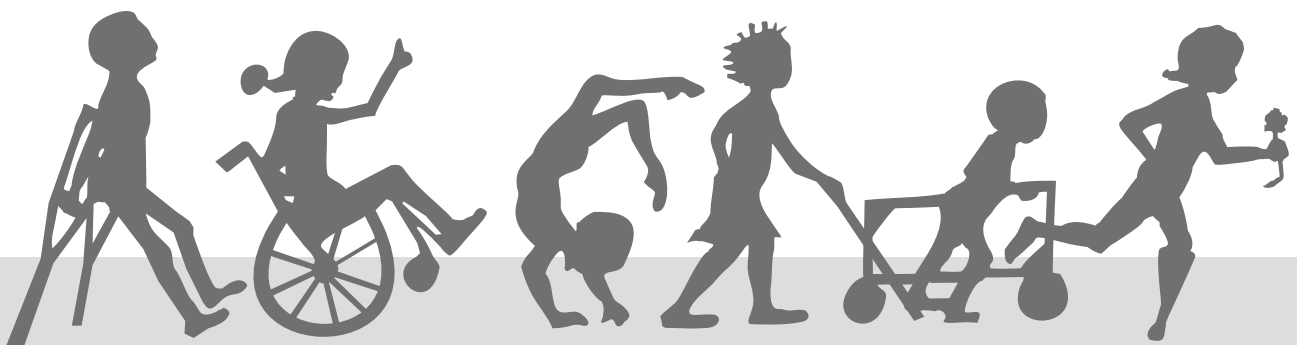


# Behinderung und internationale Entwicklung

## Disability and International Development



2030 - Agenda und Inklusion  
2030 - Agenda and Inclusion





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**Anschrift/Address**

Wandastr. 9, 45136 Essen

Tel.: +49 (0)201/17 89 123

Fax: +49 (0)201/17 89 026

E-Mail: [info@inie-inid.org](mailto:info@inie-inid.org)

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## Editorial

Liebe Leserinnen und Leser,

nach einem intensiven dreijährigen Erarbeitungsprozess haben die Vereinten Nationen im September 2015 die Agenda 2030 mit 17 Zielen für eine nachhaltige Entwicklung verabschiedet. Diese beinhalten zwar die noch nicht hinreichend umgesetzten Anliegen der Millenniumsentwicklungsziele (MDGs) - die Agenda 2030 geht aber in ihrem Anspruch weit über die MDGs hinaus. Während die MDGs sich auf Fragen der wirtschaftlichen und sozialen Entwicklung vor allem im Globalen Süden bezogen, vereint die Agenda 2030 Nachhaltigkeits- und Entwicklungsziele in einer Agenda. Außerdem ist sie universell gültig, d.h. auch für die Industrienationen und trägt damit den Wirkungen zunehmender globaler Verflechtungen und negativer Globalisierungseffekte in allen Teilen der Welt Rechnung.

Auch für Menschen mit Behinderung stellt die Agenda 2030 einen großen Fortschritt dar: Anders als bei den MDGs wird das Thema Behinderung nun gleich an mehreren Stellen explizit erwähnt. Wichtiger noch: die gesamte Agenda steht unter dem Anspruch "Niemanden zurückzulassen" (Leave No One Behind). Wie dieser Anspruch eingelöst werden kann, wird sich in den kommenden Jahren zeigen.

Positiv verstärkt wird der Umsetzungsprozess durch die Übereinstimmungen zwischen der Agenda 2030 und der UN-BRK, so dass auch die Umsetzung der UN-BRK durch die Agenda 2030 Rückenwind erhält.

Durch die Beiträge in dieser Zeitschrift möchten wir den Umsetzungsprozess in den nächsten Jahren begleiten. Wir beginnen mit dieser Ausgabe, in der *Jaimie Grant* und *Megan Smith* von der International Disability Alliance (IDA) die Bedeutung der Agenda 2030 für Menschen mit Behinderung aufzeigen. *Johannes Trimmel* widmet sich dem Ziel 3 und den darin enthaltenen Potenzialen, die Gesundheitssituation von Menschen mit Behinderung zu verbessern. *Natalia Mattioli* von UNDP beschreibt einen Programmansatz und Aktivitäten von UNPRPD zur Umsetzung der Ziele sowie der UN-BRK. Ein weiterer Beitrag von *Pauline Thivillier*, *Emma Jolley*, *Fred Smith* und *Dominic Haslam* beschäftigt sich mit der wichtigen Frage, wie Daten erhoben werden können, um die Umsetzung der Agenda in den Ländern konkret zu überwachen.

Wir wünschen Ihnen eine interessante Lektüre!

Ihr Redaktionsteam

Dear Readers,

after an intensive 3-year drafting process, the United Nations adopted the Agenda 2030 with 17 goals for sustainable development in September 2015. These goals encompass the concerns already formulated in the scope of the Millennium Development Goals that to this day have not been realised. However, the Agenda 2030 reaches beyond the MDGs. While the MDGs were focusing on the concerns regarding social and economic development in the Global South, the Agenda 2030 combines sustainability and development goals in its scope. Additionally, these goals are universally applicable, including industrial nations. Thus, the Agenda takes into account the impact of global interdependence and negative effects of globalisation.

The Agenda 2030 also constitutes a huge advancement for people with disabilities: In contrast to the MDGs, the issue of disability is addressed in multiple contexts. Even more importantly, the Agenda as a whole is carried by the claim "Leave No One Behind". The coming years will show how this demand can be realised.

The implementation process is strengthened by the strong parallels between the Agenda 2030 and the UN CRPD, at the same time, the convention's implementation is reinforced by the Agenda.

In the scope of this journal's articles, we want to accompany the implementation process. This issue marks the beginning, with *Jaimie Grant* and *Megan Smith* of the International Disability Alliance (IDA) demonstrate the value of the Agenda 2030 to people with disabilities. *Johannes Trimmel* focuses on the potentials of Goal 3 in regard to the improvement of people with disabilities' health situation. *Natalia Mattioli* of UNDP describes the program approach and activities of UNPRPD for the realisation of the Agenda's goals and the CRPD. The last article, written by *Pauline Thivillier*, *Emma Jolley*, *Fred Smith* and *Dominic Haslam* elaborates on the important question, how data can be assessed in order to monitor the implementation of the Agenda on national level.

We wish you an interesting read!

Your editorial board



# The Inclusion and Participation of Persons with Disabilities in the 2030 Agenda

Megan Smith/Jaimie Grant

The 2030 Agenda offers persons with disabilities an opportunity to participate in mainstream sustainable development programmes across the world, while utilising the Convention on the Rights of Persons with Disabilities (CRPD) as an integral instrument. Coordinated advocacy across national, regional and global levels must uphold the convention and other international human rights instruments as guiding frameworks for the implementation of the Sustainable Development Goals. This article aims to highlight some of the linkages between the 2030 Agenda and the CRPD and to suggest thematic priority areas of advocacy for organisations of persons with disabilities<sup>1</sup>.

## Ambition

The 2030 Agenda is a political consensus, mapping the narratives and ambitions for 15 years of global development. Through this document, and its Sustainable Development Goals (SDGs), governments have committed to building a better future for all people, including the millions who have been denied the chance to lead decent, dignified and rewarding lives. The Agenda is framed in broad, ambitious language: for all to achieve their full human potential; to succeed in ending poverty; reducing inequalities; and protecting the planet from ecological degradation and the effects of climate change.

Within this framing, there are substantial commitments and opportunities to apply the SDGs as potent advocacy tools for disability rights advocates. The 2030 Agenda represents a watershed moment for the inclusion of persons with disabilities in global development. The 2030 Agenda's predecessor, the Millennium Declaration, and the subsequent eight Millennium Development Goals (MDGs), 18 targets and 48 indicators, made no reference to persons with disabilities. The investments to achieve these goals, between 2000 and 2015, excluded persons with disabilities from planning, implementation and evaluations. An approach of raising broad averages and reducing overall rates also lent to programmes which prioritised "easy wins", widening the gap between those easiest to reach, and the marginalised.

The aim of creating the SDGs was to take on the unfinished work of the MDGs, and go much further in aspiration, of both results and processes. Unlike the MDGs, several the SDGs explicitly mention persons with disabilities, additional all targets are framed as *universally* applicable. The inclusion of persons with disabilities within the SDGs has provided a great op-

portunity for persons with disabilities and the larger global community to ensure fully inclusive development programming.

There are 11 explicit references to persons with disabilities within the SDGs. Specifically referenced within seven targets, the rights of persons with disabilities are identified within commitments to invest in access to education, employment, inclusive cities, reducing inequalities and the collection and disaggregation of data. Highlighted twice within target 4 and target 11, persons with disabilities are given specific focus within access to education and the promotion of inclusive, resilient and safe cities.

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Targets 8, 10, and 17 specifically reference commitments to include persons with disabilities within employment, social, political and economic systems, and within data collection schemes.

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of



high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

All seven targets are called upon to be monitored with disability specific indicators or by disaggregating indicators by disability. Such targets as 4.5 and 8.5 require a disaggregation of indicators for persons with and without disabilities in order to ensure equal access. For example, equal access to education for children with disabilities, as outlined in target 4.5, requires more than attendance figures, it requires broader, inclusive measures such as inclusive education training for teachers.

Persons with disabilities are additionally included within the guiding principles of the follow-up and review processes of the 2030 Agenda, stating:

74.g They will be rigorous and based on evidence, informed by country-led evaluations and data which is high-quality, accessible, timely, reliable and disaggregated by income, sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national contexts.

Such disaggregation of data by disability has great potential to inform future policy and future development programming. Extending beyond specific references to disability, and in line with the overarching principle of the 2030 Agenda, "Leave No One Behind", the SDGs use the umbrella category of *vulnerable populations* to ensure the inclusion of all populations historically excluded or marginalised from development. As a population systematically under-represented and marginalised within development processes, persons with disabilities are identified in the text as a vulnerable population. This means all 18 provisions that include the term *vulnerable* to be applicable to persons with disabilities. Beyond persons with disabilities, explicit reference within seven targets and inclusion within the wider group of vulnerable populations, all goals within the SDGs are universal and are therefore also applicable to persons with disabilities. The inclusive language used within the SDGs, such as *for all*, *universal* or *for all men and women* reflects the current ambition within the global community to leave no one behind and thus integrate the concerns of persons with disabilities within all facets of sustainable development. Fundamentally, persons with disabilities are agents and beneficiaries of development, and the value of their contribution to the general well-being, progress and diversity of society has likewise been ac-

knowledged at the highest level. To achieve this, persons with disabilities and their representative organisations must be included in all phases of implementation, including planning, design, monitoring, evaluation and follow-up processes.

With the inclusion of persons with disabilities in the 2030 Agenda, there is a unique and clear opportunity to utilise the UN Convention on the Rights of Persons with Disabilities (CRPD), a legally binding international treaty, now ratified by 165 Member States and the European Union, as a guiding framework in implementing the SDGs. The direct intersections between the SDGs and CRPD include, among others, education, access to justice, employment, participation in political, economic and social systems, safe and accessible living conditions, gender equality and poverty alleviation.

While there are multiple points of intersectionality as aforementioned, examples of connecting language and themes between the CRPD and the SDGs can be seen within SDG 4 - aiming for quality and inclusive education - and the CRPD Article 24 on the right to inclusive education. The CRPD and SDGs both aim to ensure that all girls and boys have complete free, equitable and quality primary and secondary, have access to quality early childhood development, care and pre-primary education and have equal access to affordable and quality technical, vocational and tertiary education, including university. Additionally, both guidelines promote equal access to quality education in safe, non-violent, inclusive environments.

Equally, the SDGs and the CRPD prioritise gender equality as a focal and cross-cutting issue. SDG 5 aims to "Achieve gender equality and empower all women and girls" and CRPD Articles 6, 7, 8, 9, 12, 16, 21, 23, 25, 28, 29, 31, 32 recognise gender equality as an issue applicable and critical to all the articles within the Convention. Under both the CRPD and the SDGs, achieving gender equality means ending all forms of discrimination against all women and girls everywhere, eliminating all forms of violence, eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation, and ensuring universal access to sexual and reproductive health and reproductive rights. The multiple points of intersectionality between the CRPD and the 2030 Agenda highlight the necessity for the two frameworks to be implemented simultaneously through integrated strategies and programmes. Utilised as a guiding framework for implementing the SDGs, the CRPD, along with other international human rights instruments, can effec-



tively protect against exclusion and inequality. As a legally binding treaty the CRPD can provide concrete guidance to the implementation of the SDGs which, as a series of political commitments, require further engagement nationally, and greater interconnectedness across global human rights and development processes.

The qualitative evolution of the MDGs to the SDGs is both a result of greater ambition and political will on the part of governments to negotiate and reach consensus. It is also the result of pressure from civil society to make room within the negotiations for meaningful engagement and participation.

### Addressing Basic Rights

SDGs 1 to 5 address the most fundamental issues in a person's life: the basic needs which all people require, which are enshrined in human rights laws and inherent to every human being for a dignified life. Statistics show that denial and exclusion of these rights leaves persons with disabilities disproportionately affected (WHO/World Bank 2011). In particular, persons with disabilities are more likely to experience adverse socioeconomic outcomes than peers without disabilities, including less access to education, worse health outcomes, and higher poverty rates (*ibid.*).

The UN has acknowledged the links between poverty and disability (UN General Assembly 2015). Poverty may increase the risk of disability through malnutrition and inadequate access to education and health care. Poverty is also both a cause and outcome of institutionalisation and forced treatment, and of denial of the right and opportunity to make large and small decisions in one's own life (see e.g. Inclusion Europe 2009). Persons with disabilities may face barriers to accessing social protection when information is inadequate, inaccessible or not shared, welfare offices are physically or sensorially inaccessible, or design features of particular programmes do not take into account necessary reasonable accommodations<sup>2</sup>.

Between 93 million and 150 million children are estimated to live with disabilities (UNICEF 2013) and millions of these children have been denied the right to an education. Currently children with disabilities are the most excluded in society: an estimated 90% of children with disabilities in the developing world do not attend school (*ibid.*)<sup>3</sup>. Additionally, a far larger number of students with disabilities drop out of elementary education due to barriers and do not progress to secondary and tertiary education. Ac-

cessible learning environments and supports must be provided to enable students to achieve their educational potential (UNESCO 2015).

Persons with disabilities are agents and beneficiaries of development, and the value of their contribution to the general well-being, progress and diversity of society has likewise been acknowledged at the highest level (UN General Assembly 2013). To achieve this, persons with disabilities and their representative organisations must be included in all phases of implementation, including planning, design, monitoring, evaluation and follow-up processes.

### Enabling Environments

Evidence suggests that persons with disabilities and their families are more likely to experience economic and social disadvantage than those without disabilities. The World Report on Disability (WHO/World Bank 2011) outlines that households with persons with disabilities are more likely to experience material hardship including lack of access to safe water and sanitation. Persons with disabilities are also at heightened risk of fuel poverty, whereby having to cut down energy consumption, or to go without completely, to save money. The exclusion of persons with disabilities from employment opportunities can also result in dramatic consequences. Working-age persons with disabilities are more likely to be unemployed than persons without disabilities, be lower paid, have fewer promotion prospects and less job security. It means that national economies face additional costs in having to support unemployed persons with disabilities. According to the ILO, the higher rates of unemployment and labour market inactivity among persons with disabilities – due to barriers to education, skills training and transport – result in a needless loss of seven per cent of national GDP (Buckup 2009).

On an individual and community level, income earned from productive employment can substantially mitigate the incidence of extreme poverty among persons with disabilities and their families. Access to a decent and safe sustainable livelihood, which includes stable social protection, employment and microfinance, is a fundamental right for persons with disabilities and should be actively supported by governments. Many built environments, including housing, transport and information systems are not yet accessible to persons with disabilities. Lack of access to transportation is a frequent reason for a person with a disability being discouraged from seeking work or prevented from



accessing healthcare or education. Information is rarely available in accessible formats, including sign languages, and there are access barriers for basic products and services such as telephones, television and the internet.

## Environmental Risk and Sustainability

The effects of climate change, including natural disasters, food insecurity, conflict, and refugee situations, make persons with disabilities disproportionately affected. During such emergency situations, persons with disabilities experience increased challenges with separation from family, loss of assistive and mobility devices, and barriers to accessing information. Additionally, the rate of disability increases during an emergency due to direct trauma, illness from poor living conditions, a lack of trained and skilled staff, and the breakdown of health services, an increase in psychological stress and lack of rehabilitation services. Persons with disabilities are often overlooked throughout the disaster management cycle and especially during relief operations, as well as throughout conflict and displacement, even though they are more marginalised in such events. The UN-ISDR survey found that 70 per cent of persons with disabilities participating indicated they had no personal preparedness plan and only 17 per cent knew about any disaster management plan in their community<sup>4</sup>.

## Reaching the Farthest Behind First

Most States are making significant investments to develop frameworks and national plans within their countries as well as in their international development strategies. However, governments often ignore or inadvertently leave behind persons with disabilities. All persons with disabilities – and particularly those from underrepresented groups – in rural and urban areas, including persons with psychosocial, intellectual and developmental disabilities, as well as children, women, older persons and indigenous persons with disabilities – must have equal opportunities to contribute to sustainable development if the SDGs are going to be realised. The mandate of “leave no one behind” will only be achieved when all international treaties, national laws and policies are inclusive, eliminate discrimination, and provide for reasonable accommodation, and when discriminatory laws and practices, in particular allowing forced treatment, institutionalisation, and restriction of legal capacity are abolished.

The inclusion and the participation of persons with disabilities and their representative organisations in all phases of implementation is critical, not only to ensure that they are not left behind, but also because only they are the true experts when it comes to their complete inclusion in society. It is critical and timely that persons with disabilities are active from the very beginning of the implementation of the SDGs in order to influence the design and planning of all national policies ensuring that the outcomes are in line with the CRPD. To ensure that the SDGs are fulfilling their mandate, persons with disabilities must be meaningfully involved in the process on multiple levels. At the national level, persons with disabilities must engage with their governments and monitor the implementation of the SDGs so that they are for them, by them and with them. Through consultations and by partnering with persons with disabilities, governments will receive technical assistance, capacity building and access to data, which are essential to achieving inclusion. While each country will have different processes and strategies regarding engaging with the SDGs, a model of how persons with disabilities and their representative organisations can engage in the national and global SDG process is elaborated upon below.

From past examples of effective engagement of persons with disabilities at the national and global level, cross-disability organisations of persons with disabilities (DPOs) have joined forces with each other to develop strategies and joint positions regarding inclusive development policies. They are often supported by disability rights and mainstream development NGOs, that bring together stakeholders from various sectors of development, such as education, health, water and justice. With a diverse grouping of different civil society stakeholder groups all can join forces to coordinate and strengthen advocacy efforts towards their government, including the national disability community. For example, a message could be accessibility for children with disabilities, which would be coordinated with the national youth community, national education community, and national health community. As a coalition, all of the stakeholder groups can advocate with the same, coordinated messages to all government offices and identify which government agency or ministry is responsible for overseeing and coordinating national implementation of the SDGs in order to ensure each stakeholders participation. Through this engagement at the national level persons with disabilities can build bridges between national processes and the



SDGs and the CRPD. At the global level, persons with disabilities have the opportunity to participate in the oversight of governments' commitments to the SDGs as stakeholders within such monitoring mechanisms as the United Nations High-level Political Forum on Sustainable Development (HLPF). While its outcomes are not legally binding, the HLPF provides an opportunity to engage Member States and other stakeholders in increasing political pressure to implement the SDGs. As stakeholders, persons with disabilities have a mandate to submit documents and present written and oral contributions, to make recommendations, to intervene in official meetings, to organise side events and round tables, in cooperation with Member States and the Secretariat, to attend all official meetings of the forum, and to have access to all official information and documents. Such mandates allow persons with disabilities to show a coordinated front in pushing their national governments to effectively and inclusively implement the 2030 Agenda.

Bringing persons with disabilities explicitly into mainstream development discourse will not only benefit us, it will enable the world to realise that there is immense untapped potential to transform the world into a better place for all people.

## Notes

- 1 This article includes elements adapted from the submission of the Stakeholder Group of Persons with Disabilities to the United Nations High-level Political Forum on Sustainable Development 2016 (<http://www.internationaldisabilityalliance.org/resources/leave-no-one-behind-hlpf-2016-position-paper-persons-disabilities>).
- 2 See, for example, Autism-Europe's Response to the Proposal for a European Accessibility Act, at P. 8, accessed from <http://www.autismeurope.org/files/files/ae-position-paper-accessibility-act-1.pdf>.
- 3 Out-of-School Children Initiative ([http://www.unicef.org/education/bege\\_61659.html](http://www.unicef.org/education/bege_61659.html)).
- 4 See: <http://www.unisdr.org/archive/35032>.

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**Zusammenfassung:** Die 2030 Agenda bietet Menschen mit Behinderungen eine Möglichkeit an der weltweiten Umsetzung nachhaltiger Entwicklungsprogramme mitzuwirken und dabei die UN-Konvention über die Rechte von Menschen mit Behinderungen (BRK) als wesentliches Element zu verwenden. Koordinierte Advocacy-Arbeit über die nationale, regionale und globale Ebene hinaus muss die Konvention und andere internationale Menschenrechtsinstrumente als Orientierungsrahmen für die Implementierung der nachhaltigen Entwicklungsziele einbeziehen. Dieser Artikel zeigt einige Verbindungen zwischen der 2030 Agenda und der BRK auf und spricht Empfehlungen für thematische Schwerpunkte für Advocacy von Organisationen von Menschen mit Behinderungen aus.

**Résumé:** L'Agenda 2030 offre aux personnes handicapées la possibilité de participer et d'utiliser activement la Convention relative aux droits des personnes handicapées dans le cadre des programmes classiques de développement durable à travers le monde. Un travail de plaidoyer coordonné entre les niveaux national, régional et mondial doit faire respecter la Convention et d'autres instruments internationaux relatifs aux droits de l'homme en tant que cadres directeur pour la mise en œuvre des Objectifs de développement durable.





**Resumen:** La Agenda 2030 ofrece a las personas con discapacidad la oportunidad de participar, y radicalmente utilizar la Convención sobre los derechos de las personas con discapacidad, dentro de los principales programas de desarrollo sostenible en todo el mundo. La promoción coordinada en todos los niveles nacional, regional y mundial debe respetar la convención y otros instrumentos internacionales de derechos humanos como marco orientador para la aplicación de los objetivos del desarrollo sostenible.

**Authors:** Megan Smith is the 2030 Agenda Liaison with the International Disability Alliance, based in New York. She holds a MA in International Relations and an MA in Peace and Security Studies from the University of Queensland. Jaimie Grant is the Communications Officer with the International Disability Alliance, based in New York. He holds a MSc in Conflict and Development from the University of London School of Oriental and African Studies.

**Contact:** [jgrant@ida-secretariat.org](mailto:jgrant@ida-secretariat.org), [msmith@ida-secretariat.org](mailto:msmith@ida-secretariat.org).



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# The Sustainable Development Goal 3 on Health – A Chance to Promote Inclusive Health Systems

Johannes Trimmel

The right to health for persons with disabilities is enshrined in International Human Rights Treaties, most importantly the International Covenant on Economic, Social and Cultural Rights and the UN Convention on the Rights of Persons with Disabilities. Scientific studies provide evidence of huge gaps in realising that right, on which the WHO built their Global Disability Action Plan. With the Agenda 2030 and the Sustainable Development Goal 3 on Health a new international framework is adopted, with an ambition that provides opportunities for persons with disabilities and their right to health – especially in the area of Universal Health Coverage. The article points out this potential and suggests possible actions.

## The Right to Health for Persons with Disabilities

Two key international human rights instruments provide for the right to health for persons with disabilities. Article 12.1 of the International Covenant on Economic, Social and Cultural Rights (CESCR) declares that “The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, underpinned by Article 2.2 stating that “The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind”. General Comments of the CESCR Committee on persons with disabilities (General Comment 5) and the Right to the highest Attainable Standard of Health (General Comment 14) emphasise the principles of accessibility, non-discrimination and equal treatment.

In Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) “States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.” The detailed provisions in Article 25 emphasise amongst others the equal level of quality of affordable health care, the provision of specific health services needed by persons with disabilities, the proximity of services, the awareness of health professionals on the human rights, dignity, autonomy and needs of persons with disabilities, the prohibition of discrimination in the provision of health insurance, and the promulgation of ethical standards for public and private health care. All provisions in the CRPD

need to be read in context with the General Principles laid down in Article 3: “(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (b) Non-discrimination; (c) Full and effective participation and inclusion in society; (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (e) Equality of opportunity; (f) Accessibility; (g) Equality between men and women; (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.”

These international treaties – besides specific articles in other human rights treaties – demonstrate that the right to health for persons with disabilities is not at all a new invention.

## Remove Barriers, Strengthen Services, Collect Information: The WHO Global Disability Action Plan

Still, scientific studies provide evidence that persons with disabilities have “unequal access to health care services and therefore have unmet health care needs compared with the general population” (World Report on Disability, WHO and Worldbank). The dimension of this inequality is highlighted in the WHO Global Disability Action Plan 2014-2021: “Analysis of the World Health Survey shows that, compared with people without disability, men and women with disabilities are twice as likely to find that health care facilities and providers skills are inadequate, three times more likely to be denied health care and four times more likely to be treated badly in the health care system. Of all persons with disabilities, half cannot afford required health care; people with disabilities are also 50 % more likely than those without disability to suffer catastrophic health expenditures”.

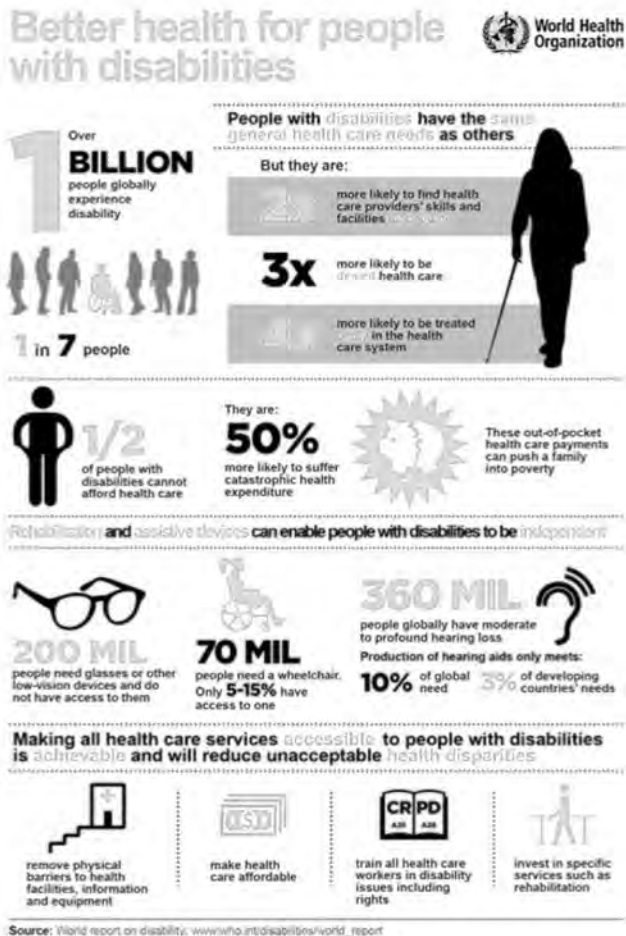


Figure 1: Infographic WHO Global Disability Action Plan, WHO; <http://www.who.int/disabilities/infographic/en/>

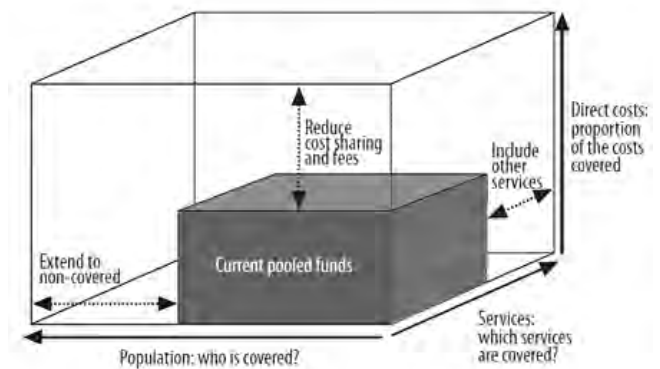
While the WHO Global Disability Action Plan was adopted prior to the Agenda 2030 on Sustainable Development – including the Sustainable Development Goals (SDGs), it's three objectives matches the ambition of SDG 3 to ensure healthy lives and promote well-being for all at all ages:

- (1) to remove barriers and improve access to health services and programmes;
- (2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and
- (3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

## Universal Health Coverage: A Policy Framework within the SDGs

The WHO Global Disability Action Plan also highlights the importance of Universal Health Coverage, the SDG target 3.8 Universal health

coverage (UHC) means that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. With this understanding Universal Health Coverage is a powerful tool for equity and to leave no one behind.



Three dimensions to consider when moving towards Universal coverage

Figure 2: Three dimensions to consider when moving towards Universal Health Coverage, WHO; [http://www.who.int/health\\_financing/strategy/dimensions/en/](http://www.who.int/health_financing/strategy/dimensions/en/)

As the figure on Universal Health Coverage shows, the extension of health services to currently non-covered, the reduction of cost sharing (out of pocket expenses) and the inclusion of additional services could mean for persons with disabilities to

- 1) receive special attention as one of the groups having significant less access to health services for increasing population coverage;
- 2) be included in reduced/free fee programmes or health insurances to reduce their exposure to catastrophic health expenditure; and to
- 3) benefit from access to habilitation, rehabilitation and assistive devices by including those services additionally.

The Sustainable Development Goal 3 on Health includes besides the target on *Universal Health Coverage* thirteen further targets, all relevant for persons with disabilities - their achievement depending also on how far the diverse barriers for persons with disabilities are addressed in health policies and systems. Unfortunately the SDG 3 lacks a specific reference to persons with disabilities or even vulnerable groups. Yet the ambition is inherent in the description of the goal itself: "Ensure healthy lives and promote well-being for all at all ages". This ambition to reach all people is underpinned by



the principle to *leave no one behind*, an important element in the Agenda 2030 Declaration, adopted by the UN General Assembly. To get to know whether in programmes on SDG 3 that promise is kept, the SDG target on data calls for the disaggregation of this data by a number of dimensions, including disability. Accordingly, despite persons with disabilities are not specifically mentioned in SDG 3, within the broader setting of the Agenda 2030 the SDG 3 provides an excellent opportunity for persons with disabilities to exercise their right to health.

### Turning an Inclusive SDG 3 on Health into Practice

The opportunity is there – the main challenge ahead is how to capitalise on this opportunity and to avoid persons with disabilities being left out again. Political work has to continue in ensuring that disaggregation of data by disability in SDG monitoring and reporting systems is required, and that National Health Management Information Systems are supported in building that capacity.

Of all the health-related targets Universal Health Coverage is likely to be the most powerful entry point to advance the right of persons with disabilities to health. However, the currently proposed two global indicators to measure progress towards Universal Health Coverage are missing out in two areas. The global indicator on Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions) does not include any rehabilitation service. The one on financial risk protection does not provide information on catastrophic health expenditure, which is a reality for many persons with disabilities and their family; a broad coalition of civil society organisations together with the WHO and others are engaging in a political debate to change the latter indicator to one providing more accurate information on progress towards Universal Health Coverage.

When moving from the global level to the national level, there are many more opportunities to put the promise made into practice. Each country has to develop its own SDG implementation plans, with national targets and indicators. Currently many developing countries are building up their health systems and policies towards Universal Health Coverage. Intervening at that stage successfully would mean not to allow the very common practice to continue, which is first we care for the general population, and when these systems work, we look at population groups with specific needs such as

persons with disabilities. Conversely, equity in health must be a guiding norm right from the beginning. Inclusive Universal Health Coverage packages need to include rehabilitation services and specific health needs of persons with disabilities. Access to assistive devices is important to be planned for in social protection systems.

An engagement for disability-inclusive national health policies, practice and monitoring in line with the SDGs is undoubtedly not easy. It's not only about bringing the right arguments for policy change, the evidence of benefits when enabling participation, and upholding the human rights versus cost arguments. The barriers to inclusion – barriers in the health system, barriers by the health workforce, barriers by society, communication barriers, and the exclusion and disempowerment experienced by persons with disabilities and their families – need strong joint action of persons with disabilities, their representative organisations and their partners, reaching out to allies beyond the usual. That's a big investment; an investment that needs to be done. With health financing also in poor(er) countries shifting increasingly from international cooperation to domestic budgeting, the effect of successfully promoting access to health for persons with disabilities in the current health political and SDG context, is more likely to be sustainable.

Certainly the right to health for persons with disabilities will not be realised from one day to the next. Nevertheless, the SDG 3 and especially the target on Universal Health Coverage provide a good framework to initiate and maintain a step by step process increasingly ensuring healthy lives and promote well-being at all ages also a reality for persons with disabilities at a national and global level.

**Zusammenfassung:** *Gesundheit als Menschenrecht ist in internationalen Menschenrechtsabkommen verankert, vor allem im Internationalen Pakt über wirtschaftliche, soziale und kulturelle Menschenrechte und der UN Konvention über die Rechte von Menschen mit Behinderungen. Wissenschaftliche Studien weisen eine große Lücke in der Realisierung dieses Rechtes nach, worauf die WHO ihren globalen Aktionsplan für Menschen mit Behinderungen aufbaut. Mit der 2030 Agenda und dem nachhaltigen Entwicklungsziel 3 zu Gesundheit, wurde ein neuer internationaler Rahmen mit dem Ziel, Möglichkeiten für das Recht auf Gesundheit von Menschen mit Behinderungen zu schaffen, verabschiedet – gerade für den Bereich der flächendeckenden Gesundheitsversorgung. Dieser Artikel zeigt dieses Potential auf und gibt Anregungen für Handlungsmöglichkeiten.*



**Résumé:** Le droit à la santé pour les personnes handicapées est inscrit dans les traités internationaux des droits de l'homme, avant tout le Pacte international relatif aux droits économiques, sociaux et culturels et la Convention des Nations Unies relative aux droits des personnes handicapées. Certains indices démontrent des énormes lacunes dans la réalisation de ce droit, sur lequel l'OMS a construit son Plan d'action global relatif au handicap. Avec l'Agenda 2030 et le troisième objectif de développement durable sur la santé, un nouveau cadre international a été adopté avec une ambition qui offre des possibilités aux personnes handicapées et leur droit à la santé - en particulier dans le domaine de la Couverture sanitaire universelle. L'article se penche sur ce potentiel et suggère des actions possibles.

**Resumen:** El derecho a la salud para las personas con discapacidad está consagrado en los tratados internacionales de derechos humanos, lo más importante es el Pacto Internacional de Derechos Económicos, Sociales y la Convención de las Naciones Unidas sobre los Derechos de las Per-

sonas con Discapacidad. La evidencia demuestra enormes brechas en la realización de ese derecho, en el que la OMS construyó su Plan Mundial de Acción sobre Discapacidad. Con la Agenda 2030 y el objetivo de Desarrollo Sostenible 3, sobre la salud, existe un nuevo marco internacional, con una ambición que ofrece oportunidades para las personas con discapacidad y su derecho a la salud - especialmente en el área de cobertura universal de salud. El artículo analiza ese potencial y sugiere posibles acciones.

**Author:** Johannes Trimmel is Director, Policy and Advocacy at the International Agency of Prevention of Blindness. During the last 15 years of his engagement in development cooperation he has been focusing on the rights of persons with disabilities and their inclusion, as well as access to eye health and health systems strengthening. He currently is also President of CONCORD, representing 2.600 European development NGOs vis-à-vis the European Institutions.

**Contact:** [jtrimmel@iapb.org](mailto:jtrimmel@iapb.org).



# Implementing the Agenda 2030 - The United Nations Partnership on the Rights of Persons with Disabilities as a Multi Stakeholder Platform to Advance the Rights of Persons with Disabilities

Natalia Mattioli

This article describes the features of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) and provides a brief overview of the results achieved by two country projects: South Africa and Costa Rica. The UNPRPD is a unique collaborative mechanism in the development context. It has the ability to integrate the normative and operational mandates of the UN system in the area of disability rights, the ability to promote a *One UN approach* to disability rights, the ability to promote partnership-building at country level, and by using a pooled funding mechanism to ensure administrative efficiency and transparency. The UNPRPD initiatives have proven to be able to trigger significant structural changes to advance the rights of persons with disabilities supporting the CRPD implementation. With the 2030 Agenda, the recently approved disability inclusive development agenda, as countries design and start implementing their national development plans, UNPRPD interventions can have a critical role ensuring alignment between CRPD implementation tools and sustainable development goals achievement strategies.

## A New Disability Inclusive Agenda: Leaving No One Behind

In September 2015, UN Member States adopted the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs), which will significantly influence the direction of global and national policies relating to sustainable development for the next 15 years. Agenda 2030 has 17 goals and 169 targets. These goals and targets are broader in scope than the Millennium Development Goals, as they speak to all three dimensions of sustainable development: economic growth, social inclusion and environmental protection. The SDGs also go further than the MDGs by addressing the root causes of poverty and the universal need for development that works for all people. In contrast to the MDGs, the SDGs explicitly reference disability (11 mentions of which 7 are in the Goals).

While CRPD Article 32, on international cooperation and partnership, provides a natural link between the CRPD and Agenda 2030, clearly all the core 33 CRPD articles are inherently interconnected with the 17 SDGs. When this interconnection is acknowledged, SDGs and CRPD can mutually reinforce one another. For instance, equality, a core value of the SDGs, is matched by CRPD Article 5, which promotes equality of opportunity and non-discrimination of persons with disabilities, and by Articles 6 and 7, on women and children with disabilities. Accessibility and inclusion — other core elements of the SDGs — are matched by

CRPD Article 9. In addition, SDGs without specific disability mentions are matched by core articles of the Convention. For instance, SDG 1, on the elimination of poverty, is matched by CRPD Article 10 on the right to life and CRPD Article 28, on adequate standards of living and social protection. SDG 3, on good health and well-being, has clear links with CRPD Article 10, but also with the principles of access to health and reproductive health without discrimination on the basis of disability and respect for home and family (CRPD Articles 23 and 25).

## A Collaborative Effort to Promote the Rights of Persons with Disabilities

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) brings together UN entities, governments, organisations of persons with disabilities and the broader civil society to support the full implementation of the Convention on the Rights of Persons with Disabilities (CRPD) by facilitating policy dialogue, coalition-building and capacity-development at the country, regional and global levels.

The UN entities participating in the UNPRPD are the International Labour Organisation (ILO), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Department for Economic and Social Affairs (UNDESA), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Or-



organisation (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the World Health Organisation (WHO).

The UNPRPD is supported by the UNPRPD Fund, a Multi-Partner Trust Fund (MPTF) established as a mechanism to mobilise resources for the Partnership. To date the PRPD has received contributions from Finland, Australia, Norway, Sweden, Cyprus, Spain, Israel and Mexico.

Officially launched in December 2011 and operationalised in 2012, the UNPRPD has supported, to date, 20 country-level joint UN programmes on disability rights across all regions, as well as two regional initiatives providing assistance to umbrella organisations of persons with disabilities in Africa and the Pacific. In addition, two global work streams have been supported by the Partnership, aimed respectively at promoting the participation of persons with disabilities in post-2015 negotiations and developing a *One UN approach* to disability statistics.

The New Strategic Operational Framework,

adopted in prevision of the extension of the Fund in May 2016, introduces various elements of innovation based on lessons learned and changes in the development landscape in particular the adoption of the new Agenda 2030. The UNPRPD can provide key guidance on the intersections between the CRPD and SDGs.

## The UNPRPD Theory of Change

The UNPRPD seeks to enable structurally focused social action aimed at advancing disability rights, in keeping with the UN Convention on the Rights of Persons with Disabilities. It does so by working with duty bearers, recognising the primary role played by the state in ensuring the realisation of human rights. But it also works with right holders — persons with disabilities and their representative organisations — in keeping with the principle “nothing about us, without us.”

In pursuing its objectives, the UNPRPD adopts strategies that variously combine the following elements: promotion of normative environments that are conducive to the fulfillment of disability rights (with respect to both

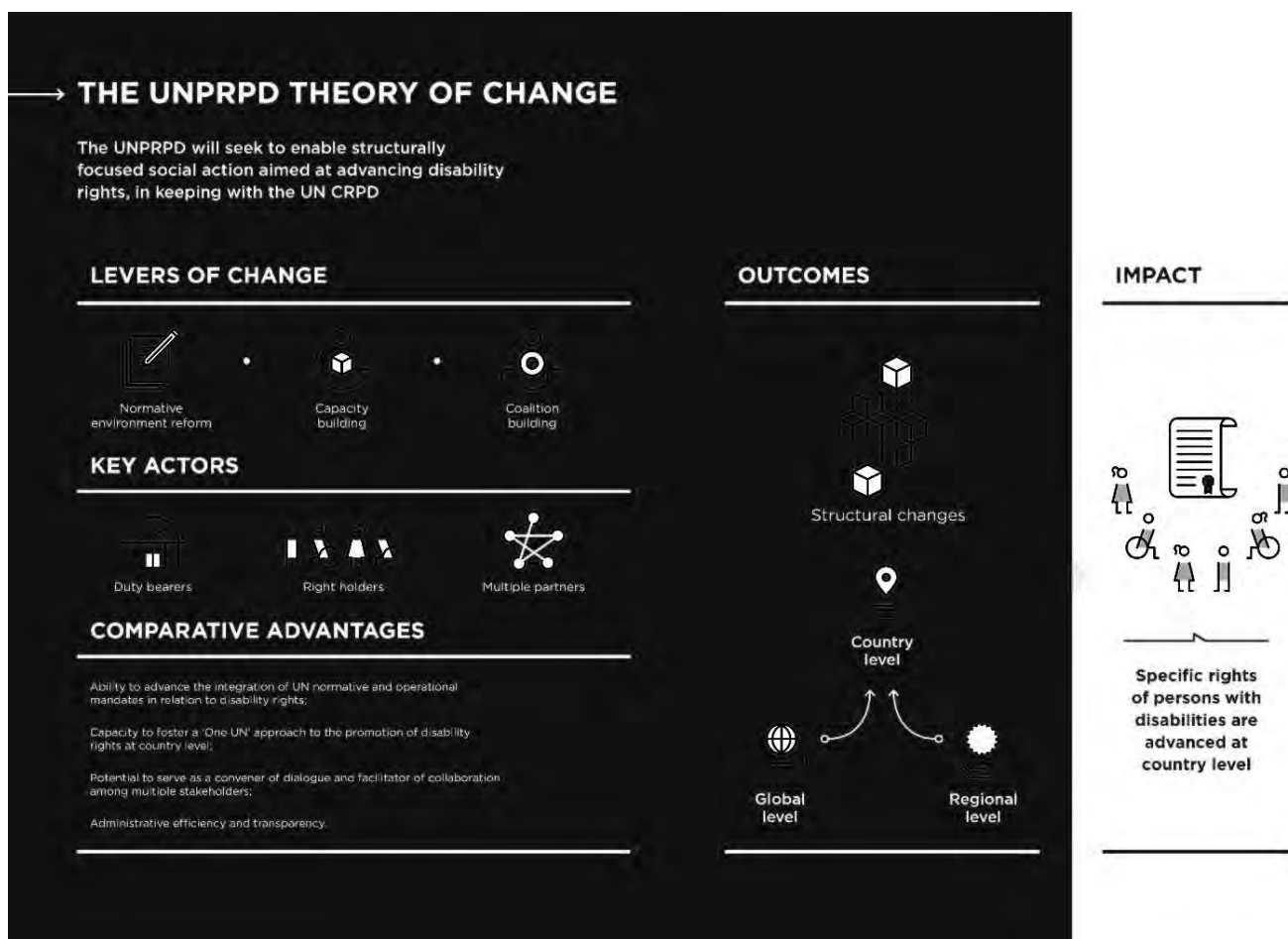


Figure 1: Source: UNPRPD Strategic Operational Framework, May 2016 New York



legislative and cultural norms); coalition-building among and within constituencies and across the state-citizens divide through a partnership infrastructure approach; and capacity strengthening for key actors (both duty bearers and right holders) that are committed to the realisation of disability rights.

The operating modalities of the UNPRPD are designed to leverage the Partnership's main elements of comparative advantage, which include: its ability to further the integration of UN normative and operational mandates in relation to disability rights; its capacity to foster a *One UN approach* to the promotion of disability rights at country level; and its potential to serve as a convener of dialogue and facilitator of collaboration among multiple stakeholders.

The UNPRPD plays a catalyst role in the progressive realisation of disability rights by triggering big changes with small resources. It does so through the careful combination of targeted and mainstreaming interventions, through the systematic pursuit of effective scaling up strategies and through the rigorous implementation of a robust knowledge management programme.

### **Local Action with a Global Perspective**

The primary focus of the UNPRPD is the promotion of country-level joint programmes in which participating UN Organisations engage in collaborative efforts with a range of partners to trigger systemic change. Country-level programmes, however, will be supplemented by supportive activities designed to maximise the impact of the UNPRPD operations on the ground through complementary action at the regional and global level. Key supportive work streams will include efforts to strengthen the voice of persons with disabilities at the regional level, and activities to develop strategically important resources on disability rights at the global level. Both of these work streams can be seen as extensions and reinforcements of country-level capacity development work.

The UNPRPD fully espouses a human rights based approach to development. It therefore regards the CRPD as its main compass, with guidance emanating from the Committee on the Rights of Persons with Disabilities and other UN treaty bodies; the Conference of States Parties to the CRPD; and the Special Rapporteur on the Rights of Persons with Disabilities. But the UNPRPD is also fully committed to the value of national ownership. Hence, it appreciates that its work in support of the CRPD must be de-

mand-driven (i.e. reinforcing local dynamics) and country-specific (i.e. responding to the particular circumstances and needs of each given national context).

### **Experiences from the First Round of Projects**

The projects supported under the first UNPRPD funding round (UNPRPD R1) were implemented over a period of 2-3 years. While this timeframe is undoubtedly too short for the achievement of extensive impact-level results, several projects were successful in triggering highly structural transformations which are likely to have a significant positive effect on the conditions of life of persons with disabilities in the future. Some illustrative examples are provided from the experiences of Costa Rica and South Africa.

#### **Costa Rica**

In early 2012 - two years after the ratification of the CRPD - the government of Costa Rica unveiled a comprehensive strategy to advance the right to work of persons with disabilities. The strategy, based on CRPD Article 27, focused on, among other things, the right to gain a living by work freely chosen or accepted in a labour market and the right to a work environment that is fully accessible to persons with disabilities. In late 2012, the UNPRPD launched the project National Plan for Labour Inclusion of Persons with Disabilities. Designed to assist the government's efforts on operationalising the Plan-with complementary financial and technical resources, the Project aimed to promote a more open and inclusive world of work and was structured around five strategic areas: improving institutional coordination and governance; enhancing the employability profile of Costa Ricans with disabilities; expanding the demand for workers with disabilities; improving job facilitation services; and promoting entrepreneurship among persons with disabilities.

As a result of the UNPRPD project support:

#### **Interagency Coordination on Training and Employment of Persons with Disabilities was Institutionalised**

The UNPRPD project in Costa Rica was successful in facilitating the development of an interagency coordination protocol among the Ministry of Labour and Social Security, the National Training Institute and the Ministry of Public Education on the labour inclusion of persons with disabilities. The protocol which includes a com-





mitment statement signed by the heads of the relevant ministries and endorsed by the President of Republic — aims to enable greater access to inclusive education and training as well as a smoother transition to work for persons with disabilities throughout the country. Further to the signing of the protocol, the participating institutions carried out a review of their internal procedures and established a set of mechanisms for referral and counter-referral. These changes will make it easier for the government to provide an integrated package of support that meets Costa Rica's obligations under Articles 24 and 27 of the CRPD.

### **Development of a Local-Level Job Intermediation Model**

Five municipal-level Local Job Placement Networks for Persons with Disabilities were set up with project support between 2014 and 2015. These pilots facilitated the employment of more than 300 persons over a two-year period but also provided the necessary learning for the development of a low-cost, municipal-level job intermediation model. Municipalities across Costa Rica will now be able to take this model, adapt it to their circumstances and incorporate it in the Local Equal Opportunities Plans required by Law 8822 on the establishment of Municipal Committees on Disability.

A toolkit for the creation of Local Job Placement Networks — developed by the project entitled National Plan for Labour Inclusion of Persons with Disabilities in collaboration with the National University of Costa Rica — was presented in May 2015 with the participation of the Vice-President of Costa Rica, Ana Helena Chacón. Further to the presentation, a number of local authorities have expressed interest in putting in place their own job placement networks for persons with disabilities.

A second phase of the UNPRPD project will enable the UN system in Costa Rica to assist these municipalities and others that may come forward in the future.

### **Boosting Employability and Entrepreneurship of Persons with Disabilities**

Empléate Inclusivo is a programme that assists persons with disabilities who are seeking employment through job counselling services, training options and job placement support. The UNPRPD project contributed to the conceptualisation, design and operationalisation of the Empléate Inclusivo programme, which has since been incorporated into the government's National Employment and Production Strategy and

its 2015-2018 National Development Plan. Through its support to training activities carried out by Empléate Inclusivo, the Ministry of Public Education and the National Training Institute, the UNPRPD project contributed to strengthening the employability profile of 1,653 young people with disabilities.

Additionally, around 60 persons with mental and intellectual disabilities were supported in starting a business or forming cooperatives. While limited in scope, this experience demonstrated that entrepreneurship development methodologies, such as ILO's CODE, can be successfully applied to persons with disabilities provided that appropriate reasonable accommodation arrangements are put in place.

### **Promoting Disability and Inclusion in the Business Sector**

The UNPRPD collaborated with the National Business Association of Costa Rica to expand and consolidate the Costa Rican Network of Inclusive Businesses, an alliance of companies committed to promoting employment for persons with disabilities as well as accessibility in the design of products and services. As a result of project support, the Network membership increased more than twofold over three years, from 28 to 66 companies, and today represents a total workforce of approximately 20,000 employees. Over two years, more than 400 representatives of Network companies received training on disability inclusion with project support. In addition, a nine-module web-based toolkit was developed on different aspects of inclusion in the workplace. Tailored training on the application of the toolkit is now provided to companies by the Network on a full cost recovery basis. From late 2012 to 2015, nearly 500 persons with disabilities were hired in administrative, operational and technical positions at Network member companies (or approximately 2.5 percent of the total workforce covered by the Network).

The prize Costa Rica Incluye, awarded to companies that have achieved outstanding results in incorporating inclusive business practices, was initiated by the project to raise the profile of the Network. From 2014, the award has been hosted by the Office of the Second Vice-President of Costa Rica. In 2015, Costa Rica's National Plan for Labour Inclusion of Persons with Disabilities was selected for recognition by the Zero Project as an Innovative Policy 2016.



## South Africa

The effective planning and implementation of programmes related to the CRPD was hindered in South Africa by an insufficiently developed policy framework, inadequate alignment between budgetary allocations and CRPD provisions, and a lack of comprehensive data on the opportunities and challenges faced by persons with disabilities. The UNPRPD project Accelerating the Implementation of the UNCRPD in South Africa was launched in 2013 to assist the South African government in addressing these bottlenecks through work focused on three entry points: the articulation of a CRPD-compliant policy framework; the development of an analytical framework for disability-sensitive budgeting; and the strengthening of monitoring capacity in the area of disability rights.

The most important results have been:

### **Adoption of a Revised National Disability Rights Policy**

A White Paper on the Rights of Persons with Disabilities was approved by the Cabinet of Ministers of South Africa, together with its Implementation Matrix, on December 9, 2015. The Paper, which updates the Integrated National Disability Strategy of 1997 in light of the provisions contained in the CRPD as well as the National Development Plan for South Africa, significantly benefited from analytical work carried out by the UNPRPD participating UN organisations as well as assistance provided by the project in the context of civil society outreach efforts.

### **Development of an Analytical Framework for Disability-Sensitive Budgeting**

A study on the economic impact of disability at the household level was conducted within the UNPRPD framework in order to provide the evidence base for more adequate budget allocations in relation to disability rights. The findings of the first phase of the study have already started to inform the policies of the Treasury and Revenue departments as well as the funding models for basic education and early childhood development programmes. Similarly, decisions about reasonable accommodation for public servants with disabilities and for post-school education and training have been influenced by the research. The review of the National Health Rehabilitation Policy, which also covers the provision of assistive devices currently underway, is making use of the study's evidence, as are the review of the National Social Welfare Policy and the development of a

new group housing infrastructure policy.

### **Stronger Monitoring and Evaluation Capacity in the Area of Disability Rights**

The UNPRPD project provided the technical support necessary for the development of a government-wide Disability Rights Monitoring and Evaluation Framework that is aligned with the new disability policy. The Framework is constituted by three pillars: a set of indicators and processes to monitor statistical trends relevant to persons with disabilities; a set of indicators and processes to monitor government performance in advancing disability rights; and a process to obtain feedback from persons with disabilities through participatory research. This process institutionalises the government's commitment to ensure the participation of representative organisations of persons with disabilities in the monitoring of CRPD implementation as per CRPD Article 33.3. As part of its efforts to advance monitoring capacity in the area of disability rights, the project facilitated the disability disaggregation of targets and indicators contained in South Africa's National Development Plan 2030. Furthermore, work began on the development of a Disability Inequality Index that will enable policymakers to assess variations over time and space in the wellbeing experienced by persons with disabilities and their families relative to national averages. These tools will further assist the government in pursuing the principle of "leaving no one behind", which underpins the National Development Plan as well as the internationally agreed Sustainable Development Goals.

### **Strengthened Institutional Capacity for Disability Data Collection**

The UNPRPD fostered greater collaboration between the designated national disability rights coordinating mechanism—currently located in the Department of Social Development—and Statistics South Africa, the national statistical office. An outcome of this collaboration was the Census 2011 Disability Monograph, which provided the country's first national profile of persons with disability since 2001 and helped establish a critical baseline for the design and monitoring of disability rights programmes. The collaboration with Statistics South Africa also contributed to deepening analysis, eliminating data misinterpretation and halting the use of harmful terminology. A more institutional relationship between the Department of Social Development and four divisions of Statistics South Africa was formalised during the implementation of the project. In addition, work is pro-



gressing on the establishment of a centralised disability statistics database as a collaboration between the two institutions.

## Conclusions

The CRPD holds the potential to generate major breakthroughs for people with disabilities around the world, and the recently approved Sustainable Development Goals represent a unique opportunity for disability-inclusive development. However, a strong partnership framework is required at the global level to translate these possibilities into reality.

The UNPRPD, as a collective effort of national and international partners, has proven to be a highly effective mechanism to advance the implementation of the CRPD. The UNPRPD has built on existing UN disability rights infrastructure and considerably contributed to its strengthening by leveraging several distinctive features, such as the ability to integrate the normative and operational mandates of the UN system in the area of disability rights, the ability to promote a *One UN approach* to disability rights, the ability to build partnership building at country level, administrative efficiency and transparency.

## Notes

- 1 The text has been almost entirely extracted from the following publications: Strategic Operational Framework and Connections: an overview of results from the first UNPRPD Funding Round, both developed by the UNPRPD Technical Secretariat and available at the following link: <http://mptf.undp.org/factsheet/fund/RPD00>.
- 2 The Delivering as One pilot initiative builds on the existing reform agenda set by UN member states, which asks the UN development system to accelerate its efforts to increase coherence and effectiveness of its operations in the field through the establishment of Joint Offices.
- 3 These employment intermediation networks are intended to be a space to articulate the local labour intermediation services currently operating in the country, to enhance available resources and synergies of those working in formal and informal manner in this area at a local level.
- 4 The networks have enabled communities, through their local governments, to develop work plans and employment strategies for this specific population at the local level, which could mean that in the medium and long-term, a significant inclusion of the population with disabilities could be incorporated in all areas.
- 5 The toolkit document contains basic information to

guide staff of public institutions, local governments, civil society organisations and/or private entities that, formally or informally, provide local employment intermediation services for persons with disabilities.

Through five modules that address: what are the local employment intermediation networks, key concepts in disability, employment training, employment legislation and disability and employment options for people with disabilities. Similarly, it contains theoretical information and tools to facilitate the labour intermediation processes and promotion of employment opportunities for this population.

- 6 With the support of UNPRPD funds and AED (Asociación Empresarial para el Desarrollo (AED) called "Costa Rican Inclusive Business Network") counterpart the annual training program for companies was strengthened encouraging the development of policies within organisations to be more inclusive of people with disabilities in all dimensions. The program promotes the human rights approach to disability, however, the companies are the ones responsible for implementing the policies and methodologies according to their level of understanding and technical, financial and material possibilities. From 2013 to 2015, 32 workshops were held with the participation of 491 representatives of participating companies
- 7 At the beginning of the project the country did not have disability-specific legislation, but had sought to ensure that disability would be mainstreamed into all Acts affecting persons with disabilities. However, subsequent to the ratification of the UNCRPD by South Africa, a wide range of stakeholders had called for a disability-specific legislation that would provide the umbrella for more effective mainstreaming of disability issues in other laws as well as policies. There was however no consensus either in the disability sector or within government on the exact format and purpose of disability-specific legislation, and it is had been agreed that the legislative audit to determine compliance of existing laws and policies first be concluded.
- 8 [http://www.dsd.gov.za/index2.php?option=com\\_docman&task=doc\\_view&gid=654&Itemid=39](http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=654&Itemid=39).
- 9 [https://www.researchgate.net/publication/298410460\\_Elements\\_of\\_the\\_Financial\\_and\\_Economic\\_Costs\\_of\\_Disability\\_to\\_Households\\_in\\_South\\_Africa](https://www.researchgate.net/publication/298410460_Elements_of_the_Financial_and_Economic_Costs_of_Disability_to_Households_in_South_Africa).

**Zusammenfassung:** Dieser Artikel beschreibt die Merkmale der Partnerschaft der Vereinten Nationen über die Rechte von Menschen mit Behinderungen (PRPD) und gibt eine kurze Übersicht über die erzielten Ergebnisse in zwei Länderprojekten: Südafrika und Costa Rica. Die PRPD ist eine einzigartige gemeinschaftliche Einrichtung im Entwicklungskontext. Es ist in der Lage, normative und operative Mandate des UN Systems im Bereich der Rechte von Menschen mit Behinderungen zu integrieren, einen One UN Ansatz zu Rechten von Menschen mit Behinderungen zu fördern, den Aufbau von Partnerschaften auf Länderebene



zu fördern und durch die Nutzung eines gemeinsamen Finanzierungsmechanismus eine effiziente und transparente Verwaltung zu gewährleisten. Die UN PRPD Initiativen belegen, dass sie in der Lage sind, wesentliche strukturelle Veränderungen auszulösen, die die Rechte von Menschen mit Behinderungen und die Umsetzung der UN BRK vorantreiben. Mit der 2030 Agenda, der kürzlich verabschiedeten Behinderung einbeziehenden Entwicklungsagenda, und der beginnenden Entwicklung und Umsetzung nationaler Entwicklungspläne der Länder, können die UN PRPD Maßnahmen eine wichtige Rolle in der Verbindung zwischen Umsetzungsinstrumenten der UN BRK und den Umsetzungsstrategien der nachhaltigen Entwicklungsziele einnehmen.

**Résumé:** Cet article décrit les caractéristiques du Partenariat des Nations Unies sur les droits des personnes handicapées (PRPD) et fournit un bref aperçu des résultats obtenus par les projets dans deux pays : l'Afrique du Sud et le Costa Rica. Le PRPD est un mécanisme de collaboration unique dans le contexte du développement. Il a la capacité d'intégrer les mandats normatifs et opérationnels des systèmes onusiens dans le domaine des droits des personnes handicapées. Il a aussi la possibilité de promouvoir une approche «Une ONU» pour les droits des personnes handicapées. Le PRPD a également la capacité de promouvoir la création de partenariats au niveau national et d'assurer l'efficacité administrative et la transparence, en utilisant un mécanisme de financement commun. Les initiatives de l'UNPRPD se sont avérées capables de déclencher des changements structurels importants pour faire avancer les droits des personnes handicapées, soutenant ainsi la mise en œuvre de la CDPH (Convention de l'ONU relative aux droits des personnes handicapées). Lorsque les États commencent à concevoir et à mettre en œuvre leurs plans de développement nationaux, l'Agenda 2030 – le programme de développement inclusif pour les personnes handicapées récemment

approuvé – en combinaison avec les interventions de l'UNPRPD peuvent jouer un rôle essentiel en assurant l'alignement des outils de mise en œuvre de la CDPH et les stratégies pour la réalisation des objectifs de développement durable.

**Resumen:** Este artículo describe las características de la Alianza de las Naciones Unidas sobre los derechos de las personas con discapacidad (PRPD) y da una breve descripción de los avances de dos proyectos en Sudáfrica y Costa Rica. La Alianza es un mecanismo único de colaboración en el contexto de desarrollo y ha demostrado por sus iniciativas que puede desencadenar cambios estructurales importantes para promover los derechos de las personas con discapacidad. PRPD tiene la capacidad de integrar los mandatos normativos y operacionales del sistema de las Naciones Unidas en el campo de los derechos de discapacidad. Además hace posible la fundación de alianzas a nivel nacional. Su mecanismo de financiación asegura la eficiencia y la transparencia administrativa. Junto con la Agenda 2030 - la estrategia de desarrollo para las personas con discapacidad - las intervenciones de la PRPD tienen un papel importante con el fin de conectar los instrumentos de la Convención sobre los Derechos de las Personas con Discapacidad (CDPD) con la estrategia de desarrollo sostenible y así ajustar los planes nacionales de desarrollo.

**Author:** Natalia Mattioli is a disability expert with almost 15 years of experience working with DPOs, NGOs, national and local governments and UN Agencies. In 2015 she joined the Technical Secretariat of the Partnership on the Rights of Persons with Disabilities in New York and is acts as focal point for the Partnership's management and external relations.

**Contact:** natalia.mattioli@undp.org



# Disability and Agenda 2030: Piloting the Washington Group Short Set of Questions in Routine Data Systems for Measuring the Inclusion of People with Disabilities

Pauline Thivillier/Emma Jolley/Fred Smith/Dominic Haslam

Comparable, reliable data is widely acknowledged as critical for measuring how countries deliver on the Agenda 2030 promise to “leave no one behind”. Sightsavers as an NGO in the field of health services and disability tested a methodology for disaggregating routine service data by disability in a community health service in rural Tanzania. The pilot study identified approximately 20% of the clients of these health services as having disabilities and noted differences in access according to their age and the services they received. Data such as this can provide evidence to how equity can be measured, and improved, in other services.

## Introduction

### Agenda 2030 and Inclusion

At the core of the 2030 Agenda for Sustainable Development is the pledge to ensure that no one is left behind (United Nations 2015). There are eleven references to people with disabilities or disability as an issue across the framework documents as a whole and within the goals and targets. From a disability-inclusive perspective, this represents huge progress from the Millennium Development Goals (MDGs), which did not explicitly mention people with disabilities (United Nations 2011). It is widely acknowledged that in many cases people with disabilities will not have benefitted directly from progress driven by the MDGs as a lack of specific focus on their inclusion meant that the multitude of barriers they face in their daily lives will have been too great to allow their full participation (Groce 2013). The narrow focus of the MDGs on achieving national targets resulted in little attention being paid to the distribution of progress among citizens and inclusive approaches not being prioritised by national governments or donor agencies responsible for delivering the MDG agenda.

The advancement of rights-based approaches to development and the advent of the Convention on the Rights of Persons with Disabilities (United Nations 2006) helped to drive more inclusive policies and an understanding of the importance of equitable progress within societies. However, without data to understand and monitor whether and how different sections of society are included, successful implementation is unlikely. The adoption of the 2030 Agenda in September 2015 reinforced the need for measuring progress and to achieve the targets, Member States will need to collect disaggregated data against a number of indicators.

However, this is not a straightforward task. A

lack of knowledge or experience in collecting data on people with disabilities, their lives and whether they are participating in development programmes is a continuing barrier to ensuring inclusive practice. Robust and valid methods need to be developed and tested, that can be used by National Statistical Offices (NSOs) in diverse settings and with varied availability of resources.

### Monitoring Equity in Service

Sightsavers is a non-governmental organisation (NGO) working in over 30 countries in Africa, Asia and the Caribbean, with a twin mandate to provide health services and to support people with disabilities to participate fully in society. To understand how our services perform, evaluate our impact and identify areas for improvement, we work with our partners to collect routine monitoring data including information on clients accessing our services. As with many agencies, Sightsavers disaggregates project data by sex and normally by age to understand the characteristics of who accesses our services. If we want to understand other characteristics, such as socio-economic position or disability status, we need to adapt our systems and those of our partners.

Sightsavers recently launched its Empowerment and Inclusion framework (Sightsavers 2015) which reinforces a rights-based approach to mainstreaming disability and gender throughout our programmes. As part of the development process for this framework, we conducted a literature research and identified a lack of evidence on how to capture data on disability in routine data systems. Therefore in 2014 we launched a pilot to: (1) understand how to adapt our existing data collection processes in order to capture disability; (2) advocate for the need to collect data specifically around



people with disabilities, at relevant points; and (3) share our experience of disaggregation with others. Capturing disability data allows organisations and service providers to know whether people with disabilities are included in their services. By comparing project data with available population based data it is possible to compare rates of access between people with and without disabilities to look for signs of inequality. Although the ultimate aim of this project was to understand how people with disabilities were accessing our services, the pilot focus was mainly on developing and testing a data system process and understanding the practical implications of the collection of the data itself.

### **Disability: Concepts and Measurement**

The notion of disability is complex and understood differently by individuals, cultures, specialists and academics all over the world. For the purpose of the pilot, it was agreed to identify a tool that would be appropriate across all the settings Sightsavers works in and for which the NGO was likely to be able to source background population based data. The Washington Group on Disability Statistics (WG), formed in 2001 by the United Nations Statistical Commission, has gone a long way to provide a standard definition and way to measure disability that can be used globally. They operationalise the International Classification of Functioning, Disability and Health (ICF) (WHO 2013) as the framework for measuring disability and developed a short set of questions (WGSS) (Madans 2011) that can be used in censuses and surveys. The questions are designed to identify people who may be at risk of non-participation due to limitations they face in performing basic activities. As such, it is not a measure of disability, as this is the reality of the interaction between functional limitations and social, cultural, environmental, economic and other factors affecting the ability of an individual to fully participate in society. However, it is a way to highlight possible discrimination and raise questions and inform adjustments that may need to be made in order to include people with disabilities in project outcomes.

The WGSS includes questions on six functional domains that can be asked without any medical knowledge and, to avoid stigma associated with the word disability, are prefaced with a question about the participant's general health status. Moreover, rather than a binary Yes/No response, respondents position themselves on a four-point scale according to the level of difficulty they face. This scalar approach

means that the data can be analysed in multiple ways, although the WG recommended cut-off to capture disability is "at least one domain is a lot of difficulty or unable to do it at all".

### **Tanzania Pilot Project**

One of the sites chosen to pilot the data disaggregation project was in Tanzania, within the Neglected Tropical Diseases (NTDs) Programme under the Ministry of Health, Community Development, Gender, Elderly and Children (MoH-CDGEC). Tanzania is one of several African countries where multiple NTDs are coendemic which can lead to severe health consequences within individuals. The most prevalent NTDs in Tanzania are Trachoma, Onchocerciasis (river blindness), Schistosomiasis, Lymphatic Filariasis (elephantiasis) and Soil Transmitted Helminthiasis (STH).

The project was implemented in Ruvuma region through the partnership of Sightsavers, MoHCDGEC and Ruvuma regional and district authorities. Ruvuma is located in the southern part of Tanzania with a population of 1.3 million people. Administratively the region is divided into five districts, with all five NTDs prevalent to different extents throughout. The data disaggregation initiative was integrated into Trachoma Trichiasis (TT) surgery interventions in three districts of Tunduru, Songea rural and Namtumbo.

The services were run by regional and district TT surgical teams who visited communities, identifying and operating on clients in locations close to their homes, such as the local health centre or school. The data was captured at the first point of contact with the client (registration desk and initial screening) by adding the WGSS in the demographic section of the paper form alongside age and sex. The disability data was then summarised using the existing process into TT summary forms and the register book.

### **Methods**

To understand the pilot and measure success we conceived an evaluation of the pilot using an operational research approach that relied on routine monitoring data and interviews with stakeholders, such as programme managers and staff to understand their knowledge, experiences and to identify any unforeseen consequences. All stakeholders were provided with a one day sensitisation on issues around disability measurement and the tools to be used, and the TT staff who collect data worked with the team to adapt the routine forms in a way that suited them.



## Evaluation Questions

The main evaluation question was: How can we disaggregate data at project level in a resource and cost efficient way that is useful to policy and decision makers? There were multiple sub-questions focusing on a range of issues, some of which were relevant to internal Sightsavers systems only. The following evaluation questions are captured in this paper:

1. How are people with disabilities accessing the services and how does this compare to existing information on disability?
2. How do stakeholders understand issues around accessibility of people with disabilities to projects, and how do they see data as playing a role in accessibility?
3. What are the views of stakeholders on the sensitisation/ training provided and how do they perceive it has affected the way they conduct their work?
4. How does orientation on disability issues affect the way staff interacts with project clients/ patients with disabilities or impairments?
5. How does the appropriate data collection methodology and technology impact on the quality and timeliness of the data available?
6. How useful is the data provided by the data collection system and is it to the correct level of detail?
7. Have any findings or learnings from this project been integrated in to any other project, including disability awareness and collecting data on disability?

## Data Collection & Analysis

The routine data itself was collected using adapted versions of the existing paper tools which were later entered into Excel. Once a complete dataset was established the data were analysed using the statistical software, Stata (StataCorp 2011). In addition to descriptive statistics, univariate and multivariate associations between the variables were examined using logistic regression techniques to generate odds ratios and p-values that quantify the likelihood of the association being observed as a chance occurrence (i.e. very small odds indicate a strong likelihood of a *real* association).

Data on perceptions and experiences were captured using qualitative methods: in-depth interviews for key stakeholders or focus group



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Right to Left: Sophia Msangule, Suleiman Mawamba and Ali Manda, Community Drug Distributors CDDs, at the trichiasis outreach camp

discussions for the data collectors. Topic guides were developed in advance, drawing on the evaluation questions. Qualitative data was captured using a Dictaphone and a verbatim transcript was produced. The transcripts were closely analysed, although the depth of analysis was limited by the small numbers involved in the study. Recurring themes were highlighted and quotes were used to illustrate the points made by the interviewees.

## Limitations

It should be noted that for the purposes of this pilot which focused on the data systems and processes we only collected data from adults over 18. This was partially in response to concerns about overwork of staff and also partially due to the incorrect understanding gained at the start that the questions were designed and only validated for adults. The WGSS questions are validated for use on children aged over five years but the data collected for the purposes of this pilot remains adults-only.

## Results

The pilot in Tanzania ran from July to October 2014, and data was collected from 1,439 patients who attended TT camps (Table 1). The median age of patients was 56 and slightly more women (52%) than men answered the questions. Only 836 (58%) of people coming to the TT camps ended up having TT surgeries, reflecting the fact that people often present to camps with other eye and health problems.

Using the WG recommended cut-off (pa-



Table 1 Description of variables and univariate associations with disability

Variable	Value	N (%)	Univariate association with disability	
			Disabled N (%)	Odds ratio (p-value)
Total		1,439 (100)	-	-
Sex	Male	692 (48.1)	143 (20.1)	-
	Female	747(51.9)	134 (17.9)	0.84 (0.19)
Age	Mean	54.8 (18-92)*	-	-
	Median	56 (44-68)	-	-
Age Group	<50	542 (37.7)	44 (8.1)	-
	50+	897(62.3)	233 (26.0)	4.0 (<0.001)
Does the patient have TT?	TT (Yes)	836 (58.1)	151 (25.0)	-
	No TT	603 (41.9)	126 (15.1)	0.53 (<0.001)
Disabled?	No	1,162 (80.7)	-	-
	Yes	277 (19.3)	-	-

\* excluding five missing observations

tients reporting either a lot of difficulties or cannot do at all in one domain), 19.3% of the project clientele reported a disability. Since we know that the majority of the clients are attending our services because of issues to do with their sight, we also analysed the data excluding the seeing domain, to understand whether people attending the services were reporting other issues. Even when excluding seeing difficulties, around 9.5% (137) of clients reported a disability (not shown).

No statistical differences were observed between how males and females reported disability, meaning that on balance it is unlikely that sex plays a role in the way respondents describe their functional limitations. Greater age was associated with a greater likelihood of reporting difficulties: people aged over 50 years had four times greater odds of reporting severe or completely limiting difficulties than their younger counterparts. By excluding people reporting sight difficulties, that number raises to five times greater odds.

Having TT surgery was associated with reduced odds of describing functional limitations. People reporting a lot of difficulties or cannot do it at all in at least one domain at registration had around half the odds of getting TT surgery at the camp.

**Stakeholder Experiences**

Before the pilot, stakeholders (from the MoH-CDGEC level to implementation units) felt that

the NTD programme was by default addressing disability through its interventions which prevent morbidity related to Trachoma and other NTDs. With the collection of disability data, staff recognised it increased their awareness level and challenged their attitudes towards people with disabilities:

“We provide eye services but a client could have other issues while for us in the previous we prioritised eyes. We never realised that behind the scene this person has other problems. Knowing the results and getting data about disability has opened our mind on health provision” (Regional NTD Coordinator).

Due to limited awareness and overall health care coverage, policy makers, managers and implementers recognised the lack of accessibility in existing services to respond to the needs of people with disabilities. Staff members believe that generating evidence and enhancing linkages with disability departments and Disabled People’s Organisations (DPOs) will lead to increased commitment from the MoHCDGEC to addressing inclusiveness in health services planning and provision.

“We need to develop link with the social welfare departments and making sure that the data is also made available at the district level and the village level because they have this team that reviews social welfare and health at these levels. They usually have programmes where people with disabilities and the poor families are supported annually” (Sightsavers Programme Officer).

“When I look at the data, we have old people, most of them also present with walking difficulties so that means that how do we now structure our TT camps? How much closer should we ensure that our TT moves in to the community to make sure that a number of people are able to access?” (Sightsavers Programme Officer)

The pilot included training of a wide range of stakeholders such as policy makers, managers, officers from the government and DPOs, as well as technical teams at implementation units. This was a necessary condition to create awareness and buy-in for this project. It also facilitated the use of the WGSS and the custom-





ised tool in the programme and local context. Training and data collection also created a change in attitude in service providers from the national to the community level, realising the need to ensure access by people with disabilities to services.

“I feel that they did receive appropriate training and information because I was there in the training but you know in the training understanding level for different people is a bit different so there some who understand very well after the training. [They are] very much gentle and kinder. It brought us closer to the community” (Regional NTD Coordinator).

Staff capacity to analyse the data collected proved to be a challenge as training was not provided a sit was not initially identified as a necessary skill. The TT forms integrated disability data but there were separate summary excel sheets for screening/TT and disability data. It was reported that having two different reporting formats increased the workload significantly. Furthermore, the form had to be revised as it was summarising disability per domain and not per individual. This was later addressed at the evaluation workshop.

“We have been able to summarise and analyse specifically those for TT patients. For those others we have only recorded them as not yet analysed by type of disability” (Regional NTD Coordinator).

“So for me it would be to have a tool, because after discussions with the team in the field, it has been difficult to come up with a summary without having a tool where you are able to enter the data. ...if we had a tool where the team can just enter and for this one it could be, maybe in the future if we go electronically, that may be a solution” (Sightsavers Programme Officer).

## Discussion

A significant proportion of project clients (19%) reported a disability as per the WG recommended cut-off in one domain or more. When excluding the domain of sight, 9% of people still reported a disability. Age was positively associated with disability but sex did not appear associated with how people report functional limitations. People who were operated on for TT were less likely to report functional limitations than clients who were not operated on. This shows that people come to TT camps with a wide range of functional limitations and needs that are not met by service offers – revealing potentially a lack of service availability in this remote area of Tanzania. We do not have enough data to draw a conclusion but we can

make some assumptions. It is possible that people with disabilities attend camps regardless of trachoma status in the hope of accessing health care – thus they would be less likely to need TT surgery. This is in line with experience of staff collecting the data described below. Another explanation could be that people with disabilities are just as likely to have TT but also comorbidities prohibiting surgery, or at least in that location at that time. To confirm this, the registration data with the diagnosis would be useful.

In Tanzania, the 2008 disability survey (Tanzania National Bureau of Statistics 2008) and 2012 census (Tanzania National Bureau of Statistics 2013) both used the WGSS to collect data on disability. In the census, the question on the domain of communication was not used and the introduction of the questionnaire used the Kiswahili word for *disability*. As such, the results are not directly comparable with our pilot. The 2008 disability survey also used the WGSS and reports that in Ruvuma, the prevalence of disability (for seven years and above) is 12.2%, against a 7.8% national average. When comparing people in the same age ranges, it appears that, in our pilot, fewer people with functional limitations access projects services than exist within the community. This will need to be investigated further to determine whether this highlights barriers in our services.

## Implications for Scale-Up

The pilot was a good opportunity to increase awareness on disability in the health sector. The understanding and interest among managers and implementing staff increased gradually during implementation and the evaluation. Partners are confident that disaggregating data by disability can be done by taking into account the suggested modifications.

The findings indicated limited access to general health services in rural Tanzania as many participants presented to TT camps with general health complaints, highlighting the demand to meet health professionals in an area with little health service provision. This raises questions on how people with disabilities are reached by health services. Asking the WGSS created expectations of services whereas this project was only providing TT surgeries and minor eye treatments. A need for developing linkages and referrals with social welfare and other health departments within the districts, where these are available was identified. This also highlights the main barriers people with disabilities face in accessing health services including: distance; means of transport; affordability; awareness;



and unavailability of relevant services in the nearest health facilities.

The participation in the pilot of staff involved in NTD programmes has facilitated learning on how to make health services inclusive. The staffs at national level have started questioning how people with disabilities receive preventive drugs for NTDs. There are positive examples of TT camp teams locating TT camps closer to the communities to ensure access. The national NTD programme is planning to share findings and learning with various stakeholders and national and international NTD communities to support making NTD interventions disability and gender sensitive.

This pilot was the opportunity for Sightsavers to understand how data can be disaggregated by disability in our health projects and look at the level of access of people with disabilities in rural Tanzania. Learning from the pilot shows that it is possible for an NGO to routinely collect data disaggregated by disability using the WGSS and we actively sharing this with the Washington Group itself, as well as within the NTD and eye health community.

The pilot has answered many questions on disaggregating data within routine systems. It has raised others that need to be investigated. For example, whether data needs to be collected routinely or can be sampled to monitor access periodically. We need to understand better the resource implications of collecting the data and investigate other methodologies before drawing conclusions about whether it would be applicable throughout our programme portfolio or within other development interventions.

We are now focusing on packaging the learning already gathered with training materials and technical guidance that can be used in any Sightsavers' project that plans to collect disability data but also to make it available to National Statistical Offices, ministries and other actors. We will also be piloting disability disaggregation of data in a NTD Project in Ghana to understand how the approaches piloted in Tanzania can be used in a different type of project.

### **Implications for the 2030 Agenda**

Our findings demonstrate it is possible to collect data disaggregated by disability at project level. We believe our learning can help to address concerns about the time and other resources required to collect data and that this data helps to identify demonstrable differences in access to services and to identify barriers within programmes, both of which can inform better planning. We have found that the questions themselves can be asked with relatively

brief training which suggests, with the right preparation, data can be collected quickly and efficiently. We have also found that by asking the WGSS, there has been a significant change in attitudes and practice.

Member States are obliged to comply with the 2030 Agenda and collect disaggregated data to ensure "no one is left behind" (United Nations 2015). For this to be achieved, comparable and reliable data is required. As a standardised tool we have found that the WGSS provides comparable data and is relatively simple for data collectors to understand and use. The evidence above suggests the WGSS could play a critical role in helping deliver the objectives set out in the 2030 Agenda.

We recognise that for many NSOs (National Statistics Offices) the 2030 Agenda represents a significant shift in the type and methods of data they are being tasked to collect. Although this project is focused on data collection at a project level, evidence from this type of initiative can be shared as an example and guidance for how disaggregation of data by disability can be achieved. Sightsavers will continue to engage with NSOs and other interested parties to share learning and promote the collection of better, more accurate data on which to inform and achieve the pledge to ensure "no one is left behind".

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**Zusammenfassung:** Es ist weithin anerkannt, dass vergleichbare und zuverlässige Daten entscheidend sind, um zu erfassen, wie Länder das Versprechen der Agenda 2030

„Niemanden zurücklassen“ einlösen. Sightsavers als NGO auf dem Gebiet der Gesundheitsdienste und Behinderung hat eine Methode für die routinemäßige Erhebung von Daten zu Behinderung in einem Gesundheitszentrum in Tansania getestet. Die Pilotstudie zeigt, dass etwa 20% der Klienten dieser Gesundheitszentren eine Behinderung angeben und stellt Schwierigkeiten aufgrund von Alter und der erhaltenen Behandlung fest. Solche Daten können zeigen wie gerechter Zugang auch in anderen Bereichen untersucht und verbessert werden kann.

**Résumé:** Des données comparables et fiables sont largement reconnues comme un élément essentiel pour mesurer comment les Etats tiennent la promesse de l'Agenda 2030 de « ne laisser personne sur le côté ». Nous avons testé une méthodologie pour désagréger les données des services de routine par handicap dans un service de santé communautaire en Tanzanie rurale. Nous avons identifié qu'environ 20% de nos clients ont des handicaps et nous avons constaté des différences dans l'accès en fonction de leur âge et les services qu'ils ont reçus. Des telles données peuvent fournir des indices pour savoir comment l'équité peut être mesurée et améliorée dans d'autres services.

**Resumen:** Datos comparables y confiables son ampliamente reconocidos como criterios para medir cómo los países cumplen la promesa Agenda 2030 para "no dejar a nadie atrás". Pusimos a prueba una metodología para desagregar los datos de servicio de rutina para personas discapacitadas en un servicio de salud comunitario en zonas rurales de Tanzania. Hemos identificado aproximadamente el 20% de nuestros clientes como discapacitados y notamos diferencias en el acceso con el respecto a su edad y los servicios recibidos. Datos como estos pueden proporcionar evidencia de cómo se puede medir y mejorar en otros servicios la equidad.

**Authors:** Pauline Thivillier is a Programme Systems Monitoring Officer for Sightsavers. Emma Jolley is Technical Advisor for Health & Disability Research at Sightsavers. Christina Mbise is a Programme Officer for Sightsavers Tanzania. Fred Smith is a Policy Adviser for Sightsavers. Dominic Haslam is Director for Policy and Programme Strategy at Sightsavers.

**Contact:** [pthivillier@sightsavers.org](mailto:pthivillier@sightsavers.org), [ejolley@sightsavers.org](mailto:ejolley@sightsavers.org), [cmbise@sightsavers.org](mailto:cmbise@sightsavers.org), [fsmith@sightsavers.org](mailto:fsmith@sightsavers.org), [dhaslam@sightsavers.org](mailto:dhaslam@sightsavers.org),



## Kurzmeldungen/Announcements

### #Envision2030: 17 Goals to Transform the World for Persons with Disabilities

In September 2015, the General Assembly adopted the 2030 Agenda for Sustainable Development that includes 17 Sustainable Development Goals (SDGs). Building on the principle of "leaving no one behind", the new Agenda emphasises a holistic approach to achieving sustainable development for all. The year 2016 marks the first year of the implementation of the SDGs. At this critical point, #Envision2030 will work to promote the mainstreaming of disability and the implementation of the SDGs throughout its 15-year lifespan. The public outreach campaign aims to raise awareness of the 2030 Agenda and promote the achievement of the SDGs for persons with disabilities. It will also work to promote an active dialogue among stakeholders with a view to create a better world for persons with disabilities. It will continue to be an ongoing live web resource on each SDG and disability and includes information on related targets, indicators and other resources. The campaign invites all interested parties to share their vision of the world in 2030 that is fully inclusive of persons with disabilities.

**Information:** <http://bit.ly/envision2030>.

### Action to Implement the 2030 Agenda

Almost one year after the adoption of the 2030 Agenda for Sustainable Development, Member States, Civil Society, the Private Sector and UN Agencies came together in New York to report about and exchange on progress made in implementing that ambitious agenda. The HLPF took place from 11-20 July at the UN in New York with an overarching theme of Ensuring that No One is Left Behind. The HLPF had national voluntary reviews of 22 countries and thematic reviews of progress on the SDGs, including cross-cutting issues, supported by reviews by the ECOSOC functional commissions and other inter-governmental bodies and forums. As this was the first time that the HLPF looks at the implementation of the 2030 Agenda, it was critical to learn how it works overall and how persons with disabilities are part of the Forum. This is true for the participation by persons with disabilities in the deliberations of the Forum, but also in terms of Member States reporting about their concrete actions to realise the rights of persons with disabilities in their countries. The HLPF, which adopted a Ministerial Declaration, is expected to start effectively delivering on its mandates to provide political leadership, guidance and recommendations on the 2030 Agenda's implementation and follow-up, keep track of progress, spur coherent policies informed by evidence, science and country experiences, as well as address new and emerging issues. After this year, the HLPF will continue to be convened for the next 14 years until 2030. For this rea-

son, it is imperative that persons with disabilities are included in this process to ensure full inclusion of the implementation of the SDGs at all levels.

Sixteen countries responded to a participation-related questionnaire designed by the International Disability Alliance (IDA), the International Disability and Development Consortium (IDDC) and Disability Rights Fund (DRF). Some findings are that multi-stakeholder dialogues between civil society - including persons with disabilities - and governments were carried out in 12 countries; governments did not hold multi-stakeholder dialogues in three countries; and the disability movement was unified in only four countries.

In addition, a parallel event, the Partnership Exchange, took place on 18 July. This provided a space for dialogue among multi-stakeholder partnerships and government officials, policy makers, UN entities and major groups and other stakeholders, for showcasing the work of multi-stakeholder partnerships in supporting the achievement of the SDGs, ensuring that no one is left behind in the implementation of the 2030 Agenda.

**Information:** <http://www.cbm.org/Action-to-implement-the-2030-Agenda-512914.php>.

### Persons with Disabilities Excluded from National Sustainable Development Plans

80% of persons with disabilities live in developing countries and have won a hard-fought role in designing and overseeing the Sustainable Development Goals (SDGs) at the United Nations. But they are still being left out of development policies and programmes by governments within their own countries. Leading disability rights advocates, representing every region of the world, were active participants in this year's session of the UN's High-level Political Forum on Sustainable Development (HLPF), that took place from 11<sup>th</sup> to 20<sup>th</sup> July, to review the progress towards the SDGs in 22 countries. Yet in each of these countries, persons with disabilities are facing barriers to fully participate in designing, implementing and reviewing national development programmes. While organisations of persons of disabilities are looking for opportunities to work with governments, many are being turned away. Public consultations often exclude persons with disabilities themselves and their representative organisations. Even when wider civil society is invited to participate, meetings and documents are not accessible to many persons with disabilities, excluding them from democratic processes. The Convention on the Rights of Persons with Disabilities (CRPD) is the fastest ratified human rights treaty in history, with now 166 countries adopting it as national law. It requires governments to include representatives of persons with disabilities in all programmes relating to them, reflecting the disability rights movement's call



for “nothing about us, without us”. The Stakeholder Group of Persons with Disabilities was holding a town-hall style discussion on the Contributions of Persons with Disabilities in the HLPF Voluntary National Reviews on Monday July 18th, at the Ford Foundation in New York with representatives of persons with disabilities from Germany, Morocco, Latin-America, the Philippines and Uganda discussing barriers they have faced in participating in national implementation of the SDGs.

**Information:** <http://iddccconsortium.net/news/persons-disabilities-excluded-national-sustainable-development-plans>; <http://iddccconsortium.net/resources-tools/leave-no-one-behind-hlpf-2016-position-paper-persons-disabilities>.

### 47th Statistical Commission Agrees on 12 SDG Indicators

At its 47th session that concluded on 11 March, the UN Statistical Commission Disability agreed to 12 indicators related to measuring disability and the achievement of the SDGs for persons with disabilities. The indicators are included in goals 1, 4, 8, 10, 11, 16 and 17. During the session, a side-event was held on 10 March entitled: Disability Statistics and Measurement: National Experiences and Opportunities for the 2030 Agenda for Sustainable Development. Convened in the context of the 2030 Agenda for Sustainable Development and of the 2020 World Population and Housing Census Programme, the event highlighted national experiences on measurement of disability through censuses of the 2010 round. It also showcased work that is being carried out at the international level to improve the quality, relevance and availability of statistics on disability.

**Information:** <http://bit.ly/1TvV2rD>; [http://bit.ly/statcomm-12sdg\\_indicators](http://bit.ly/statcomm-12sdg_indicators); <http://bit.ly/undisabilitystats>.

### WORLD HUMANITARIAN SUMMIT

The World Humanitarian Summit, took place from 23 to 24 May 2016 in Istanbul, endorsing five responsibilities to improve aid delivery, support refugees, uphold international law, increase financing and prevent the crises generating the largest migration flows in 70 years. Governments, people affected by crisis, non-governmental organisations, the private sector and the United Nations had come together to support the Agenda for Humanity and its five core responsibilities. The two-day Summit brought together 55 Heads of State and Government and other officials from 173 countries. Hundreds of representatives from the private sector and thousands from civil society also attended, marking a diverse range of actors discussing new ways to alleviate suffering, including by addressing the social, economic and other inequities that could ignite simmering tensions into violent conflict. In addition, the Summit featured seven high-level leaders’ round table discussions in which Heads of State and Government and representatives of civil society, the private sector, philan-

thropy and the United Nations announced commitments to improve humanitarian responses. Eight special sessions held on Monday, 23 May, covered religious engagement, migrants, persons with disabilities, education, Islamic social finance, global health, regional action, and a global alliance for urban crises. As a result, children, young people, persons with disabilities, older people and other groups that are uniquely vulnerable in crises will be included to a greater degree in decision-making and will benefit from more targeted financing. Specific initiatives, funds and coalitions were launched to ensure that the needs of persons with disabilities, children and youth, migrants, older persons and other marginalised people will be fully taken into account in preparedness and response. The Charter on Inclusion of Persons with Disabilities in Humanitarian Action will strengthen an inclusive approach to design, implementation, monitoring and funding of assistance. Through the Charter on Inclusion, more than 70 stakeholders made the commitment to implement measures to ensure that persons with disabilities have the right to full participation in and access to relief, protection and recovery programmes. The Charter includes five principles: non-discrimination and respect for the various needs of persons with disabilities; participation of persons with disabilities in the design of humanitarian programmes; provision of inclusive services; creation of a global inclusive policy; cooperation and coordination between humanitarian actors to improve the inclusion of persons with disabilities.

**Information:** <https://www.handicap-international.de/charta-fuer-inklusion-beim-humanitaeren-weltgipfel-verabschiedet>; [https://www.handicap-international.de/sites/de/files/imce-pictures/charter\\_on\\_inclusion\\_of\\_persons\\_with\\_disabilities\\_in\\_humanitarian\\_action.pdf](https://www.handicap-international.de/sites/de/files/imce-pictures/charter_on_inclusion_of_persons_with_disabilities_in_humanitarian_action.pdf); <http://bit.ly/1R5WhHO>; <https://www.un.org/development/desa/disabilities/news/dspd/new-charter-for-persons-with-disabilities-at-whs.html>, <https://www.worldhumanitariansummit.org/sites/default/files/media/A-71-353%20-%20SG%20Report%20on%20the%20Outcome%20of%20the%20WHS.pdf>.

### Inclusive EU Humanitarian Aid

A delegation from the European Disability Forum (EDF) and the International Disability and Development Consortium (IDDC) met the EU Commissioner for Humanitarian Aid and Crisis Management on 21 June. In its concluding observations, UN recommends the EU to ensure that the emergency number 112 is fully accessible across the EU to all persons with all types of disabilities, to ensure that all aspects of disaster risk-reduction (DRR) policies and programmes are inclusive of and accessible to all persons with disabilities, to mainstream the rights of persons with disabilities in all its policies on humanitarian aid and crisis management, to mainstream disability in migration and refugee policies, and to issue guidelines to its agencies and member states that restrictive detention of persons with disabilities in the context of migration and asylum



seeking is not in line with the UN Convention on the Rights of Persons with Disabilities (UN CRPD).

**Information:** <http://humanitariandisabilitycharter.org>; <http://iddcconsortium.net/resources-tools/iddc-input-crpd-review-eu>; <http://iddcconsortium.net/news/eu-humanitarian-aid-must-be-inclusive>.

### Accessible Urban Development

Making cities and towns accessible and inclusive for all, including persons with disabilities, is essential for sustainable urban development and realising the Sustainable Development Goals (SDGs) for all. Urbanisation is one of the most significant global trends of the 21st century. With 60 per cent of the world's population predicted to be living in cities by 2030, it is a growing force that is influencing and transforming development in many parts of the world – in both developed and developing countries. For estimated one billion persons with disabilities across the world, planned and developed towns and cities that lacks of accessibility often present a combination of physical, environmental, technical and social barriers to physical and virtual infrastructures, facilities and public services. Poor planning and unregulated urban development can have particularly devastating consequences for persons with disabilities. Lack of access to basic services and facilities pose significant obstacles to inclusion and participation in everyday life and development and can prevent persons with disabilities from escaping poverty and inequality. At the Habitat III in 2016 a New Urban Agenda will be designed. This Agenda of focused policies and strategies is hoped to harness the power and forces behind urbanisation. The New Urban Agenda needs to ensure that future cities, towns and basic urban infrastructures and services are more environmentally accessible, user-friendly and inclusive of all people's needs, including persons with disabilities.

**Information:** <https://www.un.org/development/desa/disabilities/news/dspd/accessible-urban-development-includes-persons-with-disabilities.html>.

### New UN Enable Web Resource on Migration and Disability

Migration and displacement are important issues for both human rights and development policy-makers, and related practitioners. Migration refers to both voluntary movement (e.g. migrant workers) and involuntary movement (e.g. refugees) of women and men, across geographic borders internationally or internally, with the search for a better life. Although the international normative framework has broadly recognised the importance of addressing the needs of persons with disabilities in the fields of human rights and development, it has historically overlooked the subgroups within the disabled people in the context of migration, including migrant workers with disabilities and refugees with disabilities. This web resource draws attention to the status on migrants with dis-

abilities and highlights the invisibility of migrants with disabilities in the international normative framework.

**Information:** <http://bit.ly/1qq3mhj>.

### World Bank – Disability and Socio-Economic Inclusion

The World Bank and ONCE Foundation are joining forces to advance the social and economic development of persons with disabilities through education, employment, skills development, training, and universal design and accessibility for all. The World Bank has also signed an agreement with the Nippon Foundation to collaborate on activities related to disability, including the creation of employment opportunities for persons with disabilities. The World Bank hosted a side event at COSP9 on 16<sup>th</sup> June to brief participants on upcoming Disability Inclusion and Accountability Framework. The Framework will provide guidance for mainstreaming disability across the World Bank's operations and building internal capacity to support governments in implementing disability-inclusive development programs and CRPD obligations.

On 22<sup>nd</sup> June, the World Bank hosted a webinar on Pathways to Inclusion in Disaster Risk Management (DRM) to sensitise DRM practitioners on the social dimension of DRM. Presenter Margaret Arnold, Senior Social Development Specialist, and host Charlotte McClain-Nhlapo, Global Disability Advisor, jointly discussed entry points for ensuring inclusion of all communities in DRM processes and showcased good practices that are responsive to the needs of persons with disabilities in disaster and emergency situations.

The World Bank's Education and Social, Urban, Rural and Resilience GPs are jointly developing a knowledge series on Inclusive Education to build the capacity of Bank staff to assist country clients in designing effective policies, systems, and practices to ensure equity in education and quality learning outcomes for children with disabilities. The series will feature several notes covering a wide range of issues such as data, building human capacity, stakeholder participation, resource allocation, and accessible learning environments.

**Information:** <http://www.worldbank.org/en/topic/disability>.

### Zero Project 2016 - Report and Conference

This year's Zero Project Report 2016 gathered valuable data on the situation of persons with disabilities. Looking at 30 social indicators, the report provides a detailed picture of the implementation of the CRPD in 129 countries. Moreover, more than 3,000 people participated in the nomination of Innovative Practices and Policies, with about 150 experts from the Zero Project's global network. The Zero Project Conference 2016 at the United Nations Office in Vienna, Austria was held from 10-12 February 2016. The Conference included more than 500 innovators from more than 70 countries and highlighted 98 Innova-



tive Policies and Innovative Practices concerning Inclusive Education and/or ICTs from around the world.

**Information:** <http://zeroproject.org>;  
[http://zeroproject.org/wp-content/uploads/2016/02/ZeroProjectReport\\_2016\\_barrierfree.pdf](http://zeroproject.org/wp-content/uploads/2016/02/ZeroProjectReport_2016_barrierfree.pdf).

### Changing Attitudes about the Blind and Technology Use in Kenya

As part of UNESCO's Mobile Learning Week (MLW) held from 7-11 March, innovative practices in the use of ICTs in Education were highlighted, such as the InABLE programme that aims not only to empower blind and visually impaired students in Africa with computer assistive technology, but to change the opinion of the sighted world about people with visual impairments and their use of technology. The InABLE programme works with Kenya's special schools for blind and has 1400 students on the programme learning about and through tablet devices with screen readers and large type. They aim to enable blind and visually impaired children successfully go through school and into work, to give them lifelong skills, thus enabling them to become productive members of society whether in academia or as entrepreneurs.

**Information:** <http://bit.ly/1q6RekX>.

### The United Nations Policy on Victim Assistance in Mine Action

United Nations Mine Action Service (UNMAS) reports that the principals of the UN entities in the Inter-Agency Coordination Group on Mine Action (IACG-MA) endorsed the updated UN Policy on Victim Assistance in Mine Action on 24 May. The policy aims at improving UN contributions to an effective and coordinated response to realise the human rights of mine and Explosive Remnants of War (ERW) victims, and to move towards a broader approach that is inclusive of persons with disabilities. Victim assistance refers to adequate age- and gender-sensitive support to victims with the aim of reducing physical and psychological trauma implications and overcoming their economic loss, social marginalisation or barriers to the realisation of their rights.

**Information:** <http://bit.ly/29KIV8M>.

### bezev erlangt Beraterstatus im Wirtschafts- und Sozialrat der Vereinten Nationen

Behinderung und Entwicklungszusammenarbeit (bezev) hat seit April 2016 einen Beraterstatus beim Wirtschafts- und Sozialrat der Vereinten Nationen (ECOSOC). Diese formalisierte Beteiligung geht auf Artikel 71 der UN-Charta zurück. Demnach kann sich der Wirtschafts- und Sozial-

rat bei seiner Arbeit von Nichtregierungsorganisationen, wie jetzt eben auch von bezev, beraten lassen. Der Status vereinfacht das Engagement von bezev bei den Vereinten Nationen und eröffnet mehr Beteiligungsmöglichkeiten. Der ECOSOC ist eines der sechs Hauptorgane der Vereinten Nationen mit Sitz in New York. Neben seinen Aufgaben innerhalb der Organisation der Vereinten Nationen koordiniert er insbesondere die Tätigkeiten der 17 Sonderorganisationen, wie zum Beispiel der Weltgesundheitsorganisation oder der UNESCO.

**Information:** [http://www.bezev.de/fileadmin/Neuer\\_Ordner/Service/Presse/PM\\_23.07.2016\\_bezev\\_bei\\_den\\_Vereinten\\_Nationen.pdf](http://www.bezev.de/fileadmin/Neuer_Ordner/Service/Presse/PM_23.07.2016_bezev_bei_den_Vereinten_Nationen.pdf).

### weltwärts auf dem Weg zur Inklusion

Eine neue Broschüre von weltwärts stellt den aktuellen Stand inklusionsbezogener Maßnahmen und Praxisbeispiele im weltwärts-Programm vor. Auf der einen Seite sind die Zahlen weltwärts gehender junger Menschen z.B. mit Berufsausbildung, Behinderung/Beeinträchtigung oder sogenanntem Migrationshintergrund zwar noch gering. Andererseits verbessern sich die Zahlen bereits und es wird auf vielen Ebenen mehr und mehr dafür getan, die Rahmenbedingungen des weltwärts-Programms im inklusiven Sinne weiter zu entwickeln und vermehrt junge Menschen aus diesen Gruppen und darüber hinaus für einen Freiwilligendienst im Ausland zu begeistern. Um diese Arbeit hervorzuheben und bekannter zu machen, stellt der Praxiskatalog *weltwärts auf dem Weg zur Inklusion – Engagement im Rahmen von Programmbegleit- und Rückkehrmaßnahmen* zahlreiche Maßnahmen und Programmideen von weltwärts-Trägerorganisationen und Rückkehrvereinigungen aus den Jahren 2011-2015 vor: Globales Lernen an Berufsschulen, die Erhöhung der Bewerberzahlen junger Menschen mit Behinderung oder Beeinträchtigung oder *weltwärts in Color* – die vorgestellten Initiativen decken ein breites Spektrum ab und werden durch eine *Ideenschmiede*, die erfolgreiche Aktivitäten zusammenfasst, ergänzt. Neben grundlegenden Hinweisen zum Inklusionskonzept im weltwärts-Programm wird auch die Arbeit der Kompetenzzentren vorgestellt, die als Zusammenschlüsse von weltwärts-Trägerorganisationen an einer verbesserten Ansprache spezieller Zielgruppen arbeiten. Zu guter Letzt informiert der Praxiskatalog über die unterschiedlichen Förder- und Finanzierungsmöglichkeiten für inklusionsbezogene Maßnahmen im weltwärts-Programm.

**Information:** <http://www.weltwaerts.de/de/weltwaerts-auf-dem-weg-zur-inklusion.html>, [http://www.weltwaerts.de/de/weltwaerts-auf-dem-weg-zur-inklusion.html?file=files/\\_media/content/Dokumente/3\\_EO/Publicationen/Praxiskatalog\\_weltwaerts\\_auf\\_dem\\_weg\\_zur\\_inklusion.pdf](http://www.weltwaerts.de/de/weltwaerts-auf-dem-weg-zur-inklusion.html?file=files/_media/content/Dokumente/3_EO/Publicationen/Praxiskatalog_weltwaerts_auf_dem_weg_zur_inklusion.pdf).



## Literatur/Reviews

CBM

### **Inclusive Education and Children with Disabilities: Quality Education for All in Low and Middle Income Countries**

This systematic literature review analysed information from 131 peer reviewed articles published from 2005 concerning primary level education of children with disabilities in low and middle income countries. The review analysed and focused on indicators of quality education outcomes for children with disabilities educated in both mainstream and special education settings.

**Bezug:** [http://www.cbm.org/article/downloads/54741/Quality\\_Education\\_for\\_All\\_LMIC\\_Evidence\\_Review\\_CB\\_M\\_2016\\_Full\\_Report.pdf](http://www.cbm.org/article/downloads/54741/Quality_Education_for_All_LMIC_Evidence_Review_CB_M_2016_Full_Report.pdf); <http://www.cbm.org/Review-of-education-systems-in-low-and-middle-income-countries--506022.php>.

Handicap International

### **Syrien - eine verstümmelte Zukunft**

Anlässlich des Weltflüchtlingstags hat Handicap International den Bericht *Syrien - eine verstümmelte Zukunft* veröffentlicht. Der Bericht zeigt die fatalen Auswirkungen des Einsatzes von explosiven Waffen auf die syrische Bevölkerung. Es wird gefordert, den Einsatz von explosiven Waffen in bevölkerten Gebieten zu stoppen. Außerdem muss humanitären Organisationen der Zugang zu blockierten Gebieten gewährt werden, so dass die betroffene Bevölkerung versorgt werden kann.

**Bezug:** <https://www.handicap-international.de/sites/de/files/faktenblatt-syrien-verstuemmelte-zukunft.pdf>; <https://www.handicap-international.de/neuigkeiten/bericht-syrische-bevoelkerung-durch-explosive-waffen-verstuemmelte-und-traumatisiert>.

Mary Wickenden/Huib Cornielje/Erik Post

### **PIE Participatory Inclusion Evaluation: A Flexible Approach to Evaluating the Impact of CBR and Inclusive Development Programmes**

This handbook presents a new participatory approach to impact evaluation of Community Based Rehabilitation and inclusive development programmes focussing on the lives and wellbeing of people with disabilities.

**Bezug:** <http://www.ucl.ac.uk/igh/research/a-z/related-docs-images/pie/handbook>; <http://www.ucl.ac.uk/igh/research/a-z/participatory-development-impact-evaluation>.

Els Heijnen-Maathuis

### **Inclusive Education: What, Why, and How: A Handbook for Programm Implementers**

This handbook has been developed specifically for Save the Children programme staff, implementing partners,

and practitioners supporting education programmes in any context – development, emergency, or protracted crisis. The Inclusive Education Working Group (IEWG) recognised that inclusive education begins with the work being done by education staff in the field, and designed this handbook specifically with them in mind. Guidance has also been structured along the project cycle, so that it may be useful to programmes regardless of their current stage of implementation. This handbook is designed to provide guidance through the different attitudes and barriers that could be causing educational exclusion, as well as to identify key strategies to address them. The project steps are situational analysis, programme design, implementation design, implementation and monitoring, and evaluation and lessons learnt. Case studies presented include: community-based EMIS in Tajikistan; designing for gender equality in Sierra Leone; probing questions lead to deeper analysis and improved programmes (in Uganda); education in emergencies (in Syria); school self-evaluation in Lao PDR. Quick reference charts and further resources are offered for each step.

**Bezug:** [http://resourcecentre.savethechildren.se/sites/default/files/documents/inclusive-education-handbook\\_high\\_resolution.pdf](http://resourcecentre.savethechildren.se/sites/default/files/documents/inclusive-education-handbook_high_resolution.pdf); <http://resourcecentre.savethechildren.se/library/inclusive-education-what-why-and-how-handbook-program-implementers>.

### **Soya Mori/ Celia M Reyes/Tatsufumi Yamagata Poverty Reduction of the Disabled - Livelihood of Persons with Disabilities in the Philippines**

A third of poor people are disabled in the developing world. How much do we know about their livelihood with hard data? Are they entirely powerless and dependent on family members? How do they earn income? These questions have become more important than ever, now that persons with disabilities (PWDs) in developing countries have awakened to rights and entitlements and that the international community started considering the incorporation of disability into the context of poverty reduction. This book highlights opportunities and challenges faced by PWDs in the developing countries. This book also illustrates the analyses with a case study which was conducted in the Philippines and this case study has made a good progress in legislation for PWDs. A field survey was jointly conducted by the Institute of Developing Economies, Japan, and the Philippine Institute for Development Studies in Metro Manila, the capital city of the Philippines, in 2008. Around 400 PWDs were interviewed, and the data was investigated with econometrics. The book highlights a remarkable disparity in earnings and education among PWDs. The book also examines the positive role of organisations such as Disabled People's Organisations and how empowerment of PWDs is made through dissemination of useful information such as programs given by the central and local governments. The book concludes that all measures, i.e. education, training, DPOs and institutional preferences, must be mobilised harmoniously to boost the





livelihood of PWDs sinking in the bottom stratum in income.

**Bezug:** <https://www.routledge.com/Poverty-Reduction-of-the-Disabled-Livelihood-of-persons-with-disabilities/Mori-Celia-M-Reyes-Yamagata/p/book/9780415507851>.

## UNESCO

### **Leaving No One Behind: How Far on the Way to Universal Primary and Secondary Education?**

With the adoption of the Sustainable Development Goals (SDGs), countries have promised to achieve universal completion of primary and secondary education by 2030. This paper illustrates the magnitude of this challenge. Globally, 263 million children, adolescents and youth between the ages of six and 17 are currently out of school, according to a new set of UIS indicators. A key obstacle to achieving the target is persistent disparities in education participation linked to sex, location and wealth, especially at the secondary level. Selected policy responses to promote enrolment in secondary education are reviewed.

**Bezug:** <http://unesdoc.unesco.org/images/0024/002452/245238E.pdf>; <http://www.unesco.de/bildung/2016/unesco-studie-zum-stand-der-bildung.html>.

## Deutsche UNESCO- Kommission

### **Aktionsrahmen "Bildung 2030": Inklusive und chancengerechte hochwertige Bildung sowie lebenslanges Lernen für alle. Deutsche Übersetzung**

Der globale Aktionsrahmen Bildung 2030 (Framework for Action) zeigt auf, wie das globale Nachhaltigkeitsziel einer inklusiven, chancengerechten und hochwertigen Bildung für alle Menschen weltweit bis zum Jahr 2030 umgesetzt werden soll. Mit der Verabschiedung des Aktionsrahmens für Bildung 2016-2030, auf einem eigens einberufenen High-Level-Meeting auf der 38. UNESCO-Generalkonferenz, haben sich Bildungsminister aus aller Welt am 4. November 2015 auf weitreichende Maßnahmen verständigt, wie zum Beispiel ein Jahr kostenlose Vorschulbildung für alle Kinder, eine öffentlich finanzierte Grund- und Sekundarschulbildung, Alphabetisierungsprogramme zur deutlichen Reduzierung des funktionalen Analphabetismus und eine bessere Anbindung beruflicher Bildung an die Arbeitswelt. Qualität und Chancengerechtigkeit stehen bei allen Maßnahmen im Zentrum. Die UNESCO koordiniert die Umsetzung der neuen Bildungsagenda. Der Globale Aktionsrahmen Bildung 2030 enthält zahlreiche Maßnahmen zur Erreichung inklusiver, chancengerechter und hochwertiger Bildung für Menschen aller Altersstufen.

**Bezug:** <http://www.unesco.de/bildung/bildung-2030/aktionsrahmen-bildung-2030.html>, [http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/2016\\_04\\_19\\_Framework\\_for\\_Action\\_Übersetzung\\_DUK\\_ohne\\_Indikatoren\\_Stand\\_April\\_2016.pdf](http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/2016_04_19_Framework_for_Action_Übersetzung_DUK_ohne_Indikatoren_Stand_April_2016.pdf), [http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/2016\\_04\\_19\\_Framework\\_for\\_Action\\_Übersetzung\\_DUK\\_ohne\\_Indikatoren\\_Stand\\_April\\_2016.pdf](http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/2016_04_19_Framework_for_Action_Übersetzung_DUK_ohne_Indikatoren_Stand_April_2016.pdf).



## VERANSTALTUNGEN/EVENTS

- 16.10.2016 DESA DSPD Forum on Accessible and Disability Inclusive Urban Development, Quito, Ecuador.  
**Information:** [www.un.org/disabilities](http://www.un.org/disabilities).
- 17.10. - 20.10.2016 Habitat III, UN Conference on Housing and Sustainable Urban Development, Quito, Ecuador.  
**Information:** [www.habitat3.org](http://www.habitat3.org).
- 25.10.- 27.10.2016 23rd Rehabilitation International (RI) World Congress, Edinburgh, UK.  
**Information:** <http://www.riglobal.org/save-the-date-ri-world-congress-2016>.
- 8.11. - 10.11.2017 3rd International Conference of the World Federation of the Deaf, Budapest, Hungary.  
**Information:** <http://wfdbudapest2017.com>.  
Kontakt: [golob@congressline.hu](mailto:golob@congressline.hu).
- 29.11.2016 BMZ/VENRO-Tagung: Zehn Jahre Entwicklungszusammenarbeit im Lichte der VN-Behindertenrechtskonvention (Arbeitstitel), Berlin  
**Information:** [www.venro.org](http://www.venro.org).
- 03.12.2016 International Day of Persons with Disabilities.  
**Information:** <http://bit.ly/undisabilityidpd>.



## Schwerpunktthemen kommender Ausgaben der Zeitschrift Focal Topics of Upcoming Issues

- 3/2016: 10 Jahre UN-BRK: Chancen, Grenzen, Perspektiven/10 Years of the CRPD: Chances, Limits, Perspectives (verantwortlich/responsible: Christine Bruker/Isabella Bertmann)
- 1/2017: Inklusive und nachhaltige Stadtentwicklung/Inclusive and Sustainable Urban Development
- 2/2017 UN-CRPD after 10 Years: Implementing Equal Rights and Participation in the Health Sector under Conditions of Poverty (verantwortlich/responsible: Sabine Schäper)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter [info@inie-inid.org](mailto:info@inie-inid.org).

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### Deadlines for the upcoming issues:

	3/2016	1/2017	2/2017
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<b>Kurzbeiträge/Other contributions</b>	15.07.2016	15.10.2016	15.01.2017

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Institut für inklusive Entwicklung  
Wandastr. 9, 45136 Essen, Germany  
Tel.: +49-(0)201/17 89 123, Fax: +49-(0)201/17 89 026  
E-Mail: [info@inie-inid.org](mailto:info@inie-inid.org)  
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