiative selected as best practice example

Awareness-raising and sensitization among all stakeholders on the rights of children with disabilities with a focus on the right to education

Thematic area/s of best practice example:

education

Country and specific location

India: Bhopal, Chennai, Coorg, Mumbai. Bangladesh: Barisal, Gaibandha, Sirajganj. Pakistan: Faisalabad.

Duration of project

2006–2011

Beneficiaries of best practice example

Children with disabilities and their families; adults with disabilities. Secondary beneficiaries include teachers in mainstream schools and district education officers.

Impairment/s targeted

All

Implementing agency/agencies

Cheshire services in India and Pakistan, CDD (Centre for Disability and Development) and CSID (Centre for Services and Information on Disability) in Bangladesh

Source of funds

Big Lottery Fund (a UK Government programme)

Relevant article/s of the CRPD

24, 8, 9, 25, 27: the focus was largely on article 24, supported by components of the other articles

Background to the project and to the selected practice

The vast majority of children with disabilities in India, Pakistan and Bangladesh have no access to education. There are no clear guidelines relating to the implementation of inclusive education (IE) in any of these three countries. Curriculum and assessment procedures are generally centrally controlled and this makes it very difficult to achieve the flexibility needed for implementing IE in schools and classrooms. Also, there are systemic issues that make quality education for children with disabilities difficult to sustain.

Overall objectives of the project/programme and of the selected practice

The overall purpose of this project was to promote socioeconomic empowerment, primary education and access to basic rehabilitation services through the removal of attitudinal, social, institutional, environmental, economic and legal barriers towards inclusion and sustainable livelihood in the communities. This was to be achieved through increased access to mainstream pre-school and primary education and higher completion rates for children with disabilities in targeted communities. A major focus of the project was to sensitize stakeholders to the need for the inclusion of disabled children in mainstream schools.

Process/strategy used to implement the selected practice

The process identified children with disabilities in the project areas and brought together family members with development workers. Project staff ensured that schools, including management committees, other children and teachers were sensitive to the needs of children with disabilities, and 3,074 teachers were trained in how to accommodate them into their classes. Preparatory classes for children with disabilities were organized prior to enrolment into mainstream schools. An effective home-based education system was designed for areas where the terrain makes it hard for children with high support needs to get to school. To complement this holistic approach, the project worked closely with schools to make them accessible and with government officials to ensure that children with disabilities received their government entitlements. The project also undertook advocacy and policy work. The formation of inclusive child-to-child clubs for children with disabilities along with their non-disabled peers was adopted as a strategy to ensure meaningful inclusion.

Changes achieved

The practice achieved results in the areas of awareness-raising, access to school and other services. The project had a significant impact on changing attitudes towards disabled children's rights to education—there are now more children with disabilities in local primary schools in all three countries. Overall, the project identified 3,784 children with disabilities in the project areas in the three countries through outreach and awareness-raising activities. Of those, 83 per cent went on to benefit from some level of educational provision. Over 2,700 children were successfully enrolled in their local primary schools, some were given pre-school places and around 1,000 were supported through homeschooling; 419 children with disabilities made the transition from primary to secondary education. Services were offered including home-based rehabilitation, surgery (where appropriate) and counselling. Improved school accessibility also facilitated the enrolment and attendance of children with disabilities.

How change was monitored and evaluated

LCD has internal monitoring frameworks to record and analyse progress. An independent consultant evaluated the project using qualitative methods (semi-structured interviews, focus group discussions and home visits) to elicit the views of a range of stakeholders. There was a detailed desk review during the mid-term and final evaluation of the project.

How the other criteria for best practices were met or efforts made to meet them

Sustainability: The project followed a comprehensive intervention methodology and ensured that all strategies were sustainable.

Financial and human resources: The project was administered through the LCD Regional Office in India and dedicated project staff in all the project locations.

Gender: The project recognized the interaction between gender and disability by noting that more disabled girls than boys were out of school and, as a result, supported slightly more girls than boys.

Accountability: Representatives from different stakeholder groups had a role in the evaluation process, providing feedback on what went well, what needed more work (such as increasing teacher training and adapting more teaching and learning materials) and where there were gaps.

Ways in which the best practice example could have been improved

There are very few accessible schools or trained teachers in the region and little academic support available for supporting the educational needs of disabled children. As a result, the project was not able to access existing expertise to improve its impact on the quality of education. In most cases, educational needs go well beyond the reduction in environmental and attitudinal barriers this project focused on. Unless there are specific interventions targeted at the policy level, projects like this cannot have an impact beyond localized adaptation.

Other lessons learned

Monitoring of disability and collection of disaggregated information on service provision is very important but is rarely available. Collaboration between different government ministries is needed to deliver comprehensive services and bring about systemic changes. As inclusive education is still an emerging concept, its definition varies across the region, and there are no accepted guidelines. Investment in and availability of technical experts to support implementation is critical to outcomes.

Reference materials

Mid-term evaluation, available from http://www.lcint.org/?lid=5688. The final evaluation is forthcoming.

Contact details for further information

Ms Sunanda Mavillapalli, Learning and Policy Team Manager, LCD. Skype: nandavicky; e-mail: Sunanda.Mavillapalli@LCDisability.org; tel.: +44 (0)203 242 0222.

INDIA

Right to Information clinics to enable persons with disabilities to access information, services and justice

Name of organization, address and website

VSO India

Project title

To enhance the participation of persons with disabilities in the Balangir district of Orissa in development processes through active citizenship whereby they are able to exercise their rights and access entitlements

Initiative selected as best practice example

Right to Information (RTI) clinics to enable persons with disabilities to access information, services and justice

Thematic area/s of the best practice example:

Accountability to people with disabilities/Right to Information/awareness-raising

Country and specific location

India, Balangir district (Odisha state)

Duration of the project

Ongoing since april 2009

Beneficiaries of the best practice example

Persons with disabilities and other marginalized people, including Dalits and tribals

Impairment/s targeted

All

Implementing agency/agencies

ADHAR ("A Dream to Reality", local NGO, VSO India partner)

Source of funds

European commission

Relevant article/s of the CRPD

8, 19

Background to the project and to the selected practice

The VSO India governance–active citizenship programme supports the capacity-building of DPOs, seeks to raise the voices of persons with disabilities in policymaking and in increasing access to services and national health and rural employment programmes implemented by the Government of India. Over the past few years, VSO India has been working on active citizenship and inclusion using a rights-based approach and through various initiatives on inclusive community volunteering, youth volunteering and mass volunteering. Balangir Panchayat is a remote district in the Odisha State, chosen for the programme because it is prone to drought and has higher levels of poverty than areas of sub-Saharan Africa. The district has a total disabled population of 11,945, of which 8,259 have a physical disability. After the Right to Information Act was introduced in 2005, the local organization ADHAR began to mobilize local volunteers to manage RTI clinics (resource centres) in the Balangir district. Now there

are 4 RTI clinics in the Balangir district alone managed by the Balangir Disability Network and over 50 RTI clinics in the whole state facilitated by the RTI Coalition members (a network of 14 civil society partner organizations of VSO India, including the Bolangir Disability Network).

Overall objectives of the project/programme and selected practice

The aim of the RTI mobile and fixed clinics is to disseminate information about the Right to Information Act and to help all citizens, with a focus on persons with disabilities and those from other marginalized groups, to access justice and services, and in doing so to advocate for their rights. The overall aim of the initiative is to enhance the transparency and accountability of the Government to its citizens. Here are the main provisions listed in the Act: any citizen by a simple application can question the Government for any information except that related to defence, security and personal data; every government office needs to have a Public Information Officer (PIO) designated to respond to applications and queries; once a citizen files an application, the government department should respond within 30 days of receiving it; if the applicant is not satisfied with the response, there is provision to go to the first appeal and to expect a response within the next 30 days. Even if this fails, they can go to the second appeal, which is generally the state information commission (every state in India has a state information commission).

Process/strategy used to implement the selected practice

The Balangir Disability Network is the product of the partnership between ADHAR and VSO. It consists of a group of 36 volunteers with disabilities from rural areas. The volunteers assist individuals and/or communities to write up and submit applications under the RTI Act; they keep a register of all requested files, the answers received and those pending. The Balangir Disability Network is managed by a leadership consisting of a president, secretary and office bearers. There are five elected representatives. In addition, there are lead volunteers identified from the 14 blocks of the district. These 14 lead volunteers organize meetings at the block level, which consists of representatives from the panchayat. At the panchayat level, there are community peer volunteers who manage the day-to-day functioning of the network. They organize community-level meetings on disability issues, form self-help advocacy groups of disabled people, organize fortnightly meetings, and coordinate advocacy initiatives (enrolment of children with disabilities in the primary school in the neighborhood) and visits to the block medical office for medical certification. The volunteers in the Bolangir Disability Network attended training events in collaboration with other local organizations and government department officials on a number of topics, including RTI, rights and entitlements (food security, social security, pensions, housing entitlements, education and health entitlements), advocacy, the Persons with Disabilities Act 1995 and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). The facilitators of the training included representatives from the disability sector.

Changes achieved as a result of selected practice

The practice achieved results in the areas of awareness-raising and advocacy: Balangir community is aware of their rights and information on the provisions of the RTI Act; the

community has benefited at large as a water hand-pump was repaired in Parajatha village, which had been one of the major problems as people had no access to drinking water; 200 disabled people have received access to social security pensions, which they were not receiving before filing the RTI application; 70 disabled people received their wages through the MGNREGA (a programme of the Government which guarantees a minimum of 100 days of unskilled work in a year); 10 disabled people have received their food entitlements through the government Public Distribution System.

How change was monitored and evaluated
The RTI coalition has its meetings once a quarter; progress is monitored and activities planned. VSO international volunteers placed with the RTI coalition have developed relevant templates for monitoring the progress with each of the coalition members. ADHAR organizes frequent field visits and review meetings with the Balangir disability network. In addition, regular review processes take place once a quarter and annually.

How the other criteria were met or efforts made to meet them
Accountability and participation: The whole practice is aimed at increasing the accountability and participation of people with disabilities and peer-to-peer volunteer support.
Sustainability and replicability: The practice is sustainable as it is based on the work of volunteers, and the venue of the RTI clinics are schools or are allocated by the local authorities for free. The practice is now replicated in the state of Jharkhand through the VSO partner, Network for Enterprise Enhancement and Development Support (NEEDS).
Partnership: Active involvement of all stakeholders, including VSO International and national volunteers, civil society partners and the state information commission (active involvement of the Commissioner).
Accessibility and non-discrimination: The State Information Commission and the Orissa Association of the Blind produces a Braille version and an audio version of the RTI Act.

Factors facilitating/ hindering the success of the practice
Facilitating: Partnership as described above; development and use of robust monitoring tools at each of the RTI clinics and for the coalition as a whole; development of training modules and communication tools; newsletters published by the RTI coalition.

Reference materials

Right to Information gateway (English version). Available from http://rti.gov.in/.

Fifteen-minute video with case examples of a few disabled people from rural Jharkhand and Orissa who have successfully used RTI for accessing their entitlements. Available from http://youtu.be/VQUHdSuyPHs.

Praveen Kumar G, Programme Manager, National Volunteering and Active Citizenship. E-mail: praveen.kumar@vsoint.org; tel.: +91 9910039339.

INDONESIA

Building resilience for children with disabilities: strengthening disaster risk reduction (DRR) information delivery

Name of organization, address and website

Arbeiter-Samariter-Bund Deutschland e.V. (ASB)

Jln Kaliurang Km. 10, Sinduharjo, Ngaglik, Sleman, Yogyakarta 55581, Indonesia (www.asb.de)

Project title

Building resilience for children with disabilities: strengthening DRR information delivery

Initiative selected as best practice example

Whole project as named above

Thematic area/s of best practice example:

disaster risk reduction (DRR)

Country and specific location

Republic of Indonesia; Province of Yogyakarta; Districts of Gunung Kidul and Sleman

Duration of project

June 2010–October 2011 (17 months)

Beneficiaries of best practice example

929 children with disabilities out of school; 3,716 family members (approx.); 3,716 Neighbours of children with disabilities (approx.); 43 Members of dpos; 70 sub-district cadres, 690 village cadres; 78 Government officials

Impairment/s targeted

All

Implementing agency/agencies

ASB in partnership with the local governments of Sleman and Gunung Kidul districts, Yogyakarta Province, Indonesia

Source of funds

ASB and European Commission Directorate-General for Humanitarian Aid and Civil Protection (DIPECHO Action Plan 7)

Relevant article/s of the CRPD

11, 21

Background to the project and to the selected practice

Initiatives to include people with disabilities in DRR remain few and far between. References to people with disabilities and DRR exist in the Hyogo Framework for Action; the Bangkok Action Agenda and Biwako Plus Five. Of children with disabilities in Indonesia, 95 per cent are out of school according to the Directorate General for Special Needs and Special Services (2006). Indonesia's National Plan for Education 2010/15 includes the objective of increasing enrolment of children with disabilities to 30 per cent. Indonesia ratified the CRPD on 18 October 2011.

Overall objectives of the project/programme and of the selected practice

To provide practical DRR information and procedures to children with disabilities out of school in 2 districts of Yogyakarta province; and to provide an adoptable model for the delivery of DRR information to children with disabilities out of school to local government authorities.

Process/strategy used to implement the selected practice

Training of trainers utilizing existing government structures for the delivery of DRR information. Government cadres, and DPOs, at the sub-district level are trained. These cadres then train cadres at the village level. Cadres at the village level then train children with disabilities, their carers and neighbours. Training includes disability awareness, how to train, practical DRR, and simple research and monitoring. Training at the community level includes safe-room settings in homes and the carrying out of earthquake drills and evacuation simulations.

Changes achieved

The practice achieved changes in the following areas:

Legislation: Formal adoption of the established information delivery system (using the sub-district and village cadres) by local government. This is now under way in both districts. The district of Gunung Kidul is including the system in its disaster management action plan.

Strategy: It is the conviction of ASB that current approaches to working with people with disabilities on DRR often promote the idea that such work is technical and expensive; the project outlined aims to dispel such ideas. The ASB Information-Action (IA) model focuses on two key questions: (a) Can persons with disabilities access DRR information? and (b) Can persons with disabilities act on this information? The question is then whether people with disabilities can act independently (preferred) or whether assistance is required in a disaster context.

Capacity-building: The project builds the capacity of small DPOs: 32 (selected on merit) DPO members and 70 sub-districts have delivered DRR information and procedures to village cadres; 690 village cadres have delivered DRR information and procedures to children with disabilities; 929 children with disabilities out of school, 3,716 family members (approx.) and 3,716 neighbours of children with disabilities (approx.) have conducted a safe-room setting in their homes and have completed evacuation drills (95 per cent complete at the time of writing).

Advocacy and awareness: The project raised awareness of vulnerability and disability at the district, sub-district and community levels.

How change was monitored and evaluated

Monitoring of adoption was carried out through issuing official documentation and authority letters by government. Monitoring of training at the sub-district level and for village cadres was conducted by ASB using pre-tests and post-tests, training evaluation forms and direct observation. At the community level, monitoring was conducted by sub-district cadres, with assistance provided to village-level trainers by DPOs and oversight by ASB. Standardized evaluation forms were cross-checked against beneficiary evaluations. ASB conducted direct observations and directly monitored all training to children with severe disabilities. Group evaluations were done using focus group discussions and the most significant change methodology from the beneficiary to sub-district level.

How the other criteria for best practices were met or efforts made to meet them

Gender: The cadres selected were predominantly female (90 per cent).

Awareness-raising: Activities on the right to access education of children with disabilities were carried out in all villages.

Participation: The linking of DPOs with sub-district cadres has promoted DPOs as active development agents.

Replicability: The IA model developed has also been promoted to other DRR actors at conferences in Germany, regionally (Thailand and Viet Nam) and within Indonesia.

Criteria not met and why

To date, four children have not been trained because of their parents' refusal. They did not want attention drawn to their children because of their own perception of a lack of social acceptance. These cases are being followed up by ASB. It is not possible to ascertain whether all children with disabilities were identified during the course of the project.

Entity responsible for deciding whether the criteria were/were not met

Government (national and district) and donor monitoring entities. Monitoring and evaluation has been done primarily by ASB.

Factors facilitating/hindering the success of the practice

Facilitating: The project has demonstrated that DRR information and procedures can be delivered to children with disabilities on a large scale and economically: effective selection of cadres, based on merit and motivation, is a critical consideration for success.

Hindering: Prejudicial perceptions of people with disabilities exist and there is a low awareness amongst officials of disability issues.

Ways in which the best practice example could have been improved

More intense awareness-raising directly at the community level. Additional time would also allow for stronger establishment of linkages between DPOs and cadres and communities.

Other lessons learned

The project assumed that the majority of excluded children with disabilities came from poor households. In the main, this assumption holds. However, the majority of parents who refused to allow their children to be trained were not poor in terms of prevailing criteria. These parents included a local, lower-level government official and a police officer. This is indicative of the prevailing prejudice, and sense of shame, associated with having a child who is disabled. In spite of this, the project has demonstrated that a project focusing on DRR for children with disabilities can be highly effective and that it can have broader beneficial impacts (as indicated above). A point of note is that, contrary to expectations, the majority of children with disabilities out of school identified in the project area were male. The reasons for this are currently unclear. In the Indonesian context, the involvement of the local parliament from the early stages of the project assisted in enabling local authorities to act with a view to adoption.

Reference materials

Bangkok Action Agenda. Available from http://www.unescobkk.org/fileadmin/user_upload/esd/PCPD/Bangkok_Action_Agenda.pdf.

Contact details for further information

Dr Alex Robinson, Country Director ASB Indonesia. Skype: alexjrobinson; e-mail: alex.robinson@asbindonesia.org; tel.: +62 813 9237 8440; fax: +62 274453 2103.

NEPAL

Mainstreaming disability in the Association of International NGOs

Name of organization, address and website
Christoffel-Blindenmission (CBM), South Asia Regional Office (North), #140, "Commerce Cube", 3rd Floor, 5th Main, Puttannachetty Road, Chamarajpet, Bangalore—560 018, Karnataka—India (www.cbm.org)

Project title
Mainstreaming disability in the Association of International NGOs (AIN) in Nepal

Initiative selected as best practice example
As above

Thematic area/s of best practice example:
health, rehabilitation, education, support services, employment and all other issues pertaining to development

Country and specific location
Nepal, all regions

Duration of project
January 2010—ongoing

Beneficiaries of best practice example
INGOs, local partners of the INGOs, people with disabilities and their communities
Impairment/s targeted
All
Implementing agency/agencies
CBM, other INGOs in Nepal focusing on the rights of people with disabilities
Source of funds
CBM International
Relevant article/s of the CRPD
3, 19, 24, 25, 27, 28, 29, 30, 32

Background to the project and to the selected practice
CBM joined the Association of International NGOs (AIN) in Nepal in January 2010 and has introduced disability rights initiatives. Some AIN members work exclusively in the area of disability while others do so partially.[17] CBM, together with other members of AIN, has been advocating for a Disability Working Group (DWG) as one of the thematic groups. Discussions are ongoing with a view to formalizing the group.

Overall objectives of the project/programme and of the selected practice
The overall objectives are to: (a) conduct a mapping of the different organizations working in the disability sector and mutual coordination among likeminded organizations; (b) liaise and organize with all other working groups formed under the AIN to share best practices on disability, and enter into dialogue on how the working groups can consider disability issues in their action plans; (c) prepare and formulate a common position paper on disability to be submitted to the national Government; (d) inform and facilitate AIN members' participation in specific events and consultations at national and local levels; (e) conduct research; organize training, workshops and conferences in order to fill information gaps, update information, build capacity and empower AIN members on disability and development periodically.

Process/strategy used to implement the selected practice
Each year, the DWG will prepare an annual plan of action outlining the activities to be implemented with a clear timeframe and key responsibilities in order to strengthen and invest in developing the capacity of AIN member organizations on disability and inclusive development. This will be supplemented by the following: (a) creation of an environment for coordination and collaboration among members' activities to establish synergies in disability work, thereby avoiding duplication and overlap; (b) mainstreaming of disability within AIN members: dissemination of information and good practice on disability to AIN members to promote the mainstreaming of disability in their programmes and projects; (c) suggesting and advocating for inclusion of disability in public policies and strategies in line with the CRPD; (d) capacity-building of AIN plus other members: sharing information with and updating members about new initiatives, policies and information on disability; and (e) coordination and collaboration: introducing disability as a cross-cutting issue

17 For a full list of AIN members, see http://www.ain.org.np/member_ingos.php.

among existing members and other working groups so that they can integrate these issues into their action plans. The DWG engages national Government, local partners and stakeholders in the following ways: (a) by lobbying and advocacy for the formulation and effective implementation of the CRPD and the Government's disability-related laws, plans, policies, programmes and schemes, as well as the inclusion of the disability issue in all development sectors (health, education, etc); (b) by supporting the national CBR policy, publication of CRPD tools, support in implementing & advocating for the Government's childhood disability prevention strategy; (c) by engaging the ministries, including those responsible for health and population; women, children and social welfare; local development; labour; physical planning and construction; and education, in order to ensure coordination and collaboration on disability-related issues; and (d) by holding dialogues and interacting with bilateral and multilateral agencies, including United Nations agencies and donors, in order to include disability as a mainstreaming issue when they fund projects.

Changes achieved

The practice achieved change in the areas of advocacy efforts; research; statistics, disaggregated data; resource allocation; capacity-building; and promotion of accessibility. The thematic groups of AIN are receptive to a disability-inclusive approach; the studies conducted by AIN thematic groups include information on disability issues; the steering committee is in the process of formalizing a DWG.

How change was monitored and evaluated

Disability issues have come into focus in the discussions and studies of AIN; more organizations working on the rights of people with disabilities have joined AIN and are trying to mainstream disability within the network; the DWG already initiated advocacy efforts with the United Nations office in Nepal and other INGOs; the action planning for 2102 invites mainstream development agencies to be a part of the programme.

How the other criteria for best practices were met or efforts made to meet them

Non-discrimination: The Workforce Diversity Survey Report conducted by the capacity-building thematic group confirms that AIN members have only 0.3 per cent of people with disabilities employed in the organizations. As a follow-up, the DWG will be supporting partner organizations to develop policies of non-discrimination towards people with disabilities, accessible environment and equal participation to promote equal opportunities.

Gender: The health working group has highlighted that certain impairments are caused by poor reproductive and child health. CBM and other agencies will share best practices in terms of prevention of disability through programmes on improved maternal and child health.

Awareness-raising: One of the tasks for the DWG is to advocate for creating awareness on inclusive development among member organizations of AIN.

Sustainability: The member organizations of the DWG have submitted a proposal for basket funding to support future programmes. This will be created to mainstream disability in the development framework of Nepal.

Partnership: To advocate for the rights of people with disabilities, all member organizations of the DWG will be involving other member organizations, Government representatives, INGOs and other development actors in their routine activities in order to reach out to a wider audience. CBM has motivated Dark and Light Foundation to join the AIN. This has strengthened the DWG.

Criteria not met and why

The replicability and sustainability factors are yet to be tested. As this initiative is fairly new for AIN as a group, it has yet to be seen how other mainstream development partners will take up issues of people with disabilities and include them in their respective development programmes.

Entity responsible for deciding whether the criteria were/were not met

The criteria are yet to be discussed within the DWG, as this was a loose network until July 2011.

Factors facilitating/hindering the success of the practice

Facilitating: More agencies working on the rights of people with disabilities are joining AIN; members of the DWG have formalized the structure and offered support with the mainstreaming of disability in other thematic groups of AIN.

Hindering: There is resistance from mainstream agencies to taking up issues of disability for two reasons: mainstreaming is perceived to be resource-heavy and too technical.

Ways in which the best practice example could have been improved

More mainstreaming agencies should have joined the DWG to strengthen the initiatives and support initiatives for people with disabilities.

Other lessons learned

Mainstream organizations take up disability rights agendas when they see good practices presented; agencies working on different impairment groups should come together to strengthen the disability movement.

Reference materials

AIN website: www.ain.org.np and http://www.ain.org.np/cms.php?i=44.

Contact details for further information

Sarfaraz Syed, Chief Policy Advocacy Officer. Skype: ssahmad.saron; e-mail: ssahmad@ cbmsaron.org; cell: +91 80 26673635.

TIMOR-LESTE

Multi-stakeholder partnership for inclusive water, sanitation and hygiene in Timor-Leste

Name of organization, address and website

Timor's Disabled People's Organization (DPO) – Ra'es Hadomi Timor Oan (RHTO); The Leprosy Mission (TLM); WaterAid (WA); Plan International; DWASH; BESIK (Bee, Saneamentu no Igene iha Komunidade—Water, Sanitation and Hygiene in the Community)

Project title

Inclusive Water, Sanitation and Hygiene (WASH) in Timor-Leste

Initiative selected as best practice example

Use of multi-stakeholder partnerships to successfully include the needs of people with a disability in WASH projects

Thematic area/s of best practice example:

health and multi-stakeholder partnerships

Country and specific location

Timor-Leste

Duration of project

7 January 2011–26 February 2011 (a seven-week project that built on the past and influenced the future)

Beneficiaries of best practice example

People with disabilities in rural Timor-Leste; The Leprosy Mission; WaterAid; Plan International; DWASH; BESIK; Timor's Disabled People's Organization (DPO) – Ra'es Hadomi Timor Oan (RHTO)

Impairment/s targeted

Physical disability

Implementing agency/agencies

The Leprosy Mission; WaterAid; Plan International; DWASH; BESIK; RHTO

Source of funds

The Leprosy Mission, WaterAid, Plan International, DWASH, BESIK

Relevant article/s of the CRPD

5–10, 17, 19–25, 27, 28, 21–33

Background to the project and to the selected practice

In Timor-Leste, participatory projects which recognize and reconcile the needs of people with disabilities in WASH are still in their infancy. The CRPD has been neither signed nor ratified in Timor-Leste, but lobbying has occurred over the past few years to address this. There is currently no common definition used to describe persons with disabilities. At the time of the project, the National Disability Policy (NDP) of Timor-Leste was being drafted. In May 2011, it was submitted to the Council of Ministers for review. It is currently being updated for resubmission and it is hoped that it will be approved and accepted by the International Day of Persons with Disabilities on 3 December 2011. The National Sanitation Policy was also being drafted during the project. This policy integrates guidelines on inclusive requirements for rural water supply, water points and public toilets that were developed as part of this project.

Overall objectives of the project/programme and of the selected practice

To include the needs of people with disabilities successfully in mainstream WASH projects. To achieve this through multi-stakeholder (NGO and Government) partnerships.

Process/strategy used to implement the selected practice

The multi-stakeholder partnership began with discussions between TLM and BESIK on disability access to WASH facilities. The idea was born around a project involving a wheelchair-using engineer to train the WASH agencies on disability access. The idea of a combined project was raised and agreement reached, and the partnership commenced with all agencies contributing financially to the project. The process involved the following steps:

- Work with the most vocal advocacy body for people with disabilities (in this case The Leprosy Mission) to propose a project to all WASH agencies in Timor-Leste
- Gather data on challenges faced by people with disabilities
- Develop sustainable solutions and training workshops for stakeholders
- Implement training for stakeholders and develop prototypes of technical solutions
- Develop a report on recommendations for stakeholders to continue with WASH projects
- Follow up on the commitment of stakeholders to inclusive WASH in Timor-Leste.

Changes achieved

The practice achieved changes in the following areas:

Policy: Implementation of guidelines on inclusive standards for water points and public toilets was launched in February 2011; these guidelines were integrated into the guidelines for the National Sanitation Policy. All new water points are now built to meet the accessibility standards developed as a part of this project.

Capacity-building: The delivery of a workshop with the local DPO led to its members now being able to provide training workshops on disability inclusive development (DID) for other stakeholders.

Advocacy and awareness: After the training, a member of the local DPO was involved in a speaking tour of several Australian cities (Brisbane, Canberra, Melbourne, Townsville) to promote awareness of the challenges faced by people with disabilities in rural Timor-Leste. Promotion of accessibility: The offices at BESIK and the United Nations have been made more accessible by the addition of ramps.

How change was monitored and evaluated

Evaluation will take place in Timor-Leste in May 2012. Monitoring has occurred through regular contact with the agencies involved through the Head Offices in Australia of PLAN, WA, TLM and, in Timor-Leste, BESIK and DWASH.

How the other criteria for best practices were met or efforts made to meet them

Equality and non-discrimination: The project proposal was open to all WASH agencies and to the local DPO.

Gender issues: Gender experts were actively involved in the project; the role of women as carers and helpers of people with disabilities when using WASH facilities was also emphasized.

Awareness-raising: The project was promoted through local Timorese radio stations and through the international head offices of all agencies involved.

Accessibility: Educational brochures of inclusive WASH were created. The training materials were translated into the local dialects. Workshops were held in the most accessible venue available and adequate accessible transportation was provided so that people with disabilities could attend the training.

Participation: Village engagement was the primary focus of the project. During the sessions in the villages, local people were encouraged to share their WASH experiences and challenges.

Sustainability: This was ensured through training and through the adoption of technical solutions using local available resources.

Replicability: A report from the project provides the process and resources necessary for replication.

Accountability: Local people with disabilities and the local DPOs were engaged in the process as much as possible.

Partnerships: Multi-stakeholder partnerships—the DPO, government, WASH agencies and international organizations—all worked together constructively.

Factors facilitating/hindering the success of the practice

Facilitating: The multi-stakeholder partnerships.

Hindering: The low level of education, especially in rural areas, which means that local people have difficulty understanding the needs of people with disabilities in terms of human rights; logistical problems, such as the challenging terrain of Timor-Leste and lack of adequate accessible transport and assistive devices which can prevent people with disabilities from travelling to the villages to be a part of the process.

Ways in which the best practice example could have been improved

A longer time period for the project (at least twice the time) would have provided the opportunity to ensure that the rights-based approach to the WASH needs of people with disabilities was better understood by participants. In addition, the hindering factors listed above could have been addressed.

Other lessons learned

One of the biggest challenges is a cultural barrier: the Western idea of striving for independence is often at odds with cultural ideas of protection in a culture which is very family-oriented. This does not, however, necessarily prevent the inclusion of people with disabilities in mainstream society. It is important to be aware of the cultural context that trainers bring with them when on these projects.

Reference materials

Disability and Rural Water, Sanitation and Hygiene in Timor-Leste, BESIK: Bee, Saneamentu no Igene iha Komunidade, February 2010.

Plan International (2008). Report on the First National Survey of Disability in Timor-Leste's Primary Schools.

Ministry of Social Solidarity (2010). Timor-Leste National Strategy for Community Based Rehabilitation.

United Nations Integrated Mission in Timor-Leste (2011). Report on the Rights of Persons with Disabilitites in Timor-Leste. 29 August. Available from http://www.unhcr.org/refworld/docid/4e7c575f2.html.

Contact details for further information
Mr Huy Nguyen, Humanitarian Engineer. Skype: mr_huy_nguyen; e-mail: huy@greatvenue.info; tel.: +61 (0) 402 207 775.

UZBEKISTAN
Accessibility, Civic Consciousness, Employment and Social Support for People with Disabilities

Name of organization, address and website
UNDP Uzbekistan
Project title
ACCESS: Accessibility, Civic Consciousness, Employment and Social Support for People with Disabilities
Initiative selected as best practice example:
Promoting accessibility for persons with physical impairments in Tashkent, Samarkand and Shakhrisabz
Thematic area of the best practice example:
promotion of accessibility
Country and specific location
Uzbekistan, Samarkand, Shakhrizabz and Tashkent cities
Duration of the project
September 2008–April 2011
Beneficiaries of the best practice
People with disabilities, State Committee on Architecture and Construction, Ministry of Labor and Social Security, local government authorities and DPOs
Impairment/s targeted
People with physical impairments, wheelchair users
Implementing agency/agencies
UNDP with Ministry of Labor and Social Security
Source of funds
Target for Resource Assignments from the Core (TRAC)/UNDP, UNICEF Uzbekistan
Relevant article/s of the CRPD
9

Background to the project and to the selected practice

Among the Commonwealth of Independent States (CIS), Uzbekistan was one of the first to focus on the problem of disability and the first to pass (on 18 November 1991) the Law "On Social Protection of The Disabled", which served as an example for the development of similar laws in other CIS republics. In July 2008, the Government approved the new version of this law, which includes a detailed description of mechanisms for ensuring the equal rights of persons with disabilities and increases accountability for breaching the law. The new version of the law conforms to the norms and principles of the CRPD, which was signed by Uzbekistan on 27 February 2009. Moreover, in 2002, Uzbekistan developed State Rules and Standards on Provision of Accessibility for people with disabilities. Despite this, because of physical barriers, access to services and participation in sociopolitical life were often impossible for people with physical disabilities.

Overall objectives of the project/programme and of the selected practice

The overall goal of the project was to widen social inclusion of people with disabilities by increasing public awareness and breaking stigma, improving mechanisms of implementation of national legislation on disability issues, promoting accessibility and creating a system of social support in the employment of people with disabilities. The specific objectives were to develop by-laws for the enforcement of existing legislation, to enhance capacity of responsible agencies and to establish effective monitoring of accessibility systems, as well as to raise awareness of accessibility norms among specialists and the general population.

Process/strategy used to implement the selected practice

The following activities were undertaken:
- A public awareness-raising campaign to promote a rights-based approach to accessibility; this included the dissemination of posters in social agencies and educational institutions, the placing of banners on streets, and the conducting of TV and radio talk shows, TV broadcasts of social animated films and short documentaries
- Selection by local authorities of 30 pilot public buildings (schools, colleges, hospitals, drugstores, employment services, etc.) in Tashkent, Samarkand and Shakhrisabz to provide full accessibility for people with physical impairments
- A training programme, including disability equality training, for specialists from the State Committee on Architecture and Construction and its regional branches (people with disabilities were co-trainers)
- Monitoring of accessibility of public buildings (over 2,800 of them) with the participation of wheelchair users
- Support to the development of by-laws related to accessibility issues in the framework of the enforcement of the law on social protection of persons with disabilities in Uzbekistan
- Distribution of 3,000 toolkits on the provision of accessibility among responsible specialists and DPOs

Changes achieved

The project has achieved results in the following areas:

Legislation and policies: the Resolution of the Cabinet of Ministers "On measures of imposing fines to organizations for violation of the legislation on social protection of persons with disabilities" was adopted on 5 January 2011. It establishes the mechanisms for monitoring accessibility and gives authority to inspectors of the Ministry of Labor and Social Security to impose fines for breaking accessibility standards.

Capacity-building: 143 specialists from the State Committee on Architecture and Construction and its regional branches improved their knowledge and skills on the provision of accessibility. Accessibility: As a result of monitoring, Accessibility City Guides to Tashkent and Samarkand were developed and published in 2011. They are intended for persons with physical impairments. Also, 28 out of 30 pilot public buildings are now fully accessible for wheelchair users; more than 70 per cent of newly constructed buildings in Samarkand and Shakhrisabz are also accessible.

How change was monitored and evaluated

Monitoring of accessibility in pilot regions was conducted by an independent company and DPOs participated. Specially designed monitoring tables were used to check standards, in accordance with national legislation, on ramps, doorways, elevators, etc. More than 2,800 buildings were monitored. The quality of the publications and promotional materials was evaluated by a peer review group and tested on focus groups with the participation of people with disabilities and DPOs. There were a follow-up evaluations of the training programmes after one month and six months. Overall evaluation of the project was undertaken by an international consultant.

How the other criteria for best practices were met or efforts made to meet them

Sustainability: This was ensured by the Resolution of the Cabinet of Ministers on mechanisms in providing accessibility.

Participation of DPOs: All project activities were suggested by people with disabilities themselves and implemented and evaluated with their participation.

Non-discrimination: The project promoted inclusive development for all citizens (pregnant women, elderly people, etc.).

Gender: All DPO leaders who participated in the project were women and this enabled them to realize their potential in full. When pilot buildings were selected, gender indicators were considered as well.

Awareness-raising: This was ensured through a campaign.

Partnership: The project contributed to strengthening partnerships between local authorities, DPOs and national state agencies.

Factors facilitating/hindering the success of selected practice

Facilitating: The most important reason for the project's success was that both upstream and downstream interventions for promoting accessibility were implemented. Another reason was the fact that the project activities were in line with national legislation. As a result, the strong support of government was obtained. Another facilitating factor was the direct involvement of DPOs.

Hindering: The absence of national standards on accessibility and of information on accessibility in general for persons with different types of impairments, which narrowed the focus of the interventions.

Ways in which the practice example could have been improved

It would have been useful to start developing national accessibility standards, based on international experience, for persons with different types of impairments. Standards of accessibility of information could have been introduced.

Other lessons learned

The raising of awareness on disability issues of specialists working in government agencies led to a sharp increase in the number of newly constructed accessible buildings. Presentations made by persons with disabilities on the impact of physical barriers on their lives helped change people's understanding of the issue.

Reference materials

Manual on providing accessibility according to the national standards (in Russian), available from http://www.undp.uz/en/publications/publication.php?id=269.

Public relations campaign (social cartoons and posters), available from http://www.undp.uz/en/publications/publication.php?id=276.

Contact details for further information

Dr Yana Chicherina, "Inclusive Employment and Social Partnership" Project Manager. Skype: yana_chicherina; e-mail: yana.chicherina@undpaffiliates.org.

Mrs Aziza Umarova, Head of Good Governance Unit, UNDP Uzbekistan. E-mail: Aziza.Umarova@undp.org; tel.: +998 71 1203459/64.

3. Australia/Oceania

AUSTRALIA

AusAID Disability-Inclusive Development Reference Group

Name of organization, address and website

Australian Agency for International Development (AusAID), 255 London Circuit, Civic, Canberra, ACT 2600, Australia (www.ausaid.gov.au)

Project title

Disability-Inclusive Development Reference Group

Initiative selected as best practice example

Whole project

Thematic area/s of best practice example:

policy development

Country and specific location

Primarily Australia. Some meetings are held in countries where Australia provides assistance for disability-inclusive development.

Duration of project

2009 onwards

Beneficiaries of best practice example

Indirectly benefits persons with disabilities in countries where Australia provides development assistance

Impairment/s targeted

No specific impairments targeted

Implementing agency/agencies

Australian Agency for International Development (AusAID)

Source of funds

Australian Official Development Assistance

Relevant article/s of the CRPD

29, 31, 32

Background to the project and to the selected practice

Australia has had various forms of legislation in place to prevent discrimination against persons with disabilities since the early 1990s. In this context, AusAID has been working to include disability in its international development policies and programmes. The Development for All strategy was launched by the Australian Government on 25 November 2008. The purpose of the strategy is to ensure that persons with disabilities are included in the planning, implementation, monitoring and evaluation processes in a genuine manner, and that they share equally in the benefits of Australia's development assistance. The development of the strategy has been recognized as a highly consultative approach.

The Disability-Inclusive Development Reference Group (DRG) ensures that the transparent, consultative approach taken during the development of the strategy is continued, guiding the implementation and forming part of the accountability mechanisms for the strategy.

Overall objectives of the project/programme and of the selected practice

DRG is an honorary advisory group. Its role is to inform and provide advice on AusAID policy and programme activities, not to make final decisions on policy and programming. Other key objectives of the DRG are to:

- Engage with the AusAID Disability-Inclusive Development team, which is responsible for guiding AusAID efforts in disability-inclusive development
- Provide input and advice on performance management, monitoring and review of the implementation of the AusAID Development for All strategy
- Facilitate and support AusAID engagement and consultation with persons with disabilities as representatives of and leaders in the disability and development community
- Provide a mechanism for communication, exchange of ideas and lessons learned on good practice and emerging issues in disability-inclusive development between AusAID and external stakeholder groups

Process/strategy used to implement the selected practice

The DRG is a small group of up to six members and includes international and Australian representatives with a cross-section of disability expertise: persons with disabilities, DPOs and advocacy groups, as well as policy, international and academic experts. Membership is by invitation from AusAID. Selection of members is on the basis of the individual's standing in the disability community, and their knowledge and practical experience in disability-inclusive development, particularly in the Pacific and Asia regions in areas that are of highest priority and most relevant for AusAID in implementing the strategy. Meetings are held twice yearly, and participants include relevant Australian Government representatives, AusAID staff and Executive, members of the Disability-Inclusive Development team and others, as appropriate. The DRG undertakes concurrent appraisal and feedback to AusAID on implementation of disability-inclusive development in the aid programme. The DRG also provides additional selective inputs on the invitation of AusAID.

Changes achieved

While precise information on how the DRG has impacted disability-inclusive development within AusAID is difficult to collate, it is clear that the establishment of the DRG has given disability-inclusive development an increased profile within AusAID and has provided a unique opportunity for persons with disabilities to be involved more directly in development policy and planning. For example, during the recent Canberra meeting, the members of the DRG met with the Office of the Minister for Foreign Affairs, and the Parliamentary Secretary for Pacific Island Affairs as well as other Australian parliamentarians interested in disability-inclusive development and discussed challenges and opportunities for the inclusion of persons

with disabilities in the aid programme. The DRG also met with the AusAID Executive and staff, and provided input into policy development and programming in a range of areas including education, research and infrastructure. This has resulted in a greater focus on disability-inclusive development in these sectoral areas. In 2010, the DRG also visited Cambodia, where they were able to meet with Australian Embassy staff, Cambodian Government counterparts, DPOs and NGOs, contributing to greater awareness by AusAID post staff of disability as a development issue. Having a group such as the DRG come to Cambodia emphasized the importance of disability-inclusive development to AusAID and increased its profile as a serious and credible donor to disability-inclusive development in Cambodia.

How change was monitored and evaluated

The changes as a result of the establishment of the DRG itself are not easily quantifiable or monitored. However, the impact of the DRG will be measured as a part of a mid-term review of the implementation of the strategy, to be conducted in 2012.

How the other criteria for best practices were met or efforts made to meet them

Gender balance: This is met as the members of the DRG represent a balance of men and women.

Awareness-raising: The DRG is raising awareness of disability-inclusive development, not only within AusAID, but also in the wider public arena through its advocacy work with parliamentarians and partner governments. This will further the work Australia is undertaking to foster awareness-raising under article 8 of the CRPD.

Accessibility: The meetings of the DRG are held in venues that are accessible, and the information relating to the DRG is provided in accessible formats.

Participation: The main principle of the CRPD addressed by the DRG is participation of persons with disabilities in the policy and programming of a donor organization. The establishment of the DRG means AusAID can draw on a cross-section of relevant perspectives and persons with disabilities in influencing the delivery of development assistance. The increased participation of persons with disabilities in the design and evaluation of AusAID development programmes should, for example, improve the ability of those programmes to promote the equality and non-discrimination principles of the CRPD. Partnerships: The DRG promotes close partnerships between the Australian Government, persons with disability and DPOs, thereby promoting the CRPD principle of international cooperation by including persons with disabilities in the international development programmes.

Replicability: The DRG model is easily replicable by other organizations as a way of improving participation of persons with disabilities in the development of disability-inclusive policies and programmes.

Sustainability: The DRG is sustainable in that it is working to change political, social and cultural attitudes regarding disability in development. It is not costly and is adequately resourced.

Accountability: The DRG directly involves persons with disabilities in planning, implementing and evaluating international development programmes, making AusAID accountable to it and allowing it to have an active role in the areas of monitoring, complaints and feedback of AusAID programmes. As members of the various organizations within the disability community, the DRG members are also accountable to these stakeholders. The DRG is not a direct development programme; rather, it is an initiative for the improvement of the internal processes of AusAID.

Equality and non-discrimination: While it does not directly address some of the best practice criteria, the establishment of the DRG indirectly promotes each criterion, including the principles of equality and non-discrimination.

Entity responsible for deciding whether the criteria were/were not met

The Disability Inclusive Development Section of AusAID decided upon the criteria.

Factors facilitating/hindering the success of the practice

Facilitating: Strong engagement from the Australian Government, AusAID and the DRG has underscored the group's contribution to date. A lot of work has been put into the establishment of the Development for All strategy, and this public commitment helps the DRG have a real impact because engagement on both sides is high.

Hindering: The advice of the DRG alone will not mean success; AusAID must continue to work hard to incorporate and implement the advice of the DRG in its policy and programming.

Ways in which the best practice example could have been improved

The DRG should be given sufficient time to consider properly the issues raised in the meetings, and members have indicated that they need more time during the meetings to this end.

Other lessons learned

As well as benefiting directly from the advice of the DRG, AusAID has benefited from the group members also communicating back to the disability community about AusAID programmes and policies.

Reference materials

Relevant materials available from the following websites:
http://www.ausaid.gov.au/hottopics/topic.cfm?ID=4146_7481_277_9124_7754&From=HT;
http://www.ausaid.gov.au/publications/pubout.cfm?ID=8879_935_304_1644_2484&Type=PubKADA ;
http://www.ausaid.gov.au/publications/pubout.cfm?ID=8879_935_304_1644_2484&Type=.

Contact details for further information

Rosemary McKay, Director of the AusAID Disability-Inclusive Development team. E-mail: Rosemary.McKay@ausaid.gov.au; tel.: +61 2 6178 4497; fax: +6 12 6206 4877.

PAPUA NEW GUINEA

Extending the Australian Development Scholarships program to persons with disabilities

Name of organization, address and website

Australian Agency for International Development (AusAID), 255 London Circuit, Civic, Canberra, ACT 2600, Australia (www.ausaid.gov.au)

Project title

Australian Development Scholarships—Papua New Guinea

Initiative selected as best practice example

Extending the scholarship programme to persons with disabilities

Thematic area/s of best practice example:

education

Country and specific location

Papua New Guinea (PNG)

Duration of project

2010 onwards

Beneficiaries of the best practice example

All PNG citizens who meet eligibility criteria

Impairment/s targeted

Open to all persons with disabilities who meet eligibility criteria

Implementing agency/agencies

AusAID; Scholarships PNG Facility (Scholarships PNG)

Source of funds

Australian and New Zealand Official Development Assistance

Relevant article/s of the CRPD

5, 8, 32, 24

Background to the project and to the selected practice

In 2011, the Government of PNG signed the CRPD, indicating its commitment to advancing the rights of persons with disabilities. It is expected to ratify it in the near future. PNG has a national disability policy and active national DPOs, NGOs and church groups providing services for persons with disabilities. At its request, PNG became a focus country under the AusAID Development for All strategy. Australia announced a support package of $A 3 million to assist in its efforts towards ratifying the CRPD, implementing the national disability policy and supporting inclusive education. However, much work still remains to be done to translate policy statements into outcomes. Persons with disabilities comprise 10-15 per cent of the population, and they experience prejudice, discrimination and exclusion from social and economic activities such as education, health and employment. Limitations on access to education, health and livelihood opportunities in rural areas create a double disadvantage for persons with disabilities living in those communities.

Overall objectives of the project/programme and of the selected practice

Within Australia's Development Awards, Australian Development Scholarships provide opportunities for people from developing countries to undertake full-time undergraduate or postgraduate study at participating Australian universities and technical institutions. These study and research opportunities develop the skills and knowledge of individuals to drive change and contribute to the development outcomes of their country.

Process/strategy used to implement the selected practice

The Scholarships Handbook, available in accessible formats on the AusAID website, states the following:

- The Australian Government values the contribution and perspectives of all people, including those most marginalized, such as persons with disabilities
- Barriers to participation of these groups will be taken into account in the selection process to ensure equity
- Australia is committed to offering educational opportunities to persons with disabilities eligible to apply for a scholarship
- Women and men with disabilities are encouraged to apply

Scholarships PNG is a facility jointly funded by Australia and New Zealand which manages the promotion, selection, mobilization and on-award support associated with Australian Development Scholarships. The following strategies were implemented to make the scholarships more disability-inclusive:

- Consultations with persons with disabilities to raise awareness about the ADS
- Promotional activities and information sheets inviting members of marginalized groups, including persons with disabilities, to apply for scholarships
- Information sessions specifically arranged for members of marginalized groups and organizations representing them, including members of the DPOs
- Participation by Mr Brown Kapi, the Chairman of the National Board for Disabled Persons and a wheelchair user, on the scholarship selection panel and in the 2010 pre-departure briefing, when he addressed the opening session to raise awareness of and advocate for the rights of persons with disabilities
- Information sessions, meetings and interviews arranged in accessible locations
- Tracking of disability-disaggregated data

Changes achieved

The practice achieved changes in the areas of advocacy efforts; procedures and processes; Advocacy and awareness: The 2011 Australian Development Scholarships' promotional and application process strategies generated greater interest from persons with disabilities in PNG than in previous years. A total of 19 applicants identified themselves as having a disability and

satisfied the initial eligibility and compliance checks. Of these, four were selected for the 2012 intake, two female and two male, and will be studying in national development priority areas. Seven additional awardees were nominated for courses in disability-related fields in education, social science, law and health. Overall, of the total 150 awards announced in September 2011, 10 per cent of awardees met disability-inclusive development objectives (either persons with disabilities or persons in disability-related fields).

How change was monitored and evaluated

Scholarships PNG tracks the number of applications from and awards to persons with disabilities and people seeking to study in the field of disability. This information is disaggregated by gender, impairment and province of employment.

How the other criteria for best practices were met or efforts made to meet them

Equality and non-discrimination: Making Australian Development Scholarships more accessible for persons with disabilities is working towards a more equal and non-discriminatory system, as contemplated by the CRPD.

Gender: Australian Development Scholarships are offered equally to males and females and disaggregated data collected to provide information on gender issues and inform future efforts.

Awareness-raising: The programme has increased awareness and understanding of disability among community groups and staff at Scholarships PNG. Small focus group interviews were held for all applicants and included a spread of people from marginalized groups, including applicants with disabilities.

Accessibility and participation: The programme is promoting the principles of accessibility under the CRPD by providing: information sessions in accessible venues in all four PNG regions; reasonable accommodation for persons with disabilities on a case-by-case basis; and case managers for awardees who maintain regular contact and offer individual support. Persons with disabilities were consulted prior to and during the application process and a person with disability is a member of the selection panel, which increases participation. Under Australian law, education institutions are obligated to provide an accessible learning experience through the provision of reasonable adjustments.

Accountability: Accountability mechanisms include actively involving persons with disabilities in the decision-making and monitoring processes. Australian Development Scholarship recipients with disabilities have access to complaint and feedback mechanisms.

Partnerships: Scholarships PNG works with a range of partners, including donors (Australia and New Zealand), the PNG Government, civil society (such as DPOs and disability service organizations) and the private sector.

Replicability: Scholarships PNG, through the monitoring and evaluation plan and stakeholder forums hosted by AusAID, will report on and share their experiences to provide learning across AusAID programmes with a view to replicating the programme.

Criteria not met and why

A key issue that affects sustainability of the programme more broadly is a scholar's transition into employment upon return. Indicators in the monitoring and evaluation plan will continue to measure and inform the accessibility of Australian Development Scholarships and discussions on sustainability.

Entity responsible for deciding whether the criteria were/were not met

Ongoing governance monitoring is undertaken by a multi-stakeholder steering committee. AusAID will undertake two external quality assurance evaluations across the three years of the current contract. AusAID undertakes annual quality at implementation assessments which include analysis of disability issues.

Factors facilitating/hindering the success of the practice

Facilitating: Australian Government commitment to including persons with disabilities in its programmes; good partnerships with Scholarships PNG; commitment by the PNG Government to the National Disability Policy and to ratifying the CRPD, providing a mandate for Australian Development Scholarships to have a focus on disability; an active DPO and disability services community to provide guidance on ensuring inclusive Australian Development Scholarships in PNG, disseminate information about Awards, identify persons with disabilities who meet the eligibility criteria and participate in decision-making. Hindering: Children with disabilities have limited opportunities to attend and remain in school in PNG, which may limit the numbers of persons with disabilities who are eligible to apply for scholarships; limitations on health insurance and visas may also constrain the measures that can be taken to support a scholar's study fully. AusAID is working to identify and resolve such issues by developing guidelines on reasonable adjustments.

Ways in which the best practice example could have been improved

Greater engagement with the DPOs would strengthen strategies used to increase the numbers of applicants with disabilities and assist with advocacy across government to support employment of scholars with disabilities and to include disability among the priority sectors of study under the Australian Development Scholarships.

Other lessons learned

Information on what is considered a disability may be helpful to ensure appropriate disclosure. Greater awareness of the purpose of disclosure and implementation of appropriate disclosure processes could make for better preparation and planning.

Reference materials

Relevant materials available from the following websites:
http://www.ausaid.gov.au/keyaid/disability.cfm; http://www.scholarships.org.pg/;

http://www.ausaid.gov.au/scholar/publications.cfm;
http://www.ausaid.gov.au/publications/keyaidpubs.cfm?Type=PubKADA.

Contact details for further information

Rosemary McKay, Director, AusAID Disability Inclusive Development Team. E-mail: Rosemary.
McKay@ausaid.gov.au; tel.: +61 2 6178 4497; fax: +61 2 6206 4877.

SAMOA

Samoa Inclusive Education Demonstration Program

Name of organization, address and website
Australian Agency for International Development (AusAID) 255 London Circuit, Civic,
Canberra, ACT 2600, Australia (www.ausaid.gov.au)

Project title
Samoa Inclusive Education Demonstration Program (hereinafter "Program")

Initiative selected as best practice example
Entire programme

Thematic area/s of best practice example:
education

country and specific location
Samoa

Duration of project
2009–2015

Beneficiaries of the best practice example
Girls and boys with disabilities, their parents and families, teachers and the Ministry of
Education, Sports and Culture (hereinafter "Ministry")

Impairment/s targeted
Hearing, vision, intellectual, physical and multiple impairments

Implementing agency/agencies
AusAID; SENESE Inclusive Education Support Services (SENESE); Loto Taumafai Society for
the Disabled (Loto Taumafai)

Source of funds
Australian Official Development Assistance

Relevant article/s of the CRPD
5, 8, 32, 24

Background to the project and to the selected practice

Samoa has not yet signed the CRPD but it launched the National Policy for People with
Disabilities in January 2011 and set up a National Steering Committee to guide ratification of

the CRPD. Samoa has a range of policies and programmes to address disability and improve educational opportunities, including the Education for All, National Plan 2006–2015.

In 2008, the Samoa-Australia Partnership for Development committed both Governments to advancing disability-inclusive education in Samoa. Samoa, at its request, is a focus country in the implementation of the AusAID Development for All strategy.

A Department of Education census in 2000 identified 1,188 children under 15 years of age with disabilities in Samoa; however, current estimates suggest that the real number is more than double this figure.

Overall objectives of the project/programme and of the selected practice

The Program's overall objective is to demonstrate a model of service provision for inclusive education for girls and boys with disabilities, which can be sustained and supported by the Government of Samoa in its future programme development.

Process/strategy used to implement the selected practice

The Program focuses on including children with disabilities in education, with a special focus on children from remote and rural areas. In 2010 and 2011, the Program provided the following activities:

- Support, resources and information for parents, families and communities
- Early intervention and support services
- Teacher support and upskilling
- Development of policy and institutional capacity for inclusive education in Samoa
- Ongoing programme management and learning

In addition to funds being provided through the Government of Samoa, initially, NGOs have been funded to demonstrate the activities, with the aim that these activities will ultimately be taken on by the Government of Samoa. Two NGOs—SENESE and Loto Taumafai—are the main service providers funded by the Program.

Changes achieved

As at September 2011, the project achieved changes in the following areas:

Advocacy and awareness, capacity-building and promotion of accessibility: Improved educational outcomes increase access, retention and progression for girls and boys with disabilities in rural and urban areas. More specifically, 331 children with disabilities now have access to education in Samoa (up from 134 in 2009). SENESE supports over 160 of these students and intense support (e.g., regular teacher aids, sign interpreters in class rooms, skills training) is provided for 16 of these children under five through their early intervention programme; 64 children of primary age in regular rural and urban primary schools; 25 secondary aged students in regular schools. Loto Taumafai supports the remaining 171 students in a special education

setting. 129 children with disabilities receive early intervention support. The SENESE outreach visit programme includes 70 schools where there are children with disabilities.

Capacity-building: Urban and rural teachers from early childhood through to secondary schools are now equipped with skills to support and include students with disabilities, particularly intellectual impairments and autism, vision impairments and hearing impairments.

Advocacy: Families and communities have increased advocacy and support for the right to inclusion of girls and boys with disabilities in all aspects of society. Education and community awareness-raising activities have led to increased referrals of children with disabilities and parents have reported increased community acceptance of their children.

Policy: There is a policy and practice environment which is committed to continuous improvement and learning about inclusive education and which reflects strong Government ownership. An advisor for IE has been appointed in the Ministry and consultations on a new policy for inclusive education have commenced. Working relationships with other key Government ministries are strengthening, particularly those with the Ministry of Women, Community and Social Development, which established a Disability Unit in 2011. The Ministry is represented on the Disability Taskforce mandated to guide national disability policy implementation.

How change was monitored and evaluated

Results are submitted quarterly by service providers for consideration and analysis by the Program Advisory Committee.

How the other criteria for best practices were met or efforts made to meet them

Equality and non-discrimination and accessibility: In line with these principles under the CRPD, the Program funds capacity development, resources and accommodations to facilitate access to schools by boys and girls with disabilities on an equal basis with others.

Gender: Gender issues are addressed by supporting parents, communities and teachers to provide equal access to services and resources for both girls and boys. Programme monitoring tracks the different experience of girls and boys and ensures that both experiences are reported.

Participation: Students with disabilities, their parents and families, and the national DPO participated in the development of the Program.

Accountability: Their continued involvement in programme monitoring, implementation and redevelopment, as well as on the advisory committee, enhances the Program's accountability.

Resources: There is willingness and commitment by all stakeholders to provide appropriate resources for inclusive education in Samoa, and the Ministry is keen to make the Program part of its core business. This transition will have a stronger focus from 2012 and will take a sequenced and targeted approach in line with government capacity and resources.

Sustainability and awareness-raising: These are achieved through the engagement of relevant stakeholders, families and communities. Development of the capacity of the Ministry to take responsibility for inclusive education has commenced, but requires further attention to ensure programme sustainability.

Replicability: The Program is designed to demonstrate a model of good quality, inclusive education practice which is replicable.

Partnerhips: The Program has strengthened coordination and partnerships between stakeholders. Further coordination between all relevant government ministries will be important as the Program continues.

Entity responsible for deciding whether the criteria were/were not met
All stakeholders involved in the Program.

Factors facilitating/hindering the success of the practice
Facilitating: The governments of Samoa and Australia have worked closely on disability-inclusive development and, particularly, inclusive education since 2008. The Program continues to build on the high quality service and commitment of existing NGOs, parents and teachers, who are the key drivers of inclusive education in Samoa. Capacity development and support in schools, which includes parents and extended family members, ensures a transfer of skills learned at school to the broader community. Partnerships with local and international partners for assistance, resources and advice are driven by local service providers at their request.
Hindering: The Ministry is currently not able to fully manage the Program. The reporting indicates good achievement of activities and outputs, but provides limited information about outcomes.

Ways in which the best practice example could have been improved
Specific and targeted technical assistance could have been given greater attention in the first two years to support consistent reporting by all stakeholders and to make progress in information-gathering and analysis regarding outcomes. A strategic approach to capacity development could have been developed to support the Ministry in taking full responsibility for inclusive education in Samoa.

Other lessons learned
Without proper analysis and evaluation, the Program will not be able to demonstrate an appropriate model of service provision which the Government of Samoa can sustain and support.

Reference materials

Relevant materials available from the following websites:
http://www.ausaid.gov.au/country/country.cfm?CountryID=18&Region=SouthPacific;
http://www.ausaid.gov.au/keyaid/disability.cfm;
http://www.seneseinclusive-edu.ws/;
http://www.mesc.gov.ws/index.php?option=com_content&view=article&id=94:fiafia-sports-program&catid=69:fiafia-sports&Itemid=198;
http://www.youtube.com/watch?v=kFttwMLZzgE;
http://www.ausaid.gov.au/publications/pubout.cfm?ID=8879_935_304_1644_2484&Type=.

Contact details for further information

Rosemary McKay, Director AusAID Disability Inclusive Development. E-mail: Rosemary. McKay@ausaid.gov.au; tel.: +612 6178 4497, fax: +612 6206 4877.

4. Europe

KOSOVO[18]

Participatory process in the formulation of a National Disability Action Plan

Name of organization, address and website
Italian Ministry of Foreign Affairs, General Directorate for Development Cooperation (DGCS), Central Technical Unit (http://www.cooperazioneallosviluppo.esteri.it/pdgcs/)

Project title
Technical assistance for the elaboration and implementation of a Disability Action Plan in Kosovo

Initiative selected as best practice example
Active participation among national institutions at the central and local level, DPOs and all key international organizations active in Kosovo in the formulation of a National Disability Action Plan (NDAP)

Thematic area/s of the best practice example:
national policies and legislation, awareness-raising

Location
Kosovo

Duration of project
2008-2009 and 2010-2011

Beneficiaries of the best practice example
All persons with disability in Kosovo, DPOs, authorities in Kosovo

Impairment/s targeted
All

Implementing agency/agencies
Italian Ministry of Foreign Affairs—General Directorate for Development Cooperation; Office of the Prime Minister for Good Governance, Human Rights, Equal Opportunities and Gender Issues of Kosovo

Source of funds
Italian Ministry of Foreign Affairs—General Directorate for Development Cooperation

Relevant article/s of the CRPD
The Action Plan on Disability is based on the CRPD and on the Action Plan on Disability of the Council of Europe

Background to the project and to the selected practice
On 20 March 2008, as part of the strategy for the protection of the human rights of the most vulnerable groups, the Office of the Prime Minister of Kosovo, by Decision No. 10/20, delegated the responsibility for drafting the National Disability Action Plan (NDAP) to the Office for Good Governance, Human Rights, Equal Opportunities and Gender Issues (OGG/OPM), and appointed a Steering Committee (SC) for its preparation and implementation.

18 References to Kosovo shall be understood to be in the context of UN Security Council resolution 1244 (1999)

Overall objectives of the project/programme and of the selected practice
Participation of DPOs in drafting, monitoring and evaluating the Kosovo NDAP.

Process/strategy used to implement the selected practice
Six Technical Working Groups (TWGs) (on education, health, employment, social protection, accessibility and statistical data) were established, chaired and coordinated by the director of OGG/OPM. Each TWG, coordinated by a technical representative of the line ministry, was composed of thematic experts from DGCS, representatives of the OGG/OPM, international organizations and civil society, including NGOs and DPOs. The TWGs were in charge of producing specific input for the NDAP in accordance with international and domestic legislation on human rights. Key tasks for each TWG were: assessing the current situation; collecting disability-relevant laws and regulations (approved or under discussion) and available data (qualitative/quantitative); sharing relevant background material (reports, data, etc.); identifying priorities and suitable operational tools; proposing realistic actions based on available resources and newly allocated resources; identifying thematic performance indicators and clear accountability mechanisms; sharing the conclusions reached; and soliciting additional comments and input in public workshops in municipalities. Each TWG drafted its own document based on the information collected during the working sessions. These documents were then presented and discussed at the SC in order to inform them about progress made, to harmonize the document and resolve problems and concerns. The thematic documents were used to edit the first draft of the NDAP that was circulated to all working groups for revision, comments and further input. At the same time, during a series of meetings, the draft NDAP was presented and discussed with local authorities and local DPOs in order to gather comments and inputs. These were taken into account and included in the second draft that was distributed again to participants. The final version of the Plan was approved on 29 April 2009 (Decision No. 02/62) by the authorities in Kosovo and was presented to the public during a launch conference on 23 May 2009, printed in the official languages (Albanian, English, Serbian) and issued in accessible formats for people with disabilities (in a DVD in sign language, in Braille and in an audio version).

Changes achieved
The practice achieved changes in the following areas:
Policies: The Ministries were engaged in disability issues and have taken on obligations included in the NDAP; a specific monitoring system was developed for the NDAP.
Legislation: New laws and legislation are being developed and approved (pensions, recognition of sign language, employment, education) and institutional mechanisms are being established to monitor the implementation of these legislations and policies.
Strategies: The Ministry of Education and the Ministry of Social Protection in particular have developed specific strategies on inclusive education and social protection as part of their ordinary policies.
Resource allocation: All ministries have allocated specific funds to implement the objectives included in the NDAP.

Capacity-building: OGG, NGOs and ministries received support and training on the NDAP and its M&E framework.

Promotion of accessibility: The Ministry of Environment and Spatial Planning developed a manual for the implementation of the legislation on removal of barriers.

How change was monitored and evaluated

The implementation of the NDAP required the development of a system for the monitoring and evaluation of the achieved results. In article 33, the CRPD foresees a three-level system, which represents a paradigmatic framework for the Disability Action Plan, inspired by the principles of transparency and participation.

The OGG was designated as the focal point in charge of monitoring and evaluating the implementation of the plan. The OGG managed a coordination body composed of stakeholders, human rights units at the central and local levels, and representatives of civil society (associations, NGOs and DPOs). The coordination body had the following duties: to monitor the implementation of the NDAP; to promote the elaboration of the monitoring results in order to ensure an evaluation based on qualitative and quantitative indicators; to promote the collection of systematic statistical data and information about the situation of persons with disabilities in cooperation with the relevant institution in charge; to promote the compilation of surveys and research which could contribute towards the identification of priority actions/ interventions; to promote the collection of systematic statistical data and information about the situation of persons with disabilities in cooperation with the relevant institution in charge; to disseminate in the proper format the information collected; to cooperate with and report to the National Council of persons with disabilities for the implementation of the NDAP.

Finally, the Focal Point is responsible for monitoring, evaluating and reporting on the implementation of NDAP in Kosovo. The OGG periodically reports (every six months) to the authorities in Kosovo and directly monitors and evaluates annually the process of implementation of the NDAP.

How the other criteria for best practice were met or efforts made to meet them

The preparation of the Plan was inspired by the principles of the CRPD and was supported by international cooperation, in compliance with article 32.

Participation: The NDAP is the result of a complex participatory process among national institutions at the central and local levels, DPOs and key international organizations active in Kosovo. With regard to the participation of DPOs, they were selected on the basis of a broad representation of different kinds of disabilities (e.g., visual and hearing impairments, Down syndrome, etc.), combining also the expertise of international DPOs (such as Handicap International). DPOs actively participated in all areas of the NDAP, including the identification of priorities, actions, deadlines, budget constraints, performance indicators and accountability.

Accessibility: All the communications, documents and discussions of the meetings have been translated into the official languages of Kosovo (Albanian, English and Serbian) and produced in accessible format. During the meetings, sign language interpreters enabled deaf persons to participate. The documentation produced on the project is available in all accessible formats,

including Braille, a DVD in sign language and an audio CD.

Replicability: In addition to the NDAP, a number of municipalities developed action plans at the local level. Sustainability of the NDAP was ensured through the M&E system.

Gender: Gender is included as a crosscutting issue.

Awareness-raising: The whole project was aimed at increasing awareness at the societal and institutional levels.

Factors facilitating/hindering the success of the practice

Facilitating: The support of the government, competent participation of DPOs in each stage of the project, involvement of experts with disability; development of an institutional mechanism for the monitoring of NDAP, facilitating public discussions and consultations on the draft NDAP.

Hindering: Fragmentation of coordination amongst NGOs; lack of data on disability; different levels of awareness amongst the ministries involved; lack of financial resources from the authorities.

Reference materials

Technical assistance project for the National Disability Action Plan in Kosovo, final report. Available from http://www.cooperazioneallosviluppo.esteri.it/pdgcs/disabilita3.htm.

Contact details for further information

Mina Lomuscio, Italian Ministry of Foreign Affairs, DGCS–Central Technical Unit. E-mail: mina.lomuscio@esteri.it; tel.: +39 06 36916321.

Giampiero Griffo, DGCS external consultant for disability programmes, member of the World Executive Body, Disabled Peoples' International-DPI. E-mail: giampeer@tin.it.

Dolores Mattossovich, DGCS external consultant for disability programmes, Project Coordinator in Kosovo. E-mail: dmattossovich@gmail.com.

SERBIA
Setting up the Youth Employment Fund

Name of organization, address and website
UNDP Serbia
Project title
Joint United Nations Programme on the Promotion of Youth Employment and Management of Migration
Initiative selected as best practice example
Youth Employment Fund (YEF)

Thematic area/s of best practice example:

employment

Country and specific location

50 municipalities in Serbia (see http://rs.one.un.org/yem/where-we-work/)

Duration of project

May 2009–May 2012

Beneficiaries of the best practice example

Youth with disabilities and low levels of education

Impairment/s targeted

All

Implementing agency/agencies

UNDP in cooperation with ILO

Source of funds

Spanish MDG Achievement Fund (http://www.mdgfund.org/; Government of Serbia

Relevant article/s of the CRPD

26, 27, 8, 9

Background to the project and to the selected practice

Young people (15 to 30 years of age) in Serbia have been severely affected by the deteriorating employment situation, and their entry into the labour market still remains a particular challenge, as highlighted by the youth unemployment rate of 46.4 per cent (first quarter of 2010, according to the National Employment Service). The severity of this situation is also emphasised by the fact that over a third of young people are neither employed nor in education or training. Unemployed youth without qualifications on the National Employment Service register make up as much as 19 per cent of the total number of unemployed youth. In 2009, the Law on Employment and Professional Rehabilitation of Persons with Disabilities introduced a quota for the employment of people with disabilities. The Law states that 1 person with disability must be hired if the company has 20 workers. Another person with disability must be hired for every additional 50 workers. If the quota is not fulfilled, the company must pay a fine into a fund especially established for this purpose. The fund is used to provide other types of support for employment of people with disabilities. Thanks to this Law and also to the Youth Employment Fund (YEF) described below, the number of people with disabilities (not only young people) who found jobs in 2010 was 3,681, compared with 400-600 before the Law was enacted. About 22,000 unemployed people with disabilities are registered with the National Employment Service.

Overall objectives of the project/programme and of the selected practice

The overall objective was to establish and implement a long-term national financial mechanism to put into practice employment measures targeting disadvantaged youth.

Process/strategy used to implement the selected practice

The YEF was established in cooperation with the National Employment Service and Ministry of Economy and Regional Development. Half of the funding comes from the Government

of Serbia and half from the Spanish MDG Achievement Fund (US$ 3.9 million in total). Beneficiaries are identified through the branch offices of the National Employment Service covering 50 municipalities. The following measures are provided:

- Social enterprise–based training programmes, focused on providing young people with a number of skills required by the employers
- Work training, employment subsidies and work trial programmes
- Self-employment programmes

The table below shows how many young people with disabilities benefited from the programme:

Number of young people with disabilities who benefited from the Youth Employment Fund measures since it started operating in January 2010

Marginalized group:	Number of young people :
Training in an enterprise	13
Business start-up	6
Employment subsidies	120
Total (and percentage)	*139*

In addition to these measures, two additional, complementary measures have been designed:

- Accessibility grants for employers interested in hiring a person with disability (to be used for the company's general facilities, i.e., a ramp at the entrance, as well as for the individual worker's workstation, i.e., software programmes and other support measures)
- Childcare grants for single parents wishing to participate in vocational training that is not available in their municipality.

Changes achieved

The practice achieved results in the following areas:

Strategies: The recently adopted National Employment Strategy (2011–2020) refers to YEF as a mechanism for supporting disadvantaged youth, including young people with disabilities, to acquire employment skills. One of the Government's goals is to continue to finance the YEF to promote the active labour market measures implemented so far.

Statistics: This is the first UNDP project in Serbia that has tracked the participation of people with disabilities and established specific targets in this field.

Awareness-raising and capacity-building: 139 people with disabilities attended vocational training; their employers were able to see that people with disabilities were good workers and were satisfied with their performance, as communication with employers during field visits revealed.

Accessibility: The accessibility grants traditionally provided by the National Employment Service were expanded to include the accessibility not only of facilities but also of the individual workstations.

How change was monitored and evaluated

At the beginning of the Joint Programme, a comprehensive M&E plan and an annual work plan inclusive of targets and performance indicators pertinent to all beneficiaries, including the number of people with disabilities were established.

How the other criteria for best practices were met or efforts made to meet them

Accountability, participation and awareness-raising: Special presentations and discussions were organized with DPOs to explain the purpose of the YEF, get feedback and promote participation. A special call for applications was published for people with disabilities, explaining all the available measures of the YEF. Regular reports on the Fund's results are published and it was showcased at numerous roundtables and seminars.

Sustainability: Sustainability is clear for this type of employment initiative in other countries, especially in the UNDP Regional Bureau for Eastern Europe and the Commonwealth of Independent States (RBEC).

Criteria not met and why

Based on findings of the external evaluator and the multi-stakeholder Programme Management Committee it has been concluded that the YEF has not yet reached its end-of-programme target of 10 per cent beneficiaries—young persons with disabilities. The programme ends in May 2012 and it is anticipated that the end target will be met.

Factors facilitating/hindering the success of the practice

Facilitating: The interest and qualifications of the potential beneficiaries.

Hindering: Prejudice of employers and discrimination (a 2010 UNDP survey found that disability was one of the top causes of discrimination, second only to Roma ethnicity).

Other lessons learned

Social entrepreneurship currently receives great attention in Serbia and many NGOs are actively facilitating the development of social enterprises as a means to provide employment possibilities for vulnerable groups. Future United Nations assistance in this area could greatly enhance the successful introduction of this measure.

Reference materials

Joint United Nations Programme on Youth Employment and Migration, available from http://rs.one.un.org/.

Joint United Nations Programme on Youth Employment and Migration, document available from http://www.undp.org.rs/MDG YEM Final Programme Document.

Joint United Nations Programme on Youth Employment and Migration Mid-term Evaluation, available from the contact listed below.

Contact details for further information

Milena Isakovic, Programme Officer for Social Inclusion and Sustainable Development, UNDP Serbia. Skype: m_isakovic; e-mail: Milena.Isakovic@undp.org; tel.: +381 11 2040-400, cell: +381 63 458 544.

SWEDEN

Accessible playgrounds and adventure playgrounds

Name of organization, address and website

City of Stockholm, Stadshuset, 105 35 Stockholm, Sweden, (www.stockholm.se/tillganglig)

Project title

Easy Access

Initiative selected as best practice example

Accessible playgrounds and adventure playgrounds

Thematic area/s of best practice example:

accessibility

Country and location

Sweden, Stockholm

Duration of project

1999–2010

Beneficiaries of the best practice example

Accessible play areas and playgrounds

Impairment/s targeted

Various functional impairments, e.g., vision, mobility (using wheelchair or wheelie-walker), autism, perception problems

Implementing agency/agencies

City of Stockholm

Source of funds

City of Stockholm, 100 MSEK/year 1999–2010. The budget for the accessible play areas and playgrounds (during the whole period of the project) totalled SKr 80,688 million

Relevant article/s of the CRPD

3, 4, 9, 19, 30

Background to the project and to the selected practice

The United Nations Declaration of Human Rights (1948), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (adopted by Sweden in 1993), From Patient to Citizen: A National Action Plan for Disability Policy (2000), and the CRPD (2009) represent the framework within which Sweden operates. The selected good practice example involved cooperation between the City of Stockholm (in particular the Streets, Roads and Real Estate Committee, placed in charge of the Easy Access project) and DPOs.

Overall objectives of the project/programme and of the selected practice

In December 1998, the City of Stockholm resolved to inaugurate a programme of accessibility promotion aimed, in principle, at implementing national and international legislation in the field of accessibility/disability; at eliminating, by no later than 2010, all barriers to accessibility in the outdoor environment and in City-owned properties; and at making Stockholm thereafter the world's most accessible capital city. Work on making Stockholm more accessible has focused on eliminating "easily removable obstacles". Work also began on City-owned properties and on cultural and sporting facilities. One of the areas covered by the project has been the creation of accessible playgrounds and adventure playgrounds.

Process/strategy used to implement the selected practice

The first task facing the Easy Access project was that of inventorying the improvements needed in the city, for example, with regard to the playgrounds. The inventory was conducted in partnership with the City Districts and with the Disability Councils affiliated with them. Deficiencies have since been tackled systematically and proposals, measures taken and measures planned have been continuously documented in a database. Cooperation with the DPOs proceeded mainly through the municipal Disability Councils. They have a watching brief on disability issues within their local authorities and play an important part in the work of accessibility promotion. The Disability Councils took part in the planning of activities and were officially consulted. Cooperation with DPOs made it easier to adapt and improve the playgrounds for people with disabilities. Training programmes for over 500 local government officials, local politicians and consultants were carried out. Older play areas and adventure playgrounds have been made accessible to children and parents with various functional impairments (e.g., by changing the surfacing, such as sand and gravel, reducing variations in level and replacing certain types of apparatus) and new, accessible facilities are being constructed. These can have, for example, sitting supports in the sandpit, Wendy houses with ramps, animal sheds with ramps, obstacle courses with handrails, an accessible paddling pool, outdoor furniture that everyone can use, special swings or tactile footpaths.

Changes achieved

The practice achieved changes in the following areas:

Implementation of national and international normative frameworks and accessibility: More than 40 playgrounds have been improved or totally changed in order to adapt them to children with disabilities. Many existing and new play areas and adventure playgrounds are now accessible. The City of Stockholm website, www.stockholm.se, provides the particulars of more than 200 play areas and adventure playgrounds under the heading "find and compare amenities".

Awareness-raising: The documentation of the project (see links below) has led to heightened awareness, in particular among the politicians in the city, but also among journalists and citizens.

Processes and resource allocation: The project has been carried out in cooperation with DPOs; resource allocation and procedures and processes have consequently been influenced by expertise within the DPOs.

How change was monitored and evaluated

Proposals, measures taken and measures planned have been documented continuously in a database.

How the other criteria for best practices were met or efforts made to meet them

Each of the criteria has been met:

Participation and partnerships: The DPOs have played a vital part in the whole project. This partnership has been achieved mainly through the municipal Disability Councils.

Financing: Financially, the project has received substantial funding by the City of Stockholm.

Replicability: The project is replicable, thanks to the different resources mentioned above.

Awareness-raising: Awareness was raised among politicians and the general public as described above. Briefings have been given on the work of the project at conferences and seminars, both in Sweden and abroad. Conferences have been arranged and the city has received a large number of field trippers from all over the world, especially from Japan, France and Norway.

Factors facilitating/hindering the success of the practice

Facilitating: The smooth cooperation with DPOs.

Reference materials

Relevant materials are available from the following websites:

http://stockholm.se/Fristaende-;
webbplatser/Fackforvaltningssajter/Trafikkontoret/Tillganglihetsprojektet/Boken/
(click on the book in English if you want to download it as a PDF file. The films about the project are also available, but only in Swedish: click on "filmerna" to the left on the web page).

Contact details for further information

Ewa Samuelsson, Assistant Vice-Mayor of Social Affairs, City of Stockholm. E-mail: Ewa.samuelsson@stockholm.se.

Markus Nyman, Political Secretary, City of Stockholm. E-mail: Markus.nyman@stockholm.se; tel.: +46 76 12 29 911.

5. Latin America and the Caribbean

COLOMBIA

Strengthening family-based and self-advocacy organizations to promote the rights of people with intellectual disabilities

Name of organization, address and website

Inclusion International (II), KD.2.03; 4-6 University Way; Docklands Campus, London E16 2RD, UK (http://www.inclusion-international.org/)

ASDOWN COLOMBIA, Asociación Colombiana de Síndrome de Down, Calle 118 19-52 Piso 6, Bogotá, Colombia (http://asdown.org/)

Project title

Strengthening family- and self-advocate–based organizations to promote advocacy

Initiative selected as best practice example

Strengthening family-based and self-advocacy organizations to promote the rights of people with intellectual disabilities

Thematic area/s of best practice example:

civil society organizations and advocacy

Country and specific location

Bogotá, Colombia

Duration of project

April 2010–March 2012

Beneficiaries of the best practice example

Families and people with intellectual disability

Impairment/s targeted

Intellectual disability

Implementing agency/agencies

ASDOWN COLOMBIA with technical support of Inclusion International

Source of funds

Open Society Foundation (OSF), Handicap International, Abilis, Fundación Saldarriaga Concha

Relevant article/s of the CRPD

Preamble, articles 24, 12, 19

Background to the project and to the selected practice

Years of inequality, exclusion and marginalization have contributed to the current negative situation for people with intellectual disabilities and their families in Colombia. People with intellectual disabilities and their families are the most effective and appropriate advocates for themselves as individuals and as a community, but they need support in order to become so. Since the number of family-based organizations and their members are limited, their needs and challenges are not known or heard by the main groups that are promoting the implementation of the CRPD. Families of people with intellectual disabilities face a number of challenges: family

members are often isolated, they often have a low educational level and there is therefore a lack of professional parents as members of local associations and movements. ASDOWN is one of the few groups of parents that do not provide services for people with intellectual disabilities; rather, it is involved in advocacy efforts and the promotion of their rights.

Overall objectives of the project/programme and of the selected practice

The overall aim of the practice is to strengthen the capacity of family-based organizations in Colombia and to enable them to participate actively and contribute to the implementation and monitoring of the CRPD in Colombia and have their voices heard. More specifically, the aim of the practice is to develop the National Organization of People with Intellectual Disabilities and their families in Colombia. The National Organization aims to ensure that persons with intellectual disabilities and their families have the knowledge and resources to lobby the Government to have their rights fulfilled and to be included in all Government programmes.

Process/strategy used to implement the selected practice

In order to achieve the above-mentioned objectives, ASDOWN COLOMBIA with Inclusion International (II) organized the following activities:

- Training members of organizations of people with intellectual disabilities on the CRPD, the role of families, inclusive education, living in the community and legal capacity
- Establishing a national group of parents from local groups to exchange information and ideas in an informal way. In 2011, new parents and organizations joined the network[19]
- Organizing 2 conferences for families, 2 for self-advocates and 3 workshops between 2010 and 2011, to improve knowledge and the capacity of the members of the network. In addition, around 200 family members from different cities in Colombia have attended the conferences. One more conference is planned for 2012
- Developing three proposals: one is to fund the National Organization and its yearly conference; one to continue the work with the self-advocates; and one to strengthen and empower families through workshops on the CRPD

Changes achieved

The practice achieved changes in the following areas:

Advocacy efforts: The National Organization of people with intellectual disabilities and their families is scheduled to be legally constituted at the beginning of 2012. It will be an alliance of 18 family-based organizations of parents and people with intellectual disabilities. The National Organization will be represented at the National Council for Disability and councils at the local and regional levels.

Capacity-building: This has been carried out amongst the different family and self advocacy organizations through the activities listed above.

19 The initial groups of parents are from the following organizations: Familias Down de Cali; Nordown de Cúcuta; Fundación Raudal (Bogotá); Liga Colombiana de Autismo; Fundación CREEMOS (Popayán); Humanos Down (Bucaramanga); Familias Líderes (Cartagena); Corporación Transición es Crecer; ASDOWN COLOMBIA (Bogotá); Inclusion International. The following organizations joined in 2011: RECA (Bogotá); Corporación Sindrome de Down (Bogotá); Fundación Auris (Bogotá); Fundación Poder y Exito; Independent parents (Santa Marta).

How the other criteria for best practices were met or efforts made to meet them

The framework of the project is the CRPD and the identification of the needs of people with intellectual disability and their families carried out by II and described in the Hear our Voices: A Global Report: People with an Intellectual Disability and their Families Speak Out on Poverty and Exclusion.

Participation and capacity-building: These are key components of the project. Two groups have been addressed: people with intellectual disability (self-advocates) and families.

Non-discrimination: There was no cost involved for participation at the conferences and economic support was given to some to hire a carer for their child, if needed, or for transportation. Independent families not belonging to organizations were also invited.

Gender: Most participants are women—fathers or friends also participate but they are not easy to reach.

Accessibility: Easy language is promoted in the conferences. Self-advocates are supported in their presentations.

Accountability: Follow-up and monitoring was carried out and reports presented every six months to the funder.

Entity responsible for deciding whether the criteria were/were not met

Families and participants are invited to evaluate the conferences and workshops. Participants in the network are working together on the Global Report of II on article 19 of the CRPD.

Factors facilitating/hindering the success of the practice

Facilitating: Support from international and national donors; technical support from II and from Programa de Acción por la Igualdad y la Inclusión Social (Faculty of Law PAIIS, Universidad de los Andes); linking of the initiative to other proposals and work done by ASDOWN; strong participation of stakeholders; funds to allow the participation of family members and self-advocates in events outside Bogotá, including funds to hire carers and for transportation.

Hindering: Limited membership; time needed to build knowledge of existing members; family members as volunteers are very good but there is a need for qualified extra participants and qualified human resources to achieve government involvement and to analyse policy, legislation and current practices.

Ways in which the best practice example could have been improved

The organization needs to be strengthened to be able to create awareness amongst families that are not members and among the poorest. Service providers participate in the conferences but their language and practices are far from the principles contained in the CRPD. There is a need to engage with other DPOs. Economic sustainability needs to be worked out. There needs to be engagement with government officials to change the current legislation. Representation of members in international conferences should increase; more workshops need to be organized on the specific issues identified by people with intellectual disabilities and their families.

Reference materials

Canadian Association for Community Living (2004). A Family Lens: A Tool for Family Advocacy. Available from http://www.cclscalgary.com/newsletters/January2005.pdf.

Davis, Rick, and Jess Dart (2005). The Most Significant Change (MSC) Technique: A Guide to Its Use. Available from http://www.mande.co.uk/docs/MSCGuide.pdf.

Inclusion International (2006). Hear our Voices: A Global Report: People with an Intellectual Disability and their Families Speak Out on Poverty and Exclusion. Available from http://www.inclusion-international.org/resources/better-education-for-all-when-we-are-included-too/.

London, Scott. Deliberative Dialogue as a Tool to Engage Citizen Participation. Thinking together: The power of Deliberative Dialogue. Forthcoming. Available from http://www.scottlondon.com/reports/dialogue.html.

Wilson-Grau, Ricardo, and Martha Nuñez (2006). Evaluating International Social Change Networks: a conceptual framework for a participatory approach. Available from http://www.mande.co.uk/docs/Evaluating%20International%20Social%20Change%20Networks,%20Ricardo%20W.pdf.

Contact details for further information

Inés E. de Escallón, Inclusion International Consultant. Skype: ines.elvira.buraglia; e-mail: escallon@rogers.com; tel.: +1 (416) 489-8033.

HAITI
Supporting learners with disabilities

Name of organization, address and website
Education Cluster Coordination Team (Save the Children and UNICEF)
Project title
Education Cluster response in post-earthquake Haiti
Initiative selected as best practice example:
Advocating for inclusive education and accessible schools
Thematic area of the best practice example:
inclusive education/accessibility of schools/accessibility of WASH in schools
Country and specific location
Haiti: Port au Prince, Leogane and Jacmel (and other affected areas)
Duration of the project
Ongoing since January 2010

Target group
Children
Beneficiaries of the best practice example
Learners with disabilities
Impairment/s targeted
All
Implementing agency/agencies
Members of the Education Cluster, including Save the Children and UNICEF
Source of funds
N/A
Relevant article/s of the CRPD
11, 24

Background to the project and the selected practice

According to Ministry of Education (MoE) assessments, a total of 4,992 schools—almost a quarter of all schools in Haiti—were affected by the earthquake of 12 January 2010, predominantly in and around Port au Prince. Of these, 80 per cent were either destroyed or damaged. Prior to the earthquake, some 90 per cent of schools in Haiti were managed by the non-public sector, and 50 per cent of children were out of school. After the earthquake, over 2.5 million primary school children were out of school in both affected and non-directly affected areas.

Overall objectives of the project/programme and of the selected practice

The Education Cluster response strategy is based on the Inter-agency Network on Education in Emergencies (INEE) Minimum Standards, which have been adapted to the Haiti context. The main objectives consist of: clearing schools of debris to make room for temporary, semi-permanent or permanent learning spaces; ensuring safe resumption of quality education for children affected by the earthquake through teacher training, delivering teaching and learning materials; providing psychosocial support at schools; and advocating for financial support for schools to reopen and continue functioning, among other activities.

Process/strategy to implement the selected practice

A number of activities were carried out by the Cluster to ensure the inclusion of learners with disabilities, namely:
*   Inclusion of disability-related questions in a school survey: Because of a lack of baseline data, the cluster developed a questionnaire, with input from government and NGO Cluster partners (including HI), for collecting data from about 3,700 schools in Port au Prince, which included several questions on disability. HI publications were used to provide clear definitions of different disabilities in the one-page guidelines for education inspectors on the use of the survey tool. An expected constraint, however, is that many children with disabilities today are not at school, especially as only 3.5 per cent of children with disabilities were accessing school prior to the earthquake. Surveying out-of-school children would have required a different approach, for which there were no resources at that time

- Advocacy for inclusive education with Education Cluster partners (NGOs and MoE): The inter-agency Disability Working Group, consisting mostly of national organizations working with and for people with disabilities, invited the Education Cluster to give a presentation on inclusive education. The Cluster chose to present the INEE pocket guide to inclusive education
- Whenever given the opportunity, the Cluster shared possibilities for referral of children with disabilities with partners
- Accessibility of semi-permanent and permanent schools and accessibility of school WASH facilities: Several activities were organized to support this action. By participating in visits by the inter-agency "WASH in schools" working group to schools where toilets and handwashing facilities were piloted, the Cluster had the opportunity to provide feedback on the proposed design, which will be copied in a large number of schools. The final design includes at least one wheelchair-accessible toilet per block.

Changes achieved

The practice achieved results in the following areas:

Policies: After repeated comments from the Cluster that partner organizations' pilot schools should provide access to people with a disability, the School Construction Norms and Standards (MoE standards that have to be followed by all implementing partners) now contain several references to accessibility for children with a disability (see link below).

Statistics: Unfortunately, the school survey was never used to collect data (an activity like this had to be approved by the Ministry of Education at the national level before it could be implemented by the inspectors at the local level, and that was often an issue in Haiti); however, it is currently being used to develop standard data collection tools for a detailed sectoral assessment in case of an emergency.

Accessibility of school WASH facilities: In addition to providing initial feedback, the Cluster also made sure that HI was involved in the development of the design. HI shared its own resources that showed how to develop disability-friendly facilities, and also shared pictures from a relocation site where toilets accessible for people with disabilities were already in use.

How change was monitored and evaluated

After giving feedback on designs for school WASH, the Cluster followed up by participating in several visits to sites where these designs would be implemented.

How the other criteria for best practices were met or efforts made to meet them

Non-discrimination: This was the key word for all these initiatives, as the aim was to give all children access to school.

Partnerships: All the activities mentioned were conducted in partnership with international and national partners, including the MoE, both at the national and the sub-national levels.

Awareness-raising: An awareness-raising aspect has always been included.

Replicability: When providing input for school and school WASH designs, replicability was key.

Gender: Gender was mainstreamed in all the initiatives.

Factors facilitating/hindering the success of the initiative

Facilitating: The presence of HI on the ground and the fact that they had a member of staff among them dedicated to advocacy; visiting a site where facilities are being constructed has proved to be much more effective than commenting on a design on paper.

Hindering: A key challenge when advocating for accessibility of schools in Haiti is the counterargument that "there are no disabled children in this school, so why do we need to put in a ramp?" By making the schools accessible, there is the hope that children who were in school before the earthquake will be able to continue their education, as well as those who now have a disability because of the earthquake, and that children with a disability who might never have been able to access schools before due to inadequate physical access will be given the chance. In addition to this, making WASH facilities accessible to all is clearly not a priority for WASH NGOs.

Other lessons learned

- Timing of interventions:
  - o Inclusive education should be advocated for immediately after an emergency
  - o If baseline data are not available, a school survey should be conducted as soon as possible after schools have reopened, to collect the necessary data
  - o Local organizations working with people with disabilities should receive orientation on inclusive education as soon as possible after the emergency, with regular follow-up to assess their training needs. Training should focus on small steps and practical examples
- The importance of asking the right questions:
  - o An initial meeting with a forum consisting of local organizations working with people with disabilities would provide the Cluster with valuable information regarding the situation before the emergency, and with their ideas about what the response should include
  - o Through the Education Cluster and the Child Protection Sub-Cluster, partners should be encouraged to ask children who attend child-friendly spaces and schools (including temporary learning spaces) whether they know of any children with disabilities in the neighbourhood. If they do, where are they, why are they not attending, how can the assistance needed for them to attend be organized, etc.?
  - o Camp managers should, on their own initiative, share disability-related information with all partners involved

Reference materials

Including Everyone: INEE Pocket Guide to Inclusive Education in Emergencies. Available from http://www.ineesite.org/index.php/post/inclusive_ed_pocket_guide.

School Construction Norms and Standards (in French). Available from http://sheltercentre.org/sites/default/files/081110-hronormes_de_constructions_scolaire_dgs_-_menfp.pdf.

NICARAGUA

Participatory management in community-based rehabilitation (CBR)

Name of organization, address and website
ASOPIECAD (Association of inclusive community education programs Astrid Dellemann),
Juigalpa, Nicaragua
Project title
Participation of people with disabilities through the CBR strategy in Juigalpa Chontales
Initiative selected as best practice example
Alliance-building between DPOs, parents' organizations, local NGOs and Government
Organizations through joint planning, monitoring and evaluation of the CBR strategy in order
to achieve mainstreaming of disability in local development planning
Thematic area/s of best practice example: participatory management:
planning, monitoring and evaluation/local community development including impact on
education, employment, accessibility and empowerment
Country and specific location
Nicaragua, department of Chontales, urban and rural areas
Duration of project
2007–2012 (from initial self-assessment to participatory evaluation and joint planning)
Beneficiaries of the best practice example
Persons with disabilities, members of alliances in CBR commissions
Impairment/s targeted
People of all ages and types of impairment
Implementing agency/agencies
CBM international: Latin American Region (www.cbm.org)
Source of funds
CBM funding and resources from local stakeholders (governmental and non-governmental
institutions and organizations)
Relevant article/s of the CRPD
26

Background to the project and to the selected practice
Nicaragua is the second poorest country in Latin America; it has a strong history of organization
at the community level. ASOPIECAD is a network of both governmental and non-governmental
organizations. The network has developed its approach to CBR from a non-participatory and
medically orientated model to a comprehensive and human rights–based one. The project
covers the department of Chontales and four other departments in Nicaragua, with a general
population (project area) of 320,000 and 2,700 direct beneficiaries (2010).

Overall objectives of the project/programme and of the selected practice

Overall, people with disabilities will participate at all levels in community development with equal opportunities, based on legal definitions which establish their rights. Specifically, mechanisms will be created and implemented that allow people with disabilities, family and community members to participate in planning, monitoring, and evaluation processes of CBR.

Process/strategy used to implement the selected practice

For ASOPIECAD, the entry point of a CBR programme is the self-assessment process in the projected community, in collaboration with the potential future participants (people with disabilities, family, community members, leaders and representatives from various organizations). The mapping process (Mapeo) is divided into three levels: (a) individual mapping (assessment in the family group in order to assess resources and needs, and to develop an action plan); (b) family mapping (interviews and group processes to learn about family resources and goals and to assess needs); and (c) community mapping (workshops on the current status of the rights of people with disabilities in the community, what the needs of the community are, how and with whom responses are to be developed). The three levels of mapping are summarized in an inclusive community action plan, which is monitored by the CBR committees (people with disabilities, families, community leaders, representatives from various organizations) and evaluated each year. All these elements are consolidated and serve as the structure for a joint three-year plan developed in a participatory way. Through this process it has been possible to include the rights of people with disabilities in the work plans of community organizations and governmental institutions. In 2009, an external evaluation process was initiated, involving people with disabilities, parents, the programme workers, programme line staff and programme managers. Its result were presented to the group of "planners" (representatives of governmental and non-governmental organizations, DPOs, community leaders and CBR committee members) in order to develop the foundation for the programme for the following three years. In the new plan, not only were the activities of ASOPIECAD reflected but also those of other organizations that now include people with disabilities.

Changes achieved

The practice achieved changes in the following areas:

Accessibility: People with disabilities are now included in local health care, educational services, livelihood and social activities, built environments of schools and health centres, teacher training for inclusive education with courses in Braille and sign language, vocational training activities and microfinance programmes at the community level. More than 2,000 people with disabilities were visited through referral schemes outside Juigalpa; individual action plans are shared with educational institutions (kindergarten, preschool, primary school, secondary school, livelihood community initiatives, etc.) and enable the inclusion of 300 children and adolescents with disabilities; local government in the department of Chontales has supported 247 people with disabilities and their families living in extreme poverty with food, housing and clothing, and 36 people in the department of Boaco.

Capacity-building: People with disabilities are included in local vocational training courses (there are 62 adolescents and adults with disabilities included in local vocational training activities, 45 of whom are working); 21 family members were trained and equipped by a local NGO to start up a home microenterprise.

Procedures and processes: Social security institutions have included people with disabilities in their social protection system. DPOs are also included in local committees. Several local institutions are supporting self-help groups of people with disabilities to become involved by making their practices more accessible and inclusive. In addition, people with disabilities are organizing themselves in both local and regional DPOs.

How change was monitored and evaluated

Results of individual, family and community mapping (needs and resource assessments, local stakeholders) are published and this information is used for planning development initiatives. Monitoring by local CBR committees and fieldworkers (in municipalities) provides reports about activities and yearly statistics (using formats provided by CBM). Participants from CBR projects from other countries in Central America (peers) were invited to Nicaragua to carry out an external evaluation of the three-year CBR strategy plan. ASOPIECAD chose this strategy instead of contracting an "expert" consultant, as initially envisaged in the project plan.

How the other criteria for best practices were met or efforts made to meet them

Equality, non-discrimination and gender issues: These form part of all planning processes (1,242 women and girls included). Joint child protection campaigns, specifying the needs of children with disabilities, are realized by the CBR committee members in Juigalpa.

Awareness-raising: Activities are carried out in local meetings, schools, health centres, service organizations, political organizations, etc.

Accessibility, participation and partnerships: These are the key issues focused on in this programme.

Financing: Resources have been accessed at the local level as a result of the awareness-building and inclusion processes.

Human resources: Personnel are trained (permanent training of field workers and committee members).

Participation: People with disabilities and family members are participating meaningfully in the project.

Replicability: There are already municipalities asking for CBR training who are ready to assume all the costs of the programme within their local budgets.

Criteria not met and why

Mobility and accessibility are still difficult issues for the inclusive process. Accessible transportation is scarce, roads are not paved, wheelchairs often not adapted or available and most persons have to walk in order to participate in activities. Persons with high support needs are not allowed to leave their houses or cannot be accompanied to do so; families still have a lack of knowledge, and awareness and may not be available to assist.

Entity responsible for deciding whether the criteria were/were not met

CBR committees and staff of ASOPIECAD: administration, coordinators, facilitators, field workers, advisers, with a central role played by people with disabilities.

Factors facilitating/hindering the success of the practice

Facilitating: The CRPD has created an opportunity for action at the Government level; the external peer evaluation process; peer exchange at all levels.

Hindering: Bureaucratic difficulties hindered the sharing of good practice nationally. It is still not possible to translate the networking and alliance-building in Chontales to the national level; no history/culture of DPOs working together in a transparent and collaborative way (this can be explained by gaps in education).

Ways in which the best practice example could have been improved

In the future, national meetings (focusing on the CBR guidelines and inclusive development) may improve the conditions for expanding the strategy to national and international programmes. Working with international organizations to mainstream disability into their programmes is an important activity for the future.

Contact details for further information

Katharina Pförtner, Senior CBR Adviser, CBM Latin America. Skype: katharinapf; E-mail: katharina@turbonett.com.ni; tel.: + 505 277134041.

6. North America

CANADA

Livable and inclusive communities for seniors with disabilities and all citizens: model and tools for actions

Name of organization, address and website
Canadian Centre on Disability Studies—56 The Promenade, Winnipeg, Manitoba, Canada, R3B 3H9 (http://disabilitystudies.ca)
Project title
Livable and Inclusive Communities for Seniors with Disabilities and All Citizens: Model and Tools for Actions
Initiative selected as best practice example
Developing a concept model and frameworks for planning and evaluating initiatives within a community which promote livability and inclusion for all community members.
Thematic area of the best practice example:
community inclusion
Country and specific location
Canada—British Columbia, Alberta, Manitoba, and Ontario
Duration of the project
January 2010–March 2012
Beneficiaries of the best practice example
All members of the communities involved in this project. For example, one working group is working on a project to make their town more accessible for all community members. Other working groups are working on specific issues which may impact only those people affected by those issues. Because this project promotes initiatives that make communities more inclusive overall, it is impossible to estimate the number and characteristics of people who have benefited/will benefit.
Impairment/s targeted
All
Implementing agency/agencies
Canadian Centre on Disability Studies
Source of funds
Human Resource and Skills Development Canada (Office for Disability Issues)
Relevant article/s of the CRPD
5, 6, 8, 9, 19, 26, 28, 29, 30

Background to the project and to the selected practice
Since 2005, the Canadian Centre on Disability Studies (CCDS) has conducted a series of projects focusing on ageing and disability. Statistics have shown that as people age, they often age into disability, even if they did not identify as being someone with a disability when they were younger.

Second, people with disabilities are living longer, and many now reach the age when they are considered to be seniors. Despite some common interests between these two population groups, current policies and programmes for them are often planned and implemented in an isolated way, leading to the duplication of services and/or limiting benefits to a narrow range of community members ("siloed" thinking and planning). To address these concerns, CCDS has developed and continues to refine the Livable and Inclusive Community (LIC) Concept Model and accompanying Planning and Evaluation Frameworks. The Model and Frameworks have been designed to help policy developers, project/programme planners, and community members plan new initiatives and evaluate existing initiatives, with the ultimate goal of creating communities that are both livable and inclusive.

Overall objectives of the project/programme and of the selected practice

Using the knowledge and experience of community participants, increase the knowledge of policymakers, service providers and the community generally on how to create LICs; develop Planning and Evaluation Frameworks, based on the LIC Concept Model that can be both shared by the community and government, and used to ensure better activity coordination, decision-making and distribution of resources for all community members, including people with disabilities; and provide guidelines for planning/evaluating initiatives (policies, practices and/or programmes) that lead to LICs.

Process/strategy used to implement the selected practice

- Workshops are conducted in each region to encourage community participants to identify strategies and barriers to planning initiatives that contribute to LICs. Workshop participants are recruited by regional coordinators who have knowledge of their communities. They are drawn from both the seniors' community and the disability community, planners and government representatives
- With the involvement of government and community participants across Canada, the LIC Concept Model is being refined and the Planning and Evaluation Frameworks are being developed
- Government and community participant groups select an initiative of their choice and use the LIC Concept Model and Frameworks to plan for or evaluate that initiative

Changes achieved

This project is scheduled for completion in the spring of 2012. However, we do anticipate that the work of each group will result in the increased capacity of government and community participants to plan future initiatives that are inclusive (e.g., accessible housing, increasing accessibility of community public and private space); and to evaluate existing initiatives to determine how inclusive they actually are (e.g., affordable housing projects, zoning by-laws, income supports).

How change was monitored and evaluated

Changes are being monitored by analysing group progress and discussions on their own initiative; and there is self-reported evaluation of an increase in capacity to understand LICs, and to plan for and evaluate initiatives for inclusivity.

How the other criteria for best practices were met or efforts made to meet them

Accountability: The CCDS research team is accountable to groups by accurately reflecting their feedback and perspectives in developing/refining the LIC Concept Model and Frameworks.

Participation and partnership: This project could not succeed without the close working relationship that has developed between CCDS and government and community participants, who are using the Frameworks in real planning/evaluation environments.

Replicability: CCDS envisions the LIC Concept Model and Frameworks as a tool that can be used by governments, businesses, not-for-profit organizations and community members as they plan and evaluate all initiatives. The piloting process allows for the testing of replicability across Canada in different circumstances.

Sustainability: The LIC Concept Model and Frameworks will be sustained by dissemination through the CCDS website, by participants using them in the ordinary course of their planning/ evaluation activities, and by participants informing other people in their networks who might be interested.

Accessibility: CCDS made all project material available on the project website, which is itself fully accessible, in multiple formats and in multiple languages.

Non-discrimination: The purpose of the LIC Concept Model and Frameworks is to lessen discrimination against people with disabilities and other marginalized groups and increase the accessibility of communities to all members.

Awareness-raising: CCDS encourages planners to use these Frameworks in conjunction with their regular planning tools, to raise awareness of the importance of including all community members in all initiatives.

Criteria not met and why

Gender: This was not specifically included, although it was addressed indirectly. The LIC Concept Model specifically includes gender as a factor to consider in the context of marginalization. In addition, one working group is specifically examining the issue of affordable housing for women who are ageing with and into disability.

Entity responsible for deciding whether the criteria were/were not met

Through the workshops, interprovincial forums and data analysis thus far, the researchers and the participants have a consensus that the criteria were met. Continued examination will take place until the project draws to a close.

Factors facilitating/ hindering the success of the process/activity:

Facilitating: Outstanding dedication and contributions from all participants across the country to this project and also to their communities more generally.

Hindering: The focus and scope of this project, which is specifically on people ageing with and into disability. A wider scope would have meant that more participants could have been involved in piloting the Concept Model and Frameworks, using initiatives that were broader; the lack of involvement of more people in various levels of government, who are responsible for formal planning processes within communities.

Other lessons learned

Given the significance of partnerships in this project, it is extremely important to foster good working relationships and value the input of all project stakeholders.

Reference materials

Project website, available from http://disabilitystudies.ca/licproject/.

Contact details for further information

Karen D. Schwartz, Ph.D. E-mail: research1@disabilitystudies.ca.
Youn-Young Park, Ph.D. E-mail: research3@disabilitystudies.ca.

UNITED STATES OF AMERICA

Combating the unnecessary segregation and isolation of people with disabilities in institutions through private lawsuits to enforce the Americans with Disabilities Act

Name of organization, address and website
Access Living of Metropolitan Chicago, 115 West Chicago Avenue, Chicago, Illinois 60654, USA (www.accessliving.org); Equip for Equality, 20 North Michigan Ave., Chicago, IL 60602 (www.equipforequality.org); ACLU of Illinois, 180 N. Michigan Ave., Chicago, IL 60601 (www.aclu-il.org).

Project title
From Institutional to Community Living: Litigation, Settlement and Implementation

Initiative selected as best practice example
Three lawsuits filed on behalf of thousands of low-income people with disabilities, forcing the State of Illinois to end its longstanding practice of unnecessarily segregating people with disabilities in institutions

Thematic area/s of best practice example:
social inclusion; freedom to make choices; personal independence and dignity

Country and specific location
State of Illinois, USA

Duration of project
2005 to approximately 2018

Beneficiaries of the best practice example

Approximately 30,000 low-income people with disabilities living in institutions in Illinois or at risk of living in institutions

Impairment/s targeted

Adults with physical disabilities, developmental disabilities or serious mental illness

Implementing agency/agencies

Several state agencies will be charged with ensuring that the state end its practice of segregating people with disabilities in institutions. Among the agencies are the Illinois Department of Human Services, the Department of Healthcare and Family Services, the Department of Public Health and the Department on Aging

Source of funds

State of Illinois general revenue funds; Medicaid funds (federal and state funds)

Relevant article/s of the CRPD

5, 14, 17, 19

Background to the project and to the selected practice

In the United States, there has been a major national movement to get people with disabilities out of institutions where they have been wrongly segregated from their communities. While the United States has signed but not ratified the CRPD, the Americans with Disabilities Act (ADA), a broad national civil rights law passed in 1990 that prohibits discrimination against people with disabilities, has gone a long way in fulfilling the obligations of the CRPD. The ADA affords people with disabilities the right to file private lawsuits to enforce their rights in court. One lawsuit resulted in a 1999 decision by the highest court of the United States (the Olmstead Decision), which held that the unnecessary institutionalization of people with disabilities violated the ADA. Some states then began the process of complying with their ADA/Olmstead obligations to stop unnecessarily institutionalizing people with disabilities. The State of Illinois resisted complying with its ADA/Olmstead obligations, and continued its practice of requiring low-income people with disabilities to live in institutions, i.e., nursing homes, in order to receive state services. Individuals in institutions lack the freedom to make basic choices about how to live their lives and face obstacles to participating in their communities. Institutions, by their very nature, strip people of their dignity and autonomy and foster dependence. Segregating people with disabilities implies that such people are somehow unworthy to participate in the larger society. Despite efforts to persuade Illinois to comply with its obligations, it persisted in denying residents this basic human right—the freedom to live independently and to be included in their communities. Three federal lawsuits were then filed in order to force Illinois to comply with the ADA.

Overall objectives of the project/programme and of the selected practice

The lawsuits sought to promote the basic human rights of people with disabilities to live independently in the community, eliminating the state's practice of requiring people with disabilities to live in institutions in order to receive services.

Process/strategy used to implement the selected practice

Following the Olmstead Decision, disability advocates in Illinois began talking with state officials about reversing the state's longstanding discriminatory practice of serving people with disabilities in institutions. The advocates engaged in an effort to work with state officials on a deinstitutionalization plan. When it became clear that the state was not making meaningful progress towards this goal, the legal team sued the state. Three lawsuits were filed: one on behalf of people with mental illness, one on behalf of people with developmental disabilities and one on behalf of people with physical disabilities. More than 30,000 people are covered by the lawsuits. Each lawsuit cited the devastating effects of institutional living. After years of litigation, the parties agreed on the essential elements of a deinstitutionalization plan for each lawsuit.

Changes achieved

The practice achieved results in the areas of equality and non discrimination, awareness-raising, accessibility, participation, financial and human resources, replicability, sustainability, accountability and partnerships: After years of litigation, the state agreed to settle the lawsuits and to provide the services and funding needed for people with disabilities to live independently in the community. By the end of June 2012, the state is required to have moved 256 people with mental illness into the community and to have created 256 units of supportive housing. The state has committed funds for rental assistance and for modifying homes to make them accessible. The state is beginning to change its system of evaluating people for admission into institutions like nursing homes, which should decrease the state's reliance upon these institutions.

How change was monitored and evaluated

The settlement agreements require the state, with input from the legal team, to prepare plans containing measurable goals and timelines. The state's progress in complying with each lawsuit is being overseen by independent court-appointed Monitors. The Monitors work with the state and advise the court on the state's progress. Also, the legal team regularly meets with the state to monitor the development of the plans and the state's compliance with its obligations and with people with disabilities and advocates to provide input to the state, the Monitors, and the courts. The legal team has met with legislators and officials from other state agencies in order to assure that the state complies with the settlement agreements. The legal team and the Monitors will continue their work until the cases are concluded.

How the other criteria for best practices were met or efforts made to meet them

Replicability: The lawsuits are based on a strong national law, the ADA. Since federal legislation provides this right, this practice could be replicated elsewhere in the United States.

Non-discrimination and participation: The lawsuits seek to eliminate the discriminatory segregation and isolation of people with disabilities in institutions. People with disabilities had a significant role in planning and pursuing the lawsuits.

Awareness-raising: Awareness of issues concerning the wrongful institutionalization of people with disabilities was raised by the widespread media reports on the cases, both as they were filed and as they were settled. Awareness was raised as people with disabilities moved into the community and began participating in all aspects of community life.

Partnership: The cases demonstrate the power of strong working partnerships between people with disabilities, disability advocates and private law firms to bring about systemic change. Now that the cases have been settled, the state has become a partner in carrying out the work of moving people with disabilities from institutions into the community.

Resources: The state has committed enormous financial resources to ensure that the objectives are met.

Criteria not met and why

Gender: Gender issues were not specifically included or addressed in the lawsuits.

Entity responsible for deciding whether the criteria were/were not met

The legal team, the Monitors and disability advocates carefully follow the implementation of the settlements and alert the courts if the state fails to comply with its obligations under the settlement agreements.

Factors facilitating/hindering the success of the practice

Facilitating: The ADA is a strong federal law; media reports of abuses occurring in institutions in Illinois pressured the state to settle the lawsuits; there was partnership with disability advocates and people with disabilities.

Hindering: Although the cases were settled, pursuing the lawsuits was lengthy and expensive. Had there been a favourable decision after a trial, the state probably would have appealed the decision, leading to further delays and expense. The state is facing significant budget cuts and lacks an adequate stock of affordable/accessible housing.

Other lessons learned

Input from people with disabilities was sought and was critically important in guiding the legal team.

Reference materials

Access Living video, available from
http://www.accessliving.org/index.php?tray=video_flv&tid=top0&cid=1&vid=alcfl298.
Links to settlement agreements (Consent Decrees) in three cases, available from:
http://www.accessliving.org/index.php?tray=content&tid=top683&cid=118ga8 (Colbert);
http://www.accessliving.org/index.php?tray=content&tid=top850&cid=2al95 (Williams);
http://www.accessliving.org/index.php?tray=content&tid=top683&cid=v94 (Ligas).

Contact details for further information

Lisa Bragança, Access Living. E-mail: lbraganca@accessliving.org; tel.: +1 312 640 2175.
Patti Werner. E-mail: pwerner@acessliving.org; tel.: +1 312 640 2148.

7. Multi-Region Projects

NEPAL and ZAMBIA

Applying participatory disability rights education to constitution-building

Name of organization, address and website

BlueLaw International, LLP; 1800 Diagonal Road, Suite 600

Alexandria, VA 22314 (www.bluelawinternational.com)

Project title

Enabling Human Rights for All

Initiative selected as best practice example

Applying Participatory Disability Rights Education to Constitution Building

Thematic area/s of best practice example:

legal advocacy in support of the CRPD

Country and specific location

Kathmandu, Nepal, and Lusaka, Zambia

Duration of project

3 years (2007–2010)

Beneficiaries of the best practice example

DPOs in Nepal and Zambia; people with disabilities in Nepal and Zambia, decision makers in the constitution-drafting process

Impairment/s targeted

Cross-disability

Implementing agency/agencies

BlueLaw International LLP; Kathmandu Center for Independent Living; Zambian Federation of the Disabled (ZAFOD)

Source of funds

Private foundation: Shafallah Center for Children with Special Needs

Relevant article/s of the CRPD

5, 4.3, 8

Background to the project and to the selected practice

Nepal is undergoing democratic transition, and a core component of that transition was the drafting of an Interim Constitution, adopted in 2007. Disability organizations wanted to ensure that the rights of people with disabilities were adequately reflected in the Interim Constitution and that they were at the table during the constitution-drafting process. In Zambia, a new constitution was being drafted and, similarly, DPOs, working in coalition as the Zambia Federation of the Disabled (ZAFOD), wanted to ensure that their rights as reflected in the CRPD would be reflected fully in the new constitution.

Overall objectives of the project/programme and of the selected practice

The overall objective of the project was to facilitate the empowerment and capacity-building

of DPOs to participate effectively in the constitution-building taking place in their respective communities in Nepal and Zambia, and to support the inclusion of disability rights protection in the constitutions. Additional objectives were to raise awareness of the CRPD, utilizing a participatory methodology of disability rights education, and to provide materials to advance further the utilization of participatory human rights education in disability rights advocacy.

Process/strategy used to implement the selected practice

- Participatory planning to design knowledge and skills-building workshops to foster participation in the constitution-drafting processes. Two- and three-day workshops were utilized in each country. In both cases, a diverse group of advocates from DPO coalitions participated. In Nepal, an innovative team-building approach was used whereby local development trainers, local DPO advocates with disabilities and two international facilitators participated in the workshops in a facilitatory role. In Zambia, a mixed team of international and local disability advocates were used to facilitate workshops. In both cases, international experts were utilized as "resource persons" serving as a support, rather than as leaders. In each case, the curricula were tailored to meet the needs and interests of the DPO coalition. Topics included coverage of the conceptual understandings of disability, non-discrimination under the CPRD, monitoring, and advocacy strategies for constitution-building. In Zambia, coverage also focused on HIV/AIDS and inclusive health care
- Implementation of participatory, active learning workshops around the CRPD. During the course of the Zambia project, 15 government officials and some 75 DPO advocates participated in workshops. In Nepal, approximately 45 DPO advocates participated
- Legal analysis follow-up, which included the provision of international and comparative law and policy analysis with the CRPD used as the primary benchmark
- Submission of inputs into the constitution-drafting process for consideration of decision makers and follow-up with DPOs to track and evaluate impact. In each case, local DPOs utilized CRPD workshops to foster relationship-building with government decision makers and other actors participating in constitution-drafting (including international actors such as the Office of the High Commissioner for Human Rights (OHCHR) in the case of Nepal)

Changes achieved

The practice achieved changes in the following areas:

Legislation: In both countries, the disability community succeeded in efforts to ensure that the rights of people with disabilities were reflected in the new constitutions. In both Nepal and Zambia, the texts specifically reference disability as a prohibited ground of discrimination and in both instances, the rights of persons with disabilities are recognized more generally in the human rights provisions of the constitutional instruments.

Capacity-building: Skills in using the CRPD in advocacy efforts were acquired by people with disabilities.

Advocacy and awareness: In both countries, monitoring and evaluation disclosed enhanced knowledge and awareness of the CRPD, utilizing qualitative survey tools, semi-structured interviews during workshop debriefs and follow-up tracking of advocacy efforts.

How change was monitored and evaluated

A monitoring and evaluation expert developed evaluations for workshops held and collected and analysed evaluations for the project team. In addition, the legal impact of the advocacy effort was monitored and evaluated through legal analysis of adopted texts and through comparative analyses. Reporting by local DPOs provided a further basis for evaluating capacity-building components.

How the other criteria for best practices were met or efforts made to meet them

Equality and non-discrimination: Efforts were made to equip local DPOs to press for the specific incorporation of disability equality and non-discrimination in the constitutional texts. Gender inclusion: Efforts were made to ensure the participation of women-led DPOs in both instances.

Replicability: While the project was tailored to meet the specific needs of the community, the methodology can be readily adapted for any disability rights advocacy initiatives and is in that respect replicable.

Sustainability: DPOs in both countries have continued to advance disability rights—in both cases groups have been actively engaged in ratification and implementation efforts beyond the life of the project.

Who decided if the criteria were met/not met?

The Project Officer responsible for the project assessed whether project criteria were met, and this was reviewed through reporting to the donor.

Factors facilitating/hindering the success of the practice

It is often difficult to foster coalition work to engage DPOs, particularly in countries where the disability community is under-resourced and not well coordinated. However, in these two cases, there were young disability leaders, both of whom were very open to working collaboratively with a variety of disability groups within their respective countries and disability communities.

Ways in which the best practice example could have been improved

Had additional resources been available, the CRPD workshops could have been more comprehensively carried out across the country, engaging members of the disability community in both Nepal and Zambia. It also would have been ideal to bring these two communities together to share experiences and lessons learned. In addition, it would have been useful to document in very specific detail the process and advocacy tools utilized.

Other lessons learned

It is essential to engage local partners in all stages of the design of participatory workshops. Encouraging local cost-sharing (a minimum 10 per cent cost share was required) tends to promote innovation and help local organizations forge new partnerships, think creatively and identify in-kind contributions.

Reference materials

(Draft) Constitution of Zambia. Available from http://www.zambia.co.zm/downloads/draft_constitution.pdf.

Interim Constitution of Nepal. Available from http://www.nic.gov.np/download/interim-constitution.pdf.

Janet E. Lord and others (2007). Human Rights. YES! Action and Advocacy on the Rights of Persons with Disabilities (Human Rights Resource Center, University of Minnesota). Available from www.humanrightsyes.org.

Contact details for further information

Janet E. Lord, Senior Partner and Director of Human Rights and Inclusive Development, BlueLaw International; Adjunct Professor of Law, University of Maryland School of Law; Research Associate, Harvard Law School Project on Disability; Skype: janetelord; e-mail: jlord@bluelawinternational.com; tel.: 757-788-8441.

NETHERLANDS, ETHIOPIA and INDIA:

Thematic Learning Programme on Inclusion of Persons with Disabilities in Development

Name of organization, address and website

Dark and Light, PO Box 672, 3900AR Veenendaal, the Netherlands (www.darkandlight.org)

Project title

Thematic Learning Programme (TLP) on Inclusion of Persons with Disabilities in Development

Initiative selected as best practice example

As above

Thematic area/s of best practice example:

disability mainstreaming at the organizational level

Country and specific location

Netherlands, Ethiopia, India

Duration of project

January 2011–December 2012

Beneficiaries of the best practice example

12 European donor organizations; 20 implementing organizations in Ethiopia and India.

Impairment/s targeted

All types of disability

Implementing agency/agencies

Dark and Light; Dutch Coalition on Disability in Development (DCDD); Athena Institute; VU University

Source of funds

Vereniging voor Personele Samenwerking met Ontwikkelingslanden (PSO) (www.pso.nl/en) and contribution from participating organizations

Relevant article/s of the CRPD

11, 32

Background to the project and to the selected practice

The Dutch government signed the CRPD in 2007 but has not yet ratified it. The Dutch government does not have any policy that promotes the inclusion of people with disabilities in development cooperation or in emergency relief. This makes it difficult to lobby for inclusion of people with disabilities within the Dutch Development Cooperation. The majority of Dutch NGOs are not usually aware of the need to include people with disabilities in their programmes and even when they are, they often lack the skills and knowledge to do so. The Thematic Learning Programme (TLP) on Inclusion of Persons with a Disability is designed to prepare the Dutch Development Cooperation for ratification of the CRPD, and to gather best practices and develop tools that can be used by mainstream organizations once the CRPD has been ratified.

Overall objectives of the project/programme and of the selected practice

The TLP has 13 participating donor NGOs: 6 Dutch mainstream NGOs, 3 Dutch disability-specific NGOs and 4 mainstream NGOs from other European countries (Belgium, Denmark, Germany and the United Kingdom).[20] The aim of the programme is to learn and document the organizational change processes necessary to promote the sustainable inclusion of people with disabilities in development programmes. The long-term goals of the initiative are (a) that the inclusion of people with disabilities becomes a cross-cutting issue for the donor and for the implementing organizations and be supported by project staff and anchored in organizational systems and structures; and (b) that the organizations involved move towards the inclusion of people with disabilities in all of their programmes. The intermediate goals are: (a) that the participating donor organizations in the North improve their skills, knowledge and attitude so as to mainstream the needs and potential of people with disabilities in the project planning, implementation and M&E of development programmes; and (b) that the donor organizations implement improved inclusion of people with disabilities in at least one pilot project.

Process/strategy used to implement the selected practice

The whole initiative started with four donor organizations (Tear Netherlands, Oikonomos, Help a Child, and Edukans) and Dark and Light, who were already working together in a large alliance that receives government support. The organizations expressed the need for the capacity-building of their local partners to mainstream disability. This was implemented in Ethiopia and India under the coordination of Dark and Light. The donor organizations realized the need to look at their own organizations also with a view to ensuring a durable change in their programming. Out of this need, the TLP was set up, and other organizations were invited to join the programme, which is coordinated in the following way:

• Participating organizations formulate their own learning questions and action plans (participatory learning approach) to promote the sustainable inclusion of people with disabilities in their programmes and organizations

20 Tear Netherlands, Edukans, Oikonomos, Help a Child, WarChild, ZOA, Dark and Light, Liliane Foundation, Netherlands Leprosy Relief, Tearfund UK, Kindernothilfe Germany, Mission East Belgium, IAS Denmark.

- Participants come together regularly to share and learn from each other's experiences, and guest speakers on relevant topics are also invited

The five initiating organizations (including Dark and Light) have undergone an intensive "track approach": they carried out an organizational assessment focusing on six areas: governance, management practices, financial resources, human resources, external resources and accessibility. Selected partners in India and Ethiopia are involved in a capacity-building programme on inclusive development organized by Dark and Light and ECDD in Ethiopia and LCD-SARO in India. A two-day training was organized in the Netherlands with the involvement of members from the organizations in Ethiopia and India and people with disabilities as trainers. Action plans were developed and at least three learning sessions per year are now carried out where experiences and learning are shared. In total, seven organizations signed up for a "light track" programme. All are encouraged to develop their own action plans and perform an assessment within their own organizations (for the seven, however, this is not compulsory). The only prerequisite for joining the programme was for the organizations to have an interest in starting work on inclusion and learning about the issue. A small contribution of €500 was requested for the whole programme. The VU University Amsterdam is involved in the TLP to support the documentation and facilitate the learning process. DCDD and other disability experts are involved to support the development of the assessment tool and other possible performance monitoring and evaluation (PME) tools for inclusive development.

Changes achieved

The practice achieved changes in the areas of processes and strategies, capacity-building, advocacy and awareness: Changes in the attitude towards people with disabilities and in the model used to approach the issue can clearly be seen among the participating organizations— from a medical or charity perspective towards a rights-based one. The focal persons of the participating organizations indicate that they are more knowledgeable and motivated to work on the inclusion of people with disabilities in their organizations. Some organizations have already made disability a cross-cutting issue and are in the process of implementing it in their programmes. Others have included disability in their M&E system and project criteria; one focal person has convinced his higher management to put the topic on the agenda, and another organization has taken steps on inclusive human resources policies and accessibility. The local partner organizations in India and Ethiopia have started to include people with disabilities in their programmes.

How change was monitored and evaluated

Since this is a learning programme, M&E focuses on the learning process of the participants. A dynamic learning agenda is used: this reflects the learning questions of the individual organizations and keeps track of how they change over time.

How the other criteria for best practices were met or efforts made to meet them

There was an attempt to cover all criteria during the TLP, either through learning sessions, in assessments or in the action plans.

Replicability: Through proper documentation of the organizational change process there is a strong will to make the project replicable.

Participation: A participative evaluation was done at the end of the programme and external experts will be invited to give their views on whether criteria were met or not.

Gender issues and accountability: More attention should be given to gender issues and accountability.

Factors facilitating/ hindering the success of the practice

Facilitating: Donor organizations have joined the learning programme because they belong to the same networks (it is difficult to involve organizations outside the existing network); there is involvement of people with disabilities as trainers; the diversity of organizations was recognized and valued and the programme allowed each organization to design its own change process; the flexible funding from PSO is contributing greatly to the success of the programme as it funds TLP on different areas/topics, according to participants' needs.

Other lessons learned

- A positive attitude and awareness about the rights-based approach towards disability are key! Once people are convinced of the need for inclusion, they become motivated to start working on it; the need for technical knowledge follows
- Each organization is different, so the process that organizations follow to include people with disabilities is also different. Lobbying for inclusion must take this into consideration
- A fair level of commitment and awareness before effective organizational assessments can be done is key. Early assessments could be counterproductive
- Local partner organizations in India and Ethiopia picked up the idea of inclusion easily and enthusiastically, and they are able to reach good results at low cost. It is much more difficult to convince donor organizations to work on inclusion
- Inclusive development can only be reached through cooperation with others. Mainstream organizations need to build effective work relationships with governments, DPOs and other service providers. Strong referral networks are essential

Reference materials

TLP website, available from http://www.darkandlight.eu/Content/2/40/Thematic_Learning.html.

Contact details for further information

Paulien Bruijn, Inclusive Development Coordinator. Skype: darkandlightpaulien, p.bruijn@darkandlight.org; tel: +31 318586355.

8. GLOBAL

Comparative study of accessibility criteria and best practices in 32 building codes and standards from all continents

Name of organization, address and website

The Global Alliance on Accessible Technologies and Environments (GAATES), 458 Melbourne Ave., Ottawa, Ont., Canada (www.gaates.org)

Project title

International best practices in universal design: a global review

Initiative selected as best practice example

Comparative study of accessibility criteria and best practices in 32 building codes and standards from all continents.

Thematic area/s of best practice example:

accessibility

Country and specific location

International initiative

Duration of project

June 2004–present

Beneficiaries of the best practice example

Persons with disabilities, building code officials, codes and standards developers, Governments, accessibility projects, architects, schools of architecture and design, human rights commissions, NGOs, schools, health facilities, universities, government offices and the public realm

Impairment/s targeted

All

Implementing agency/agencies

The Global Alliance on Accessible Technologies and Environments

Source of funds

Canadian Human Rights Commission, National Disability Authority of Ireland, Global Alliance on Accessible Technologies and Environments, Swedish Agency for Disability Policy Coordination, Treasury Board of Canada, Rehabilitation International

Relevant article/s of the CRPD

9; the other articles are also implicitly included

Background to the project and to the selected practice

Accessibility codes and standards, where they exist, have been developed on a national basis. The International Best Practices in Universal Design (IBP) was the first international comparison and explanation of technical specifications for accessibility, with illustrated best practices in universal design. The document was distributed to over 6,000 individuals and organizations, including human rights commissions; standards and codes authorities; Government departments; universities; colleges; regional, national and international NGOs; Private architectural and design firms; and corporate entities. The document served as the basis for the development of national codes and standards in order to meet commitments to the Convention.

Overall objectives of the project/programme and of the selected practice

The objective was to increase knowledge on accessibility and minimum requirements to provide tools for the implementation of accessibility of the built environment. The objectives were also to share knowledge, provide a technical guidance document for barrier removal plans and develop the capacity of people with disabilities and their understanding of universal design as well as building codes and standards.

Process/strategy used to implement the selected practice

A database was compiled by a cross-disability team. It cited the technical specification for architectural and design elements of the built environment. Building codes and standards in selected countries (Australia, Bangladesh, Canada, Ireland, Lebanon, Malaysia, Mexico, Philippines, United States, Uruguay, Singapore, South Africa, Spain, Sweden) were analysed and summary chapters developed for the major architectural features, such as access routes, fire safety, washrooms, etc.

Changes achieved

The project achieved results in the following areas:

Accessibility: The IBP was used by a number of countries and organizations to promote accessibility, build capacity and, ultimately, begin to harmonize accessibility criteria internationally.

Policies: Several code, standard and regulatory bodies have used the IBP either to update standards or to develop a new accessibility standard that is compliant with the principles of universal design. Perhaps one of the most significant impacts that the IBP has made was during a policy change at the World Bank, which introduced the concept of universal design as a funding criteria and needed a reference document. In addition, the ISO TC59/SC16 Accessibility and Usability of the Built Environment Standard Committee used the IBP in the formation of the first international standard; the retrofitting of the Mexican Parliament buildings and other buildings were informed by the IBP.

How change was monitored and evaluated

Feedback was gathered from those who requested the document. Efforts are made to track changes resulting from the research.

How the other criteria for best practices were met or efforts made to meet them

Equality, accessibility and capacity-building: These criteria were the focus. The document has been instrumental in the removal of barriers to access, thereby impacting the lives of persons with disabilities worldwide.

Replicability and sustainability: The best practices information was replicated by various jurisdictions as mentioned above and ultimately impacted the allocation of appropriate financial and human resources for accessibility.

Accessibility: The documents were available in English, French, Arabic, Spanish and Serbian and the alternate DAISY (digital accessible information system) format.

Criteria not met and why

The project was inclusive of women but did not have a specific focus on gender.

Factors facilitating/hindering the success of the practice

Facilitating: The timing of the project, during negotiations for the CRPD, was key as countries were searching for up-to-date, relevant research on accessibility practices; the accessibility of the document (see above) and its being recognized with the UN Habitat–Dubai International Award for Best Practices to improve the Living Environment.

Ways in which the best practice example could have been improved

A searchable electronic database would have been helpful to end users, and will be introduced in the next project.

Other lessons learned

Despite limited funds, great support comes from volunteers, who have translated the large document into other languages.

Reference materials

Information on the document is available from http://www.gaates.org/009BestPract.shtml.

Contact details for further information

Betty Dion, Past President, GAATES. Skype: gaates; e-mail: gaates.bettydion@gmail.com; tel.: +1 613 725 0566.

References

Australian Agency for International Development (AusAID) (2008). Development for All: Towards a disability-inclusive Australian Aid program 2009-2014. Canberra: AusAID. Available from http://www.ausaid.gov.au/keyaid/disability.cfm.

EDAMAT (2006). A Practical Tool for Effective Disability Mainstreaming in Policy and Practice, Leonard Cheshire International.

Groce, Nora Ellen and Jean-François Trani (2009). Millennium Development Goals and People with Disabilities. The Lancet, vol. 374, No. 9704 (28 November-4 December), pp.1800-01.

International Disability and Development Consortium (IDDC) (2011). Input for the Secretary-General's Report on Strengthening Efforts to Ensure Accessibility for and Inclusions of Persons with Disabilities in All Aspects of Development Efforts.

Leonard Cheshire Disability. Disability and Development Database Project, available from www.disabilitydatabase.org.

Lord, Janet, and others (2010). Disability and International Cooperation and Development: A Review of Policies and Practices. SP Discussion Paper No. 1003. World Bank: Washington, D.C.

Mitra, Sophie, Aleksandra Posarac and Brandon Vick (2011). Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey. SP Discussion Paper No. 1109. World Bank: Washington, D.C. April.

Norwegian Agency for Development Cooperation (2011). Report on Mainstreaming Disability in Development Cooperation. Oslo. March. Available from www.norad.no/_attachment/380926/binary/192749?download=true.

Norwegian Agency for Development Cooperation (2011). Evaluation of Norwegian support to promote the rights of persons with disabilities. Inception report, draft version. October.

Priestley, Mark (2009). Targeting and mainstreaming disability in the 2008-2009 National Strategy Reports for Social Protection and Social Inclusion. University of Leeds. November.

Swedish International Development Cooperation (2009). Human Rights for People with Disabilities: Sida's plan for work. Stockholm: SIDA.

The Sphere Project (2011). The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response. Practical Action Publishing: Rugby, United Kingdom.

United Nations (2008). Note by the Secretariat on mainstreaming disability in the development agenda, submitted to the forty-sixth session of the Commission for Social Development, 6-15 February 2008 (E/CN.5/2008/6).

United Nations (2009). Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All, report of the Expert Group Meeting, organized by the Secretariat for the CRPD, Division for Social Policy and Development, DESA in collaboration with WHO (April).

United Nations (2010). Expert Group Meeting on Accessibility: Innovative and cost-effective approaches for inclusive and accessible development. June. See http://www.un.org/disabilities/default.asp?id=1516.

United Nations (2010). Draft outcome document of the High-Level Plenary Meeting of the General Assembly on the Millennium Development Goals (A/RES/64/299). 13 September.

United Nations (2011). Including the rights of persons with disabilities in United Nations programming at country level: A Guidance Note for United Nations Country Teams and Implementing Partners, prepared by the. United Nations Development Group/Inter-Agency Support Group for the CRPD Task Team (UNDG/IASG/TT).

United Nations, Office of the High Commissioner for Human Rights (2009). Thematic Study by the Office of the United Nations High Commissioner for Human Rights on the structure and role of national mechanisms for the implementation and monitoring of the Convention on the Rights of Persons with Disabilities (A/HRC/13/29). 22 December.

UNNATI–Organisation for Development Education (2011). Realising UNCRPD: Learning from Inclusive Practices.

Voluntary Service Overseas (VSO) (2006). A Handbook on Mainstreaming Disability. VSO: London.

World Health Organization/World Bank (2011). World report on disability. Geneva.