

INCLUSION MADE EASY

**A quick program guide
to disability in development**



INCLUSION MADE EASY: A quick program guide to disability in development

How to use this guide

This guide is divided into two parts. Part A focuses on disability-inclusive development principles and Part B focuses on disability inclusion across a range of development sectors or program areas.

- ▶ Part A provides the context and guiding principles around disability-inclusive development. It addresses the reasons why disability is a cross-cutting development issue and provides principles on how to include a disability perspective in mainstream development programs.
- ▶ Part B provides specific information and practical steps for mainstreaming disability into a range of program areas and sectors.

A reader should not necessarily need to read the entire guide. Rather, some sections will be more relevant to individual users than others. This will depend on background, experience and which sectors are the focus of a program. Part B chapters have been written in such a way as to stand alone, offering resources for specific applications.

Who is this guide for?

This guide has been prepared for program managers and program officers of international development organisations. We recognise that program staff are busy with competing demands, which is why this guide offers quick access tools to easily embed disability-inclusive practice into international development programs. It is focused specifically at the program level, supporting operational staff in mainstreaming disability. It aims to give practical guidance on how to ensure people with a disability are included in international development programs. Statistical information, inclusion strategies and key questions are included within a human rights framework throughout this guide.

“To know that you have the right to live life to the fullest, to participate fully and to be involved in all decision making, whether it will affect you directly or indirectly; it is most important that people with [a disability] are included in all participation and decision making in their everyday lives.”¹

What this guide is and is not

This is a brief, introductory guide to mainstreaming disability into international development programs. It is a starting point to assist development practitioners to recognise and understand the relevant disability related issues in any given program context. Links to more detailed resources are provided throughout this guide.

Inclusion Made Easy is meant to assist in identifying and understanding:

- ▶ where a program is succeeding in providing equal access for people with a disability
- ▶ opportunities to maximise the valuable contribution people with a disability can make to all development programs
- ▶ where the current challenges or opportunities are
- ▶ where further improvements can be made to increase participation and access by people with a disability to a development program
- ▶ how strategies can be implemented in practice to enable disability-inclusive development programs.

People with a disability, along with many within the sector, are bringing about the change necessary for disability-inclusive programs. This guide seeks to build on this demonstrated and current practice and enable strategic processes of change to take place within programs as well as in development organisations at every level in order to improve the lives of people with a disability everywhere.

Due to its program-level focus, this guide does not provide practical strategies for including people with a disability aimed at community and field workers. Nor does it contain detailed information on specific impairments or impairment-specific interventions.

Feedback

Inclusion Made Easy is a living resource. It can be added to through responses from the international development community. This guide will also keep up to date with changes in disability-inclusive development practice with updates from time to time.

Please send all comments, feedback and requests for additional content to inclusionmadeeasy@cbm.org.au.

Acknowledgements

Many hours of research and expertise have gone into the development of *Inclusion Made Easy*. CBM would like to thank the contribution of many of its staff including the CBM-Nossal Partnership for Disability Inclusive Development. Their technical expertise, knowledge and direction has been invaluable in the formation of this guide.

We would also like to thank the international NGO community for their encouragement and feedback in the production of *Inclusion Made Easy*. Particular INGO input through provision of case studies is also warmly appreciated and acknowledged in relevant chapters.

Copyright CBM 2012

Cover photo taken by Allison Shelley for CBM. Photographer's images also on p. I, IX, p. 12 of Child Rights and p. 13 of Disaster Management chapters.

Abbreviations

ADDC	Australian Disability and Development Consortium
CBR	Community Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
DPI	Disabled People International
DPO	Disabled Peoples Organisation
EC	European Commission
IDDC	International Development and Disability Consortium
ILO	International Labour Organisation
MDG	Millennium Development Goals
ME&L	Monitoring, Evaluation & Learning
NGO	Non Government Organisation
ToR	Terms of Reference
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VSO	Voluntary Services Overseas
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation



© CBM

TABLE OF CONTENTS

INCLUSION MADE EASY: A QUICK PROGRAM GUIDE TO DISABILITY IN DEVELOPMENT	I
PART A	1
Section 1 Why disability is relevant to the development sector	1
Section 2 Guiding principles of disability-inclusive development	13
Section 3 Inclusive development practice within the project cycle	35
Section 4 Making it happen in an organisation	51

PART B

Disability inclusion: Advocacy programs

Disability inclusion: Child rights

Disability inclusion: Disaster management

Disability inclusion: Education

Disability inclusion: Environment

Disability inclusion: Health

Disability inclusion: HIV/AIDS

Disability inclusion: Livelihood

Disability inclusion: WASH

Disability inclusion: Women

INTRODUCTION

People with a disability exist in every society and are a part of everyday life. They bring diversity and abilities to their communities. People with a disability are as entitled to human rights as every other person and should be included equitably in all aspects of society. The *World Report on Disability* released in 2011 identifies 15% of the globe's population as consisting of people with a disability, with one in five people living in poverty in developing countries having a disability.²

Disability-inclusive development envisions a society that values and enfranchises all people with a disability. Such disability-inclusive practice seeks to contribute to equality of opportunity and equitable outcomes for all people around the world.

For too long, people with a disability have been excluded from international development efforts. Redressing this omission through more disability-inclusive development practice will help to better achieve equitable outcomes. Recognising the rights of people with a disability is an important step on the long journey towards a truly disability-inclusive society.





This page is left intentionally blank

part A

SECTION 1 **WHY DISABILITY** **IS RELEVANT TO** **THE DEVELOPMENT** **SECTOR**

Overview

This section provides an overview of the current concepts and evidence relating to disability within the international development context. It sets the scene by highlighting the facts about the prevalence and impact of disability within developing countries. The cycle that exists between poverty and disability, along with relevant international frameworks that inform current thinking and practice, are also identified.

This page is left intentionally blank

part A

SECTION 1 WHY DISABILITY IS RELEVANT TO THE DEVELOPMENT SECTOR

Key messages

- ▶ People with a disability make up 15% of the world's population.
- ▶ 20% of people living in poverty in developing countries have a disability.
- ▶ The rights-based approach to disability views the person first, and recognises capacity, right to participation and social responsibility for inclusion for all.
- ▶ Disability is recognised as the relationship between an impairment and environmental barriers.
- ▶ There is a cycle of disability and poverty, with people with a disability being among the poorest and people in poverty being at greatest risk of acquiring a disability.
- ▶ Women and girls with a disability, along with the elderly, are the poorest and most marginalised.
- ▶ Article 32 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognises the responsibility of countries that have ratified the convention to include people with a disability in their international development efforts.



© CBM-A

What is disability?

The understanding of disability has evolved over time from a simplistic conception that any person with an 'impairment' of mind or body is disabled to a more complex one that considers the relationship between an individual and their environment. Societies and individuals have and continue to view disability in different ways. The 'models' or perspectives of disability are illustrated in the following table.

Access to Braille ensures children with vision impairments don't miss out at school.

Charity model

Disability is something people are ‘afflicted with’. It assumes a person with a disability must be a recipient of care, cure, or protection. This approach tends to be paternalistic, does not expect a person with a disability to have many contributions to make and therefore undervalues the individual.

Medical model

This traditional model of disability focuses on the impairment that requires ‘fixing or changing’ in order for the individual to be a ‘normal’ member of society. This implies that if a person cannot be ‘fixed’, they cannot participate equally in society. The medical model therefore tends to focus on the impairment or deficit alone.

Economic model

This model values people according to how productive they are. Disability is viewed as a strain on society as people with a disability are seen as less productive. Interventions are undertaken when they make good economic sense and the financial strain on communities, families or governments can be minimised.

Social model

This approach identifies discrimination not because of an impairment, but as a result of limitations imposed by the particular context in which people live. Removing the ‘disabling’ barriers in the environment reduces the impact of an impairment. This approach recognises the right to medical intervention and adaptive devices such as a cane or wheelchair alongside community access and participation. This model shifts the responsibility for ‘inclusion’ from the individual being fixed to the society in which people with a disability live becoming more inclusive through the removal of barriers.

Human rights model

The human rights model takes universal human rights as a starting point. People with a disability are seen to have a right to access all within their society on an equal basis with others. Disability-inclusive development should take a rights-based approach. This incorporates social model thinking where external barriers are identified in conjunction with the person with a disability being the focal point in the attainment of their rights. The rights-based approach adopts awareness, participation, comprehensive accessibility and twin track as core disability-inclusive development principles.

CASE STUDY: PERSPECTIVES OF DISABILITY²

MAYA IS 34 AND LIVES IN A RURAL AREA OF INDIA. In a road traffic accident she injured her back. She was taken to hospital and diagnosed as having a spinal cord injury (**health condition or physical impairment**). She cannot move her legs; she can sit up, but cannot walk (**difficulty in functioning**). Her family takes her home as they cannot afford further rehabilitation or hospital-based care (**her economic situation is a barrier**) – there is no system in place to ensure her costs would be covered through social welfare or other benefits (**the policy environment is a barrier**). Maya is given a wheelchair, but her home is on a hill, with steps leading up to it, so she cannot independently move around herself (**the physical environment is a barrier**). While she is physically able to sit up and can do many things, she often stays at home; the perception of her community is that she can no longer take part in many community activities (**the attitudes in her environment are a barrier to her participation**). Maya has a disability that is a combination of all these factors. An impairment or health condition can be more or less disabling depending on the context in which it occurs.³

A note on language

Due to use of different models of disability and varying interpretations of these perspectives, language around disability varies. In some countries where the social model is especially prevalent, the phrase 'disabled people' is used to denote people 'disabled' by society. This guide, however, employs the term 'people with a disability'. This follows language used by the Convention on the Rights of Persons with Disabilities (CRPD) and is also consistent with the rights-based model of disability. This language encourages person first thinking and respects contribution, skills and capacity of individuals who have a disability.

What are the facts about disability in developing countries?

Obtaining an exact figure of the number of people with a disability is complicated by varying definitions of disability, different data collection methods, poor identification processes and cultural shame in disclosure. *The World Report on Disability* by the World Bank and World Health Organisation (2011) is the most up-to-date and comprehensive guide on global prevalence of disability.

The World Report on Disability found:

One billion people globally have a disability with 20% of those living in poverty in developing countries having a disability. It is important to also note that official rates of disability are actually lower in developing countries due to poor detection levels and reduced survival rates. In addition, developed countries have a higher life expectancy and this coupled with improved collection of statistics on disability and rates of aging will increase the recorded prevalence of disability in developed countries.

The facts

- ▶ 15% of the world's population have a disability.⁴
- ▶ 80% of people with a disability live in developing countries.⁵
- ▶ 20% (1 in 5) of the world's poorest people in developing countries have a disability.⁶
- ▶ There are 93–150 million children under 15 years of age living with a disability worldwide.⁷
- ▶ Children with a disability are much less likely to attend school than children without a disability.⁸
- ▶ In many low-income and middle-income countries, only 5%–15% of people who require assistive devices/technologies receive them.⁹
- ▶ The cost of health services exacerbates the poverty level for people with a disability.¹⁰
- ▶ 20 million women a year acquire a disability as a consequence of pregnancy and childbirth, mainly due to poor birth practices and lack of access to appropriate health care services.¹¹
- ▶ While equally at risk of HIV/AIDS, for a variety of reasons people with a disability do not have equal access to HIV information, education and prevention services.¹²
- ▶ Over 884 million people do not have access to safe drinking water,¹³ which is a fundamental right for all people and is especially important for people with a disability.

How does disability relate to poverty?

Disability and poverty reinforce and perpetuate one another. People with a disability are among the poorest of the poor, while people living in poverty are more at risk than others of acquiring a disability. People with a disability have limited access to health care and education, have difficulty finding employment, face high levels of stigma and discrimination and are commonly denied their rights. These factors all contribute to economic vulnerability and social exclusion. In turn, poor households rarely have access to adequate food, shelter, hygiene and sanitation facilities, potable water and preventative health care services; characteristics known to exacerbate poverty and increase the risks of disability.

Women and girls with a disability, along with the elderly, are most vulnerable to poverty. They also face multiple layers of stigma and discrimination.

The World Report on Disability further highlights the link between poverty and disability by identifying that there are up to 150 million children with a disability in the world, and many of these children are likely to remain illiterate, untrained and end up unemployed because of inadequate access to child-care services, schools and other social services.¹⁴

The diagram opposite is adapted from the UK Department of International Development and can be found at www.endthecycle.org.au¹⁵



The cycle of disability and poverty can be broken. Access to a microloan scheme provided Mon with a livelihood and “a much better life”. © CBM-A

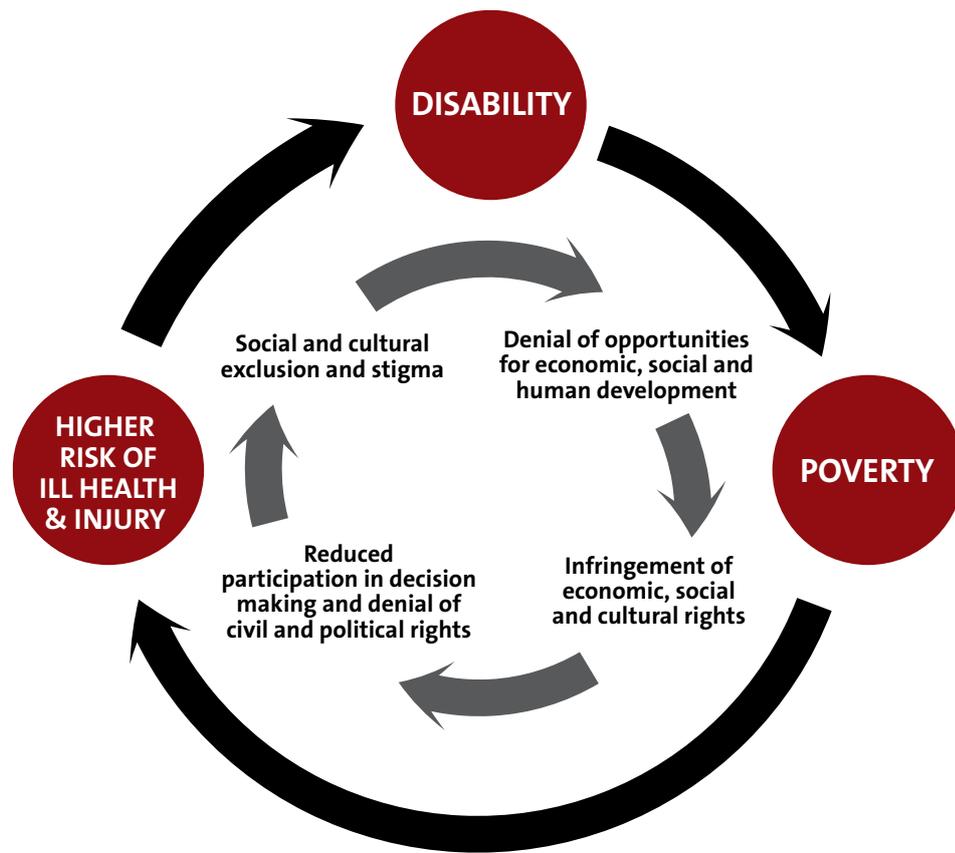


Fig.1 – Adapted from the UK Department of International Development and can be found at www.endthecycle.org.au

International framework for disability inclusion – the UN Convention on the Rights of Persons with Disabilities

The adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)¹⁶ was a significant step in reaffirming and highlighting the rights of people with a disability worldwide. In May 2008, the CRPD came into force. It sets out a number of general and specific obligations for nation states and once ratified, provides a clear framework and set of entitlements for its citizens.

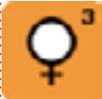
Significantly, Article 32 of the CRPD specifically focuses on international cooperation. It directs attention to the concerns and contributions of people with a disability within a country's international cooperation efforts, demanding that nation states undertake 'appropriate and effective measures between and among States and, as appropriate, in partnership with relevant international and regional organisations and civil society; in particular with organisations of persons with a disability'.¹⁷

What has disability got to do with the Millennium Development Goals?

The Millennium Development Goals (MDGs) provide a focus for international development efforts and guide implementation strategies. In working towards these goals, and to fulfil states' obligations under the CRPD, people with a disability must be included in all current and future international development programs. The MDGs will not be achieved unless disability is actively included.

The following table highlights the relationship between the MDGs and disability, and provides a basic rationale for why disability needs to be included in order to achieve these goals.

The Millennium Development Goals and disability¹⁸

	ERADICATE EXTREME POVERTY AND HUNGER 1 in 5 people living in poverty in developing countries have a disability. ¹⁹ Disability is both a cause and consequence of poverty. Extreme poverty will not be eradicated without considering the needs and rights of people with a disability. ²⁰
	ACHIEVE UNIVERSAL PRIMARY EDUCATION Many more children with a disability in developing countries miss out on an education than those without a disability. This goal requires an explicit focus on access to inclusive education and specialist support for children with a disability if it is to be achieved. Awareness-raising, access to basic assistive devices and inclusive teaching strategies are all essential for successful disability-inclusive education. ²¹
	PROMOTE GENDER EQUALITY AND EMPOWER WOMEN Women and girls with a disability are doubly disadvantaged, with their rights being ignored due to their gender and disability. They are at greater risk of violence and exclusion. Gender equality inclusion promotes participation in all community activities. ²²
	REDUCE CHILD MORTALITY Children with a disability have a greater risk of dying from neglect, abandonment and lack of access to health care. In addition, children with a disability can experience discrimination due to stigma in their communities. Child mortality is significantly higher for children with a disability than those without. ²³

The Millennium Development Goals and disability (cont'd)



IMPROVE MATERNAL HEALTH

Unsafe pregnancy and childbirth are major causes of disability for women, affecting over 10 million women per year. Women with a disability often lack access to reproductive health care due to both marginalisation and assumptions that they will not have families. Improved maternal health, nutrition and care during pregnancy and birth can reduce the number of children born with impairments.²⁴



COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

It is often assumed that people with a disability are not sexually active and they are left out of HIV/AIDS prevention efforts. Yet people with a disability are often at a higher risk of HIV due to marginalisation and vulnerability to abuse. Information on disease prevention must be provided in accessible formats to reach people with a disability.²⁵



ENSURE ENVIRONMENTAL SUSTAINABILITY

Being amongst the most vulnerable in any community, people with a disability are disproportionately affected by environmental risks and natural disasters. Such risks are also often the cause of disability. Disaster risk management and access to the environment, including water and sanitation, need to be accessible for all.²⁶



DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

The CRPD mandates inclusion of people with a disability in all phases of development cooperation, planning, implementation and evaluation. “Nothing about us without us” has long been a rallying cry of people with a disability, who must be included as key partners in achieving the MDGs.

What is the financial cost of disability inclusion?

Including people with a disability within development programs is actually significantly cheaper than the long-term economic impact of exclusion. This is despite a common perception that the financial or other resources needed to ensure inclusion of people with a disability within development programs are very high.

The economics of disability have three distinct elements:

- ▶ direct cost of treatment and rehabilitation, including associated travel and service fees
- ▶ income foregone by the person with a disability who is unable to access employment
- ▶ income and other costs lost by those supporting or caring for people with a disability. This in turn affects the time available for paid work and going to school, decreasing chances of accessing education and employment opportunities.²⁷

Research shows that disability affects the economic wellbeing of 20%–25% of households in Asia.²⁸ A study on the economic cost of blindness estimated that without a decrease in the prevalence of blindness and low vision, the total cost worldwide would rise to \$110 billion annually by 2020. For low-income countries, the estimated annual GDP loss for the year 2020 without interventions is 0.5% for both Sub-Saharan Africa and India.²⁹

Although there are costs associated with including people with a disability, these are far outweighed by the long-term financial benefits to individuals, families and society.³⁰ Furthermore, these costs are often minimal when disability-inclusive practices are present from the planning and design phase. For example, it has been estimated that using universal design principles to make a community centre and a school accessible only added 0.47% and 0.78% to the overall respective costs.³¹

Why does inclusion of people with a disability mean good development practice?

People with a disability have enormous potential to provide a significant contribution to their community through education, work, art, politics, sport, spiritual development and social activities. Currently, the needs of people with a disability are rarely considered in the formulation of development agendas.

Donors, aid agencies, mainstream development NGOs and others often proceed with development programs without considering necessary accommodations to allow access and inclusion for people with a disability. Many of these groups tend not to explicitly practise disability equality. This in turn excludes people with a disability from programs. It cannot, however, be assumed that such programs are purposefully exclusionary. The needs within developing countries are vast, and well-intentioned initiatives become inaccessible simply due to insufficient community consultation with Disabled People's Organisation and individuals with a disability.

International development practitioners who seek to bring about the greatest amount of positive change need to be disability inclusive for all community members, particularly the most marginalised. Disability-inclusive development practice, which will inevitably result in more effective poverty alleviation and greater impact, is good development practice.

Summary

A number of processes and activities occurring concurrently are bringing disability into greater focus within the international development sector. These include:

- ▶ the growing body of knowledge regarding disability in developing countries
- ▶ the UN Convention on the Rights of Persons with Disabilities
- ▶ the Millennium Development Goals
- ▶ the World Report on Disability
- ▶ increasing advocacy from people with a disability (including Disabled Peoples Organisations – DPOs)
- ▶ emerging NGO awareness and inclusion of people with a disability.

These are converging to make disability an area that demands a response within the international development community.

Having laid down the rationale for why including people with a disability makes sense for all development and poverty alleviation programs, the subsequent sections investigate measures that can be taken to ensure development is truly disability inclusive.

This page is left intentionally blank

part A

SECTION 2 GUIDING PRINCIPLES OF DISABILITY INCLUSIVE DEVELOPMENT

Overview

This section provides a set of guiding principles that can assist development programmers to bring about the changes necessary for a disability-inclusive community. Underpinning these steps is the principle that people with a disability have rights and society as a whole has a responsibility to work alongside people with a disability to ensure these rights are realised.

This page is left intentionally blank

part A

SECTION 2 GUIDING PRINCIPLES OF DISABILITY INCLUSIVE DEVELOPMENT

Key messages

- ▶ Engage with Disabled Peoples Organisations (DPOs) as the experts in identifying and responding to access barriers.
- ▶ Community-Based Rehabilitation (CBR) is a key strategy for achieving community-based disability-inclusive development.
- ▶ Awareness, participation, comprehensive accessibility and the twin track approach are core principles of a rights-based approach to disability-inclusive development.
- ▶ Awareness encourages identification of incidence, type and impact of disability within a community.
- ▶ Participation promotes community access to the valuable contributions of people with a disability within development programs.
- ▶ Comprehensive accessibility ensures socially imposed disabling barriers are removed to allow for improved access by people with a disability.
- ▶ The twin track approach encourages mainstream inclusion working alongside disability specific initiatives.
- ▶ Addressing a single aspect or any combination of the above principles will contribute to greater disability inclusion in development programs.





Skills in weaving provide a livelihood for Martin, who has a mobility impairment.

The key principles outlined in this chapter are:

Awareness of disability and its implications is the crucial first step in development programs becoming inclusive.

Participation of people with a disability is essential for genuine empowerment and community change.

Comprehensive accessibility ensures that physical, communication, policy and attitudinal barriers are both identified and addressed.

Twin track as an approach explicitly identifies specific actions for people with a disability in conjunction with mainstream inclusion.

What is disability inclusive development?

A society that is good for disabled people is a better society for all.³²

‘Inclusive development’ occurs when the entire community, including people with a disability, benefit equally from development processes. Inclusive development encourages awareness of and participation by all marginalised groups. Disability-inclusive development respects the diversity that disability brings and appreciates that it is an everyday part of the human experience. Disability-inclusive development sets out to achieve equality of human rights for people with a disability as well as full participation in, and access to, all aspects of society.

Community-Based Rehabilitation (CBR)

CBR, operating within community development, is a rights-based participatory approach to disability inclusion through rehabilitation, poverty reduction, social inclusion and equity of opportunity. As an approach, CBR aims to remove disabling barriers, address the causes of disability and bring people with and without disabilities together equally with an overarching contribution to poverty reduction and improved quality of life for all.

CBR enables targeted development for disability inclusion at the local level, reaching the poorest and most marginalised people with a disability. Over the past 20 years CBR has matured from a medical and pure rehabilitation focus to a comprehensive rights-based approach targeting disability-inclusive community-building and self-empowerment. The principles of awareness, participation, comprehensive accessibility and the twin track approach can now be seen in CBR initiatives. CBR is now broadly viewed to embrace the twin tracks of individual disability-related interventions alongside inclusion across the five domains of health, education, livelihood, social inclusion and empowerment.

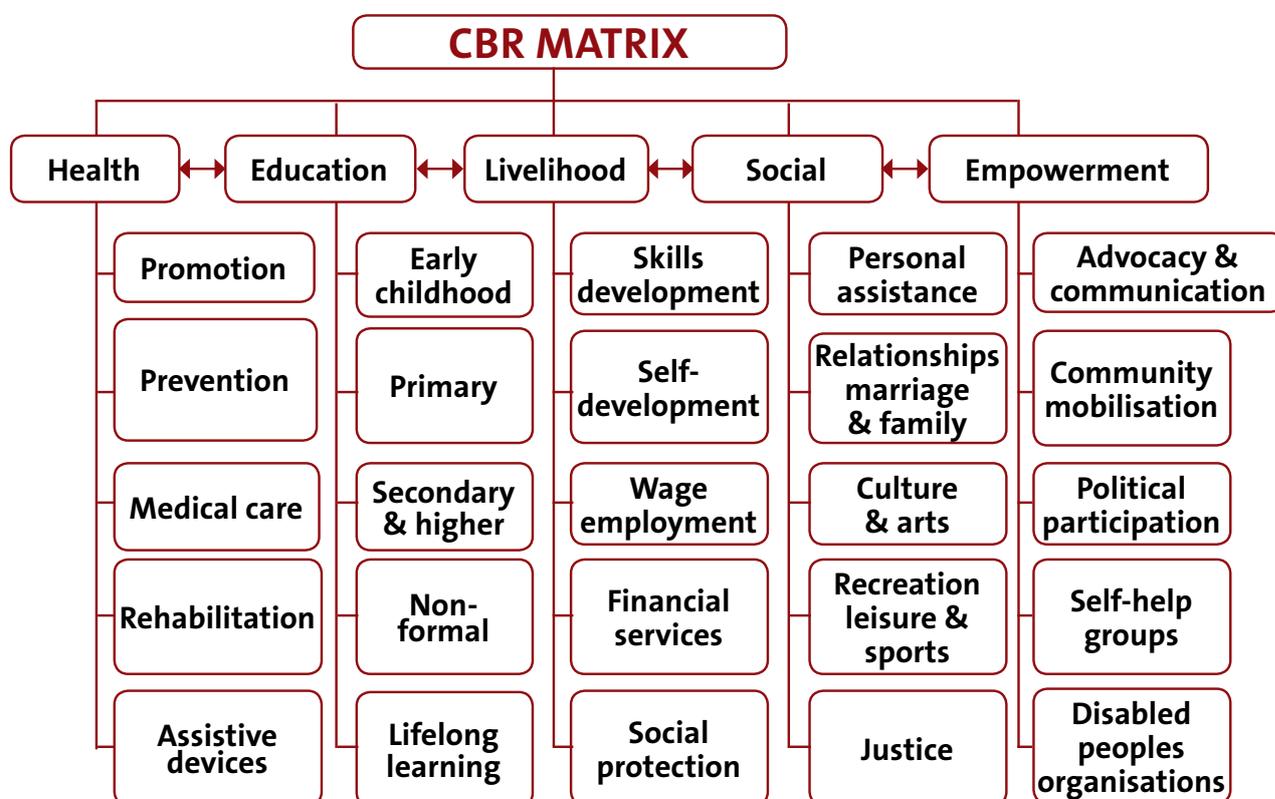
CBR guidelines

The CBR guidelines provide detailed information on Community-Based Rehabilitation. Each CBR program is specific to the local context and is dependent on the skills, available resources and capacity of CBR teams or individual workers. The intention is that all CBR programs operate within a network of organisations and entities in order to ensure a multi-sectorial rights-based approach.

The CBR matrix

The CBR matrix assists in identifying the diversity and depth possible within any given CBR program. Each of the five domains has been divided into elements that a CBR program may address. The overarching principles are inclusion, participation, access and self-advocacy, which are key to all five components of the matrix. It is not necessary for any one organisation to address all elements of the CBR matrix, but rather to contribute as part of a comprehensive multi-sectorial network.

The CBR guidelines have been developed in collaboration with WHO, UNESCO and IDDC and can be found at www.who.int/disabilities/cbr/guidelines/en/index.html



Key awareness messages

- ▶ **One billion people (1 in 7 / 15%) of the world's population have a disability.**
- ▶ **1 in 5 (20%) of the world's poorest people have a disability.**
- ▶ **110–190 million people experience significant barriers in functioning.**
- ▶ **There is a cycle of poverty and disability, where disability is both a cause and consequence of poverty.**
- ▶ **Without addressing disability, the MDGs will not be achieved.**
- ▶ **Action on disability is fundamentally about the equalisation of human rights, as expressed in the CRPD.**
- ▶ **The long-term economic advantages of including people with a disability far outweigh the initial, often one-off costs of inclusion.**
- ▶ **Disability is a cross-cutting development issue. As well as including specific initiatives to support inclusion, disability needs to be mainstreamed across policy and practice in all development programs.**
- ▶ **Including people with a disability ensures the most marginalised are reached and is therefore good development practice.**

A rights-based framework

Disability inclusive development in the 21st century is framed very much within a rights-based approach. This moves away from the traditional charity or medical rationale for support of people with a disability and places the equal attainment of human rights at its core. People with a disability are equally entitled to the benefits of development programs. As outlined in section one, international development efforts must work towards equal opportunity and non-discrimination, respecting and valuing equally all people with a disability based on the obligations and principles of the CRPD.

What are the core principles of disability inclusive development?

1. Awareness

Disability has been hidden and often poorly understood in the context of international development. People with a disability have lacked a voice at many levels of society and attempts to identify and meet their needs have rarely occurred. The aim of raising awareness and building shared understandings is to sensitise people to disability inclusion. Awareness of the barriers and forming strategies to remove them is considered an essential component of disability-inclusive programs.

2. Participation

‘Nothing about us without us’ has been a slogan and integral message from the disability-rights movement for decades. Participation is fundamentally about people with a disability participating in decisions that relate to them so that actions affecting people with a disability are not planned or performed without their input. This guiding principle highlights the need for people with a disability to be brought into the process in such a way that they can directly influence decisions. This results in improved inclusion of people with a disability and also brings with it lasting change.

Extensive involvement of people with a disability will build skills and capacity. At the same time, people with and without disabilities working alongside each other can often foster changes in attitudes and understanding about abilities, contributions and aspirations of people with a disability.

Partnerships with people with a disability can and should occur when there is genuine participation. This also includes partnering with families, wider support networks, service providers and community leaders, where appropriate. Working in partnership with DPOs is a very effective strategy. People with a disability are often empowered and enabled by the confidence and skills that result from the fostering of genuine partnerships.

3. Comprehensive accessibility

Comprehensive accessibility is fundamental for the full inclusion of people with a disability. Removing ‘disabling’ barriers and ensuring comprehensive access plays a significant role in creating opportunities for people with a disability to participate in development programs. Impairments can become less ‘disabling’ if society is accessible and barriers to inclusion are removed.

The specific identification and removal of barriers is the essence of accessibility as a guiding principle. Barriers can be grouped into four categories.

- ▶ **Physical or environmental barriers** – buildings, schools, clinics, water pumps, transport, roads, paths etc.
- ▶ **Communication barriers** – written and spoken information including media, flyers, internet, community meetings etc.

- ▶ **Policy barriers** – including both legislation that discriminates against people with a disability, and/or an absence of legislation that might otherwise provide an enabling framework. Departmental and organisational policies can also be addressed here.
- ▶ **Attitudinal barriers** – including negative stereotyping of people with a disability, social stigma and other forms of overt discrimination. It is not uncommon that disability is associated with cultural beliefs about sin, evil and witchcraft. People with a disability often report that attitudes are the most disabling barriers of all.

UNIVERSAL DESIGN³³

Universal design principles are used in the built environment, education, communication and other areas where it is important to create a space accessible and useable for all. Universal design is the design of products and environments to be useable by all people, to the greatest extent possible, without the need for adaptation or specialised design. The seven principles are:

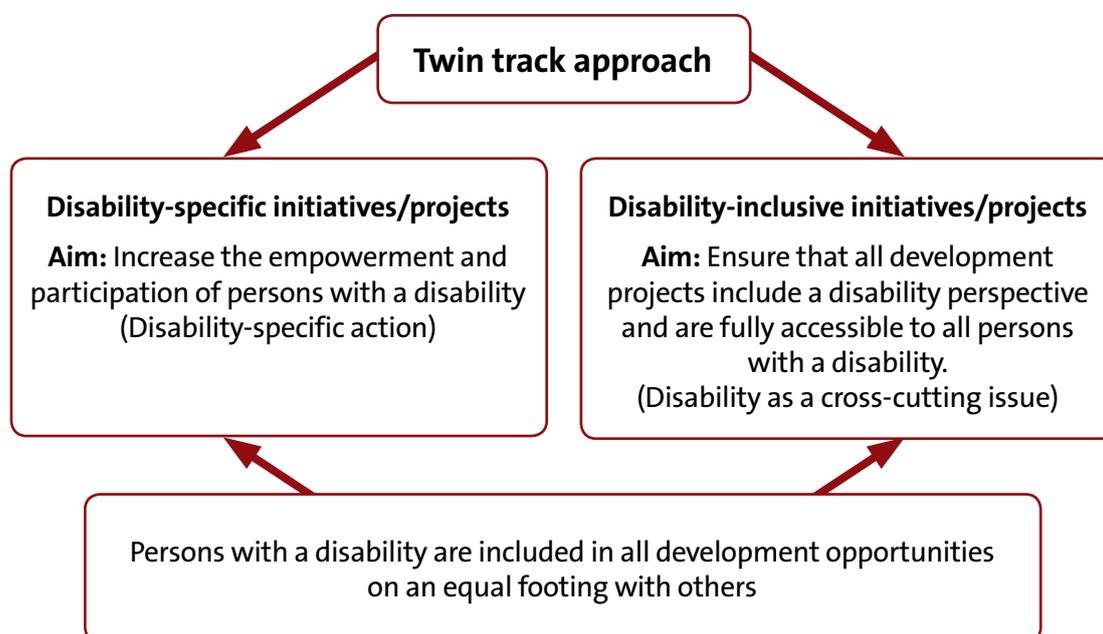
1. Equitable use
2. Flexibility in use
3. Simple and intuitive
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use



© CBM

4. Twin track approach

The twin track approach addresses disability across all areas of international development.³⁴ It promotes concurrent action across two broad sets of initiatives. One set is through disability-specific activities that are targeted directly for people with a disability; the other is through the mainstreaming of disability into broader activities. Interventions on either track alone will not provide the breadth of involvement, integration and support needed for people with a disability to fully participate. It is important to recognise that one organisation does not need to be responsible for both components of the twin track approach; however, it is useful to understand twin track and be aware of relevant referral points to support the success of a disability-inclusive development initiative. This combination of targeted disability-specific components as well as mainstreaming disability into all strategic areas of development ensures authentic participation and involvement by people with a disability in the whole initiative. Genuine inclusion and empowerment can only occur when **both** tracks are employed together, as the following diagram illustrates.



The above diagram has been adapted from *Make Development Inclusive: How to include the perspectives of persons with a disability in the project cycle management guidelines of the EC*.³⁵

Twin track in practice

1. Disability-specific initiatives

Depending on the context, a variety of programs can meet specific needs of people with a disability and remain important aspects of disability-inclusive development. For example:

- ▶ **Community Based Rehabilitation (CBR)**

This is an approach that can address mainstream and disability specific measures. This is an internationally renowned strategy developed by the International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the World Health Organisation (WHO). It is a broad community development approach seeking to empower people with a disability and work in partnership with them.³⁶ The disability specific approaches within CBR can, for example, target adaptive devices required for inclusion in education or employment.

- ▶ **Disabled Peoples Organisations (DPOs)**

DPOs are set up and led by people with a disability to represent and support their members. Some are impairment- or disability-specific while others are 'cross-disability' DPOs that represent a variety of members. Calls for initiatives that facilitate the development or strengthening of DPOs are part of many disability-inclusive development strategies.

- ▶ **Special education programs**

Although debate exists about the pros and cons of 'special education', there are situations where this is, in part, the most realistic method to support children with particular disabilities such as deafness. Provision of resources and specialist teacher training can be important here.

- ▶ **Adaptive devices**

There is a wide range of adaptive devices such as canes, prosthetics, wheelchairs and hearing aids that enhance the participation and empowerment of people with a disability. Low- and high-tech adaptive technology (such as screen reading software) may also be relevant in certain circumstances.

- ▶ **Specific medical Interventions**

There are many medical programs that target a specific impairment or causes of impairment. For example, a number of interventions address blindness and its causes, including cataract and trachoma. Other examples include procedures that treat disabling obstetric fistulas in women.

CASE STUDY: AN EXAMPLE OF WHAT IS POSSIBLE

SHATHI IS A NINE-YEAR-OLD GIRL WITH CEREBRAL PALSY who loves to play with her friends and uses a wheelchair to move around. She lives in rural Bangladesh. Shathi's family and community understand the nature of her disability after having taken part in community education programs (**awareness-raising**). After floods destroyed her home, her family was assisted to rebuild it with wider doorways, a smooth path entrance and a larger washing space (**physical accessibility**). The community agreed (**attitudinal accessibility**) that their house should be built closer to the school and market as this made getting around much easier for Shathi (**physical accessibility**). The community health worker identified her developmental difficulties early on and referred her to a CBR service. This service then provided strategies to assist her development including the wheelchair (**disability-specific initiative**). They also set up a local support group for parents who have children with a disability, of which Shathi's mother is a member. Shathi herself has spoken about her experience to them and in front of her school class (**participation**). When the time came for Shathi to go to school, the principal of the school knew that it is Shathi's right, like any other child, to be educated well (**policy accessibility and mainstreaming**). The local teacher was very supportive as he had received training on child-centred teaching; she knew of a resource centre that could give support when needed (**disability-specific initiative**). When Shathi grows up she would like to be a teacher and get married.

2. Mainstreaming (Disability-inclusive initiatives)

Mainstreaming disability into development programs is a useful approach that many development practitioners are familiar with through their experience with gender or HIV/AIDS mainstreaming. The remainder of this guide will primarily look at inclusion of disability into mainstream development programs. Part B in particular will demonstrate how disability inclusion can easily be incorporated into specific sector and program areas.

“Mainstreaming disability into development cooperation is the process of assessing the implications for people with [a disability] of any planned action, including legislation, policies and programs, in all areas and at all levels. It is a strategy for making their concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that people with [a disability] benefit equally and inequality is not perpetuated. The ultimate goal is to achieve disability equality.”³⁷

What programs need to include people with a disability?

People with a disability live in every community. Therefore any project or program that seeks to broadly assist members of a community should be disability inclusive. Locating and including people with a disability in all development programs is a vital step towards creating a disability-inclusive society.

Locating people with a disability

It is important to identify and locate people with a disability for inclusion in all programs and sectors. This is necessary both to reflect the community as well as to gain the valuable dimension and input people with a disability have to offer all international development programs. The term ‘disability’ may not always be the most appropriate term to use due to stigma and other concerns around disclosure. It is therefore critical to work with DPOs to identify the most suitable language to use when seeking out people with a disability. The following information offers guidance in using existing data sources, disaggregating data, and using local networks for locating people with a disability for inclusion in development programs.

Pre-existing data sources

There are a range of population based data sources that can be explored to identify people with a disability in reach of your programs. Use these as a starting point for identification of incidence and location of people with a disability. Please note that population based data frequently underestimates the incidence of disability due to poor country identification and reluctance to self identify.

- ▶ Global reports on disability such as the World Report on Disability
- ▶ Census based data
- ▶ Data from community health programs, hospitals, Community Based Rehabilitation (CBR) and disability services
- ▶ Education data including from the Ministry of Education, mainstream schools, inclusive education resource facilities and special schools
- ▶ Government Ministries for Social Affairs, Disability and Health
- ▶ DPO umbrella organisations
- ▶ Local DPOs (note: some DPOs will be disability specific so it is worth meeting with more than one DPO where possible)

Note: 15% of the world's population have a disability.³⁸

20% of people living in poverty in developing countries have a disability.³⁹

These statistics can be used to set quotas and encourage disability representation in development programs.

Disability disaggregated data

There are a number of questions that can be asked to determine disability including type of impairment and its impact. It is useful in collecting data on program participants to know the type of disability and how daily functioning and program inclusion is likely to be impacted and managed. If disability related information is not already sourced in your program, consider selecting relevant questions from the list below.

- ▶ Do you have a disability?
- ▶ Do you have an impairment that affects your daily functioning?
- ▶ Do you support a family member with a disability?
- ▶ Do you have a physical disability or impairment that impacts your daily movement?
- ▶ Do you have poor eyesight that impacts your ability to see for reading and mobility?
- ▶ Do you have poor hearing or a communication difficulty that impacts on your ability to communicate with others?
- ▶ Do you have a chronic medical condition that impacts your daily activity?
- ▶ Do you have a psycho-social impairment that makes daily functioning difficult?
- ▶ Do you have difficulties thinking and reasoning that makes it hard to live independently?

Community approaches for locating people with a disability

- ▶ Work with DPOs
- ▶ Use a 'snowball' technique to identify people with a disability in the program target area. This can be done by asking people to refer you to homes and areas where people with a disability may live.
- ▶ Determine local language for 'disability' and understand other words, phrases and symbols that may be used to represent disability. Some languages will only use disability to refer to a physical impairment and have other terms for sensory impairments and other disability types.
- ▶ Some settings will have different terms to identify an acquired disability in contrast to being born with a disability. These terms need to be understood as one term may for example, be carried with pride and another may be seen as a curse.
- ▶ Connect with religious leaders who may be aware of people with a disability in their communities.

Useful assessment tools for identification of disability

Rapid Assessment of Disability (RAD)

Washington group short set of questions on disability

http://www.cdc.gov/nchs/washington_group/wg_questions.htm

WHO International Classification of Functioning (ICF)

<http://www.who.int/classifications/icf/en/>

Disability-inclusive consultations and events

The following should ensure all community members are able to access venue space, instructions and presentations; making consultations and events disability inclusive. Many people with a disability will not be identifiable and may not elect to disclose their disability so it is important to be as inclusive as possible at all times.

Selecting a venue

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Identify a location central for community members with a disability.▶ Identify a venue that may already be used by people with a disability.▶ Ensure venue has ramp access, accessible toilets, hand rails, etc.	<ul style="list-style-type: none">▶ To reduce travel time.▶ To increase familiarity with venue and possible attendance rates.▶ To ensure minimum access requirement for people with a disability.

Promotion

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Develop large size posters with good colour contrast.▶ Use a range of communication modes including print media, radio and community announcements to promote consultations.▶ Identify on promotional information that people with a disability are encouraged to attend.	<ul style="list-style-type: none">▶ For people with vision impairments.▶ To enable people with different disabilities to access information.▶ To ensure people with a disability feel invited and welcomed to the consultation.

Communication

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none"> ▶ Address the person with a disability and not their carer or guide. 	<ul style="list-style-type: none"> ▶ To acknowledge the contribution and value of the person with a disability.
<ul style="list-style-type: none"> ▶ Voice all printed / visual information. ▶ (Provide verbal descriptions of content being discussed – don't point or show objects without auditory description). 	<ul style="list-style-type: none"> ▶ For audience members that have difficulty following visual content such as those with learning disabilities, intellectual disabilities or vision impairment.
<ul style="list-style-type: none"> ▶ In question time have one speaker at a time. 	<ul style="list-style-type: none"> ▶ Especially useful when using interpreters as they can only interpret for one voice at a time. ▶ Will assist with participants with auditory processing difficulties in comprehending what is said. ▶ Will assist with participants with vision impairment in facing towards the speaker.
<ul style="list-style-type: none"> ▶ Position yourself at eye level with a person in a wheel chair when talking one on one. 	<ul style="list-style-type: none"> ▶ This will prevent the person in a wheelchair from straining their neck.
<ul style="list-style-type: none"> ▶ Feel free to ask a person with a speech difficulty to repeat if not understood. 	<ul style="list-style-type: none"> ▶ There is more dignity in this than nodding politely, but not hearing what was said. ▶ People with a speech difficulties are used to repeating from time to time.
<ul style="list-style-type: none"> ▶ Identify yourself if you are wishing to talk to someone with a vision impairment. ▶ Inform the person if you are moving away. 	<ul style="list-style-type: none"> ▶ Ensures that the individual is aware that you are addressing them. ▶ Ensures that the person is aware of your location.

Communication – continued

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Explain acronyms in full when referred to for the first time.	<ul style="list-style-type: none">▶ For entire audience to clarify context of presentation.▶ To clarify content for participants with hearing impairment.▶ To assist in sign language for finger spelling or signing of full words for interpreters.▶ To assist in identifying terms for those with difficulty with short term or long term memory loss such as those with Acquired Brain Injury (ABI).

Mobility

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Do not touch any mobility aides such as wheelchair, long cane or dog guide (unless permitted or requested such as pushing wheelchair or toileting dog guide).	<ul style="list-style-type: none">▶ Mobility aides are an extension of the individual and are a part of their personal space.▶ Dog guides are working when in harness and should not be distracted.
<ul style="list-style-type: none">▶ Do not guide someone to a location without first asking.	<ul style="list-style-type: none">▶ Identify where a person wants to sit first as they may have their own preferences.
<ul style="list-style-type: none">▶ Identify obstacles that may be in the person's way.	<ul style="list-style-type: none">▶ To ensure the individual's safety.
<ul style="list-style-type: none">▶ Communicate about preferences for human guide for someone with a vision impairment.	<ul style="list-style-type: none">▶ Each individual will have their own preference, whether they follow or take an elbow and which side they prefer to be on if being guided – this will depend on the person, their level of vision and comfort in the environment.

Transportation

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Ensure venue is close to public transport.▶ Provide accessible transportation to consultations for people with a disability if there are not suitable transport options available.	<ul style="list-style-type: none">▶ To increase access to venue for people with a disability dependant on public transport.▶ To ensure people with a disability can access venue when public transport is not accessible.

Reading material

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Provide handouts in large print to all participants (size 16, 1.5 spacing, non-gloss paper, black on white or high color contrast, sans serif font such as Arial or Verdana).	<ul style="list-style-type: none">▶ For audience members that have difficulty taking notes or viewing overheads or have difficulty reading standard print such as those with a learning disability, intellectual disability, physical disability or vision impairment.

Lighting

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Ensure adequate lighting on presenters.	<ul style="list-style-type: none">▶ Useful for lip reading for participants who are deaf or hard of hearing and improves visual identification of location of presenters for participants with vision impairment.

Seating

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Provide option of front row seating for participants with a disability (optional only – dependant on individual preference).	<ul style="list-style-type: none">▶ To ensure participants using sign interpreters have unobstructed viewing.▶ To allow for participants with vision impairment to have potential access to visual content.▶ To allow people with mobility disabilities to avoid stairs (if tiered seating).
<ul style="list-style-type: none">▶ Ensure wide walkways between and around chairs.	<ul style="list-style-type: none">▶ To enable ease of mobility for people in wheelchairs and with walking frames.

Consultation Schedule

INCLUSIVE PRACTICE	PURPOSE
<ul style="list-style-type: none">▶ Allow for breaks throughout consultation.▶ Increase time allowance for activities such as meal breaks where relevant.	<ul style="list-style-type: none">▶ This will allow rest times for people with a disability, carers and interpreters.▶ This will allow additional time for people with a disability to complete care needs.

For more information on Disability- inclusive consultations and events, see <http://www.inclusive-development.org/cbmttools/part3/1/Accessiblemeetingsorevents.pdf>

Summary

The guiding principles on which disability-inclusive programming is founded as a rights based approach, are articulated in the UN CRPD. When development approaches consider awareness raising, active participation, comprehensive accessibility and the twin track approach; people with a disability will have genuine inclusion alongside the rest of their community.

This set of guiding principles can go a long way to assist development programmers to bring about the changes necessary for an inclusive development community. You will find these principles used in each of the sector chapters in Part B of this guide.

This page is left intentionally blank

part A

SECTION 3 **INCLUSIVE DEVELOPMENT** **PRACTICE WITHIN** **THE PROJECT CYCLE**

Overview

Applying the concepts and four principles of disability-inclusive development was introduced in Section 2. This section outlines a practical strategy to mainstream disability within the project cycle. It provides advice to support the implementation of inclusive approaches and practices through all phases of the project cycle.

This page is left intentionally blank

part A

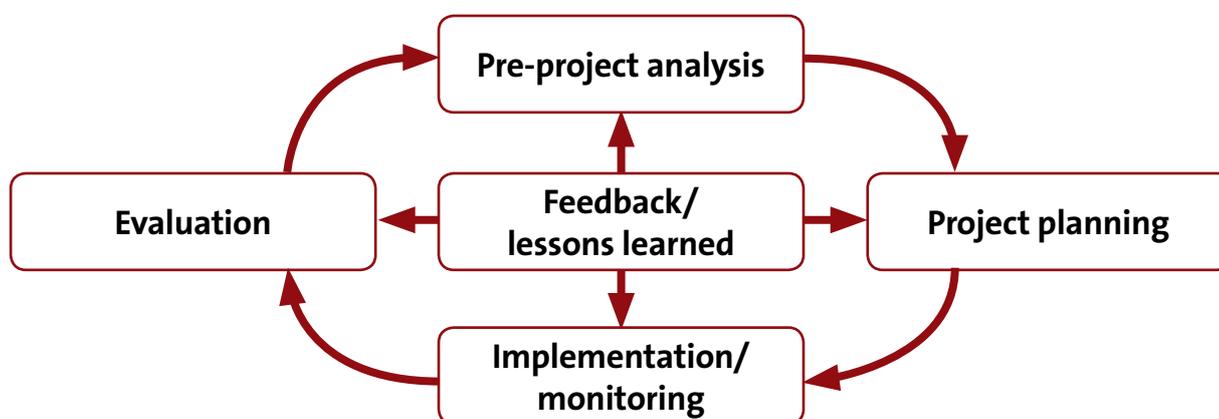
SECTION 3 INCLUSIVE DEVELOPMENT PRACTICE WITHIN THE PROJECT CYCLE

Key messages

- ▶ Understand how disability impacts a program and community so as to assist in effective planning.
- ▶ Recognise the potential of people with a disability in their active contribution to programs at all stages.
- ▶ Gather the variations in experiences of people living with a disability from within the community.
- ▶ If a disability perspective is omitted during planning, people with a disability can be unintentionally excluded.
- ▶ It is smarter, easier, cheaper and more effective to be disability inclusive from the start.
- ▶ Recognise unique differences and skills of people with a disability as each person can respond to their disability differently and requirements of disability groups will vary.

Introducing the project cycle

This guide adheres to common approaches to Project Cycle Management (PCM). Terminology may vary between organisations and programs; however, the principles used in this resource are consistent with PCM approaches.



The EU project *Make Development Inclusive*⁴⁰ includes a comprehensive online resource of practical tools that can assist development programmers to ensure that their planning, implementation and evaluation of programs include a disability perspective. Although some relate specifically to the EU program cycle, many can be extremely useful across a range of project or program cycle methodologies. This can be found at www.inclusive-development.org/cbmtools/part3/index.htm

1. Pre-project analysis phase

What: Also sometimes called the programming stage, this phase draws together all available information and analyses as relevant to the proposed program. As such it is ‘an essential precursor to designing a project’.⁴¹ It aims to give programmers a clear overview of the context, situation, stakeholders, possible challenges and opportunities that will all be relevant during the planning phase. It can help programmers know what is in and out of the project’s scope, and even determine whether or not the project should be undertaken at all.

Why disability: Good design of development programs is inclusive of people with a disability from the start. Identifying the contribution and needs of people with a disability is not simply about assuming what such requirements may be, but rather requires collaborative consultation with DPOs and people with a disability. Doing this will ensure that the situation analysis is more comprehensive and more likely to lead to better outcomes that are disability inclusive. It will also save time and resources by planning for disability inclusion from the beginning.

Awareness-raising

- ▶ Identify relevant key facts from Part B sector chapters to use in awareness-raising and advocacy.
- ▶ Highlight the value and contribution people with a disability can make to development programs and their wider community.
- ▶ Identify the necessity of including people with a disability within the program, not only as a ‘target group’, but at all levels including planning and decision-making.
- ▶ Identify whether the country has signed the CRPD. If it has, remind authorities of their obligations under it.
- ▶ Wherever and whenever possible, try to include people with a disability in raising awareness. Ask someone with a disability or a local DPO to come and talk to project partners, colleagues, managers and donors.
- ▶ People with a disability often do not know their rights or entitlements. When making contact with people with a disability, convey all relevant information that will contribute towards their own empowerment as part of the project cycle and beyond.
- ▶ Seek out people with a disability and identify information that will assist in understanding the local situation for people with a disability and their families.

- ▶ Be wary not to group people with a disability in a single ‘vulnerable groups’ category or assume they all think the same without truly understanding their specific situation. There are many different stories of the lived experience of people with a disability – know at least some of them.

Participation

- ▶ Seek out and communicate directly with a broad range of people with a disability, their families and DPOs, providing opportunities for them to be active participants in analysing and planning the proposed program.
- ▶ Ensure participation of people with a disability as key stakeholders in community consultations, rapid assessments or other opportunities. Do not create separate events or meetings; rather, make regular consultations disability inclusive.
- ▶ Set out a clear framework for including people with a disability, according to whether they are high-level advocates, grassroots DPOs or self-help groups intimately concerned with day-to-day implementation.
- ▶ Work towards full participation. Be aware that many people with a disability have experienced low expectations from others and may have these of themselves. Low self-confidence may need to be accounted for and addressed where relevant.

Providing comprehensive accessibility

- ▶ Ensure that consultation and meeting venues are fully accessible. Ensure that people with a disability can get from home or work to the meeting venue as well as move about within the venue.
- ▶ Consider making simple adaptations to existing structures. Refer to the accessible consultations recommendations in section 10. Also look at the VSO Dream-IT accessibility checklist.⁴²
- ▶ Consult with potential participants about particular support services that may be required to ensure full participation.

Building a twin track approach

- ▶ Identify and disaggregate national, regional or local data and statistics on the basis of disability type. If this data does not exist, consult with local disability stakeholders to undertake research where possible.
- ▶ Ensure that when additional data needs collecting, specific questions regarding people with a disability are included. Ensure that this will continue throughout the program.
- ▶ Identify disability specialist supports relevant to enable inclusion.
- ▶ Identify mainstream opportunities for disability inclusion.

PRE-PROJECT ANALYSIS CHECKLIST

- Are key stakeholders aware of the need to include people with a disability from the initial phase of the proposed program?
- Are people with a disability involved in raising awareness themselves?
- Are people with a disability aware of their rights and entitlements to be included in the program?
- Are people with a broad range of disabilities participating in the pre-project analysis?
- Are people with a disability attending regular consultation and stakeholder meetings?
- Are venues fully accessible including water, sanitation and hygiene facilities?
- Are measures being taken to ensure all voices are heard equally?
- Have disability-specific data and relevant statistics been considered?
- Have people with a disability been involved in necessary research or data collection?

2. Planning phase

What: Once the analysis is complete, the planning phase identifies the project's agreed objective and the strategies needed to reach it. 'In the planning process, activities and resources are identified and organised to realise the project objectives in an effective and efficient manner.'⁴³ This should emphasise clearly identified objectives as well as the need for consensus between all stakeholders regarding direction and implementation of the project.

Why disability: If a disability perspective is left out of the planning phase, people with a disability can be unintentionally excluded from any benefits or outcomes the project aims to deliver. As with phase one, including disability as a cross-cutting theme in the planning stage will ensure a more comprehensive and inclusive project. It is smarter, easier, cheaper and more effective to be disability inclusive from the start.

What if disability has not yet been included in previous stages?

If this is the case, it is not too late to ensure that the project delivers equitable outcomes for people with a disability. Explore the options, based on the principles outlined in this guide, to identify where a disability perspective could be included.

Awareness-raising

- ▶ If the project has not included a disability perspective in the pre-project analysis, start raising awareness!
- ▶ Identify from engaged stakeholders their connection to people with a disability as a way of gaining further involvement.

Ensuring participation

In addition to the tips outlined in the pre-project phase, the following also apply:

- ▶ Design the project in order to strengthen the individual capabilities of people with a disability. Consider providing experience for leadership roles, project management opportunities, work with government, administrative bodies and community-based groups.
- ▶ Ensure participation in decision-making. Ensure people with a disability are involved in the planning and delivery of the project.
- ▶ Consider how people with a disability could actually 'participate' in the program, rather than just benefit from it. Key to participation is that people with a disability are not just 'considered' when decisions are made, but that they are actually part of the group who make the decisions.

Providing comprehensive accessibility

- ▶ Apply the principles of universal design. Ensure these are built in from the start to avoid additional costs.
- ▶ Check that planned project interventions/facilities are accessible for people with a disability and other vulnerable groups, such as pregnant women and the elderly. See specific sector information, especially regarding education and health facilities.
- ▶ As negative attitudes regarding disability are often the greatest barrier, explore common attitudes towards disability. Are attitudes preventing people with a disability from being included? Individuals with a disability are often the best people to determine this. If this is the case, ask how the project will target attitudinal change?
- ▶ Consider possible institutional barriers. The pre-project analysis should have identified which laws, policies and guidelines exist within the country, project or organisation that will affect the project's outcome. These could include disability-inclusive education policies or anti-discrimination laws. Entering the planning phase, identify strategies to make changes or at least mitigate the risk when institutional barriers could detract from the project outcome.

Building a twin track approach

- ▶ Determine the link between disability and the project's core goals. Consider what aspects of the project could be of particular relevance and importance to people with a disability.
- ▶ Make disability a line item in the budget. Experience suggests that placing disability in the budget will help keep disability a priority as well as ensure funds are available for some disability specific components.
- ▶ Review planning procedures to safeguard 'inclusion'. In addition to the project proposal, organisational and institutional policies, procedures and project decisions should be reviewed and updated wherever necessary to ensure their disability inclusiveness.

PLANNING PHASE CHECKLIST

- Does the project design refer to people with a disability and demonstrate consideration of specific requirements?
- Is disability referred to in the ToR?
- Will the project clearly benefit people with a disability?
- Will there be any negative impacts?
- Have people with a disability participated in the assessment and planning process?
- Is their ongoing participation in the project being planned?
- What strategies will the project apply in order to encourage people with a disability and their families to actively participate in the project design? For example, outreach, budgeting, staffing, resources, program venue and training.
- In what way will involvement empower people with a disability?
- Have attitudes, physical environments, communication and policy barriers been considered?
- What strategies will be applied to ensure the accessibility needs of people with a disability are appropriately addressed?
- Does the project budget include a line item for costs related to disability-specific measures?
- Are there disability-specific indicators built into project design? Is there any other planned reporting on disability?
- If a project has been identified as 'highly' disability relevant, has a separate appendix outlining the disability dimension of the project been attached to the proposal?
- Use the Rapid Disability Analysis tool (EU) to see how disability inclusive the project is. You might also decide to support or not support a project on this basis.⁴⁴

3. Implementation and monitoring phase

What: This phase of the project is concerned with carrying out the project plan and ensuring its objectives are being achieved in a way that uses resources effectively and efficiently. It should highlight when this doesn't happen so that decisions can be taken on how to take action to resolve this.

Why disability: Including a disability perspective in this phase involves ensuring that the project is actually carrying out its plan and that people with a disability are being included. This is done through monitoring the project results, as well as the budget line(s) set aside to specifically include people with a disability. In addition, monitoring through effective data collection, including disaggregation by disability type, gender and age, is relevant in this phase. When this is done well, monitoring systems will collect information about the outcome of the project on people with a disability. Valuable learning can be obtained that will provide information about challenges and strategies for including disability within the project, and the consequences of not including disability at all.

What if disability has not yet been included in previous stages?

Sometimes, projects that have not included a disability perspective in the analysis and planning stages are already being implemented. Even so, if projects require a high level of disability inclusion, it is strongly recommended that steps are taken to address the situation promptly. It is critical to do so if people with a disability, at best – will not be unintentionally left out, and at worst – will experience severe discrimination as a result. This will be easier if the project is still in inception stage. If implementation is well underway, it may only be possible to include a disability perspective in a mid-term or final evaluation.



These women with a disability are part of a Disabled People's Organisation (DPO) who advocate for the rights of women with a disability. © CBM-A

Awareness-raising

- ▶ Disability awareness-raising is a necessary ongoing strategy. Ask whether people with a disability are accessing or benefiting from the project.
- ▶ Consider formal or informal mechanisms to raise awareness and build understandings. These could involve a conversation, group discussion, presentation, fact sheet or information session with program partners and others relevant to the project.
- ▶ Build awareness of the importance of a disability dimension. As mentioned above, many programs have been established without an explicit disability dimension. Disability can still, however, be included in monitoring or evaluation phases. This can lead to learnings and changes for either the project's ongoing delivery or future projects.

Ensuring participation

- ▶ Engage with local DPOs. Consider seeking their input and feedback regarding the established program.
- ▶ Consider what outreach activities the project is implementing to engage people with a disability and their families.
- ▶ Ensure people with a disability are involved in monitoring and evaluating processes. Local DPOs can conduct focus groups or be involved in other ways.

Providing comprehensive access

- ▶ Monitor the use of facilities or services by people with a disability. Are people with a disability being included in those benefitting from the project? Do the people involved in the implementation have the skills and knowledge to be inclusive of disability?
- ▶ Identify barriers: Are people with a disability accessing the program? Identify and respond to any barriers preventing full inclusion.
- ▶ Physical barriers: Are there any physical barriers? Do buildings have wheelchair access and support rails? Is their appropriate signage to access facilities?
- ▶ Communication barriers: Is communication during meetings or workshops accessible for people with a disability (for example, sign language interpreters, plain language information, Braille, audio or electronic format and other provisions)?
- ▶ Explore attitudinal barriers: Are attitudes changing? Do attitudes still remain a barrier to further inclusion and participation?

Building a twin track approach

- ▶ Ensure the ME&L system developed includes a disability perspective. This may involve reviewing different utilisation rates for people with a disability, comparing these between women and men and exploring the reasons behind these results.
- ▶ Develop a disability checklist to ensure representation of specific requirements of people with a disability within mainstream programs.
- ▶ Consider developing disability specific indicators in relation to mainstream inclusion. The indicators used in the EDAMAT⁴⁵ tool is a useful resource for mainstreaming disability across policy and practice.
- ▶ Develop advocacy guidelines to promote the use of EDAMAT by civil society. This can assist in holding policymakers to account in their commitment towards disability mainstreaming.

CHECKLIST

- Does the project's ME&L and data collection system include an overall disability perspective as well as disability-specific indicators?
- Are people with a disability able to access project interventions as envisaged in the project design?
- If they have difficulties in accessing interventions, what steps can be taken to address these difficulties immediately?
- Are disability-specific budget lines being spent according to the plan?
- Are people with a disability or DPOs continuing to be involved in consultation and decision-making about ongoing implementation of the project?
- If a disability perspective was not included in the analysis and planning phases, have steps been taken to actively minimise the possible negative impacts of this and the unintended effect on people with a disability in implementation?



© CBM-A

4. Evaluation phase

What: Evaluation is an activity that is time-bound and seeks to measure in a systematic and objective way, how the completed or ongoing project has performed. The relevance and success of the project is measured against the original design. Evaluation is undertaken in order to answer specific questions and give guidance to all stakeholders including middle and senior management, field staff and program officers. The information provided helps to determine whether underlying theories and assumptions used in project planning were valid together with identifying lessons learned.⁴⁶

Why disability: Even if a project or program has not included a disability perspective in analysis, planning and implementation, asking disability-specific questions in an evaluation can provide valuable lessons. These can include assessing and evaluating whether people with a disability were included or not, the benefits or negative consequences associated with their inclusion or exclusion and evaluating the budget spent on disability inclusion. Most usefully, it can provide firm understanding of which future projects and programs should include people with a disability, how this can be achieved and why.

Awareness-raising

- ▶ If a project has not included a disability perspective prior to this point, you will particularly need to raise awareness among key stakeholders about the importance of doing so. Refer to relevant facts in sector chapters for building awareness of barriers and inclusionary principles and find out whether the country has signed the CRPD.
- ▶ Raise awareness and understanding on the value of including disability within the evaluation. This is crucial even when widening the scope in regard to effectiveness, impact and sustainability.

Ensuring participation

- ▶ If not part of the project already, consider inviting a DPO or person with a disability to participate in the evaluation as an evaluation team member or as a specific consultation group.
- ▶ Set up focus groups or other consultation meetings that involve a broad range of people with a disability and their families that were or could have been affected by the project.
- ▶ Ensure venues and facilities are accessible to people with a disability.

Providing comprehensive accessibility

- ▶ As in the implementation and monitoring stages, identify and ask questions about the possible and real barriers to inclusion, how they were overcome during the project implementation and what lessons can be learned for future reference.

Building a twin track approach

- ▶ Explore how the project did or did not implement initiatives on both tracks of the twin track approach. How was a disability perspective mainstreamed as a cross-cutting theme? What disability-specific initiatives were there to ensure full and equal participation and access of people with a disability to the project?
- ▶ Was data gathered and disaggregated to identify numbers of participants with a disability and disability groups included?

EVALUATION PHASE CHECKLIST

- Are project owners, authorities and other stakeholders aware of the importance of including a disability perspective?
- Does the scope of the evaluation and relevant ToR include a disability perspective?
- Are people with a disability being included as stakeholders or facilitators in the evaluation?
- Are venues and facilities being used for the evaluation accessible for people with a disability?
- Does the ME&L system include indicators and other measurements of disability inclusion?

Suggested questions for evaluations

- ▶ Has the awareness and understanding of disability increased amongst program staff? Has this occurred in the community? What can be learned about the initiatives undertaken? Were some more successful than others?
- ▶ Do people with a disability have a better understanding of their rights and entitlements?
- ▶ Did the project alter power relations or enhance the capacity of people with a disability?
- ▶ Were people with a disability able to access the full range of services offered? What difficulties did people with a disability have in accessing the services?
- ▶ What are recommendations for addressing the barriers in the future?
- ▶ Do people with a disability have the choice/opportunity to be involved as active participants in decision-making processes (e.g. speaking at meetings, direct communication with service provision regarding their needs)? What types of disabilities are represented?
- ▶ Have project personnel received knowledge and training on the specific requirements of people with a disability?
- ▶ Has the community's knowledge regarding disability rights and participation strategies increased? If so, how?
- ▶ Has the community formed a deeper respect and understanding for people with a disability and their families including decreased stigma and discrimination and increased appreciation of capacities and contribution?
- ▶ Have project proposal, organisational policies, procedures and project decisions been reviewed and updated to be disability inclusive?
- ▶ What partnerships have been made?
- ▶ Within your project, how do stakeholders settle interest conflicts? Are project objectives relating to the needs and rights of people with a disability openly discussed? How are project priorities set, and by whom?

This 12-year-old girl is able to sit supported by her mother, thanks to a CBR rehabilitation program. © CBM-A



part A

SECTION 4 MAKING IT HAPPEN IN AN ORGANISATION

Overview

While Section 3 provides many practical ideas on how to mainstream disability into development programs, Section 4 includes 'tips' and ideas on how to make it happen within international development agencies. Building disability-inclusive development practices into agencies is an ongoing process. It requires both individuals and their organisations to change the way they think and act.

This page is left intentionally blank

part A

SECTION 4 MAKING IT HAPPEN IN AN ORGANISATION

Key messages

- ▶ Get started, raise awareness regarding disability, begin a conversation and share information.
- ▶ Building greater disability-inclusive development practice in an organisation will take time; it is a process of change.
- ▶ Multiple initiatives from different parts of agencies are required to build inclusion.
- ▶ Support from organisational leadership is required to mainstream disability-inclusive development practice.
- ▶ Critical reflection on practice within agencies supports change.
- ▶ Disability-inclusive development practice within country offices, partner organisations and field level staff is required to make changes in the lives of people with a disability in countries the organisation works in.
- ▶ Each organisation will follow a slightly different path leading to its own organisational change.

“One reason why the issue of disability is treated as something too specialised for the ordinary NGO is the misconception that the number of disabled people within the target population is insignificant. This myth arises because many disabled people are invisible”.⁴⁷

Organisational awareness-raising

Awareness-raising is often a necessary first step. For international development practitioners, awareness-raising and building understanding may need to occur with different people including:

- ▶ colleagues
- ▶ internal leadership
- ▶ managers and staff within regional, country and project partner offices and organisations
- ▶ field level implementing staff
- ▶ other organisational stakeholders such as donors and sponsors.

Here are some ideas to get you started in your organisation:

- ▶ Start a conversation; ask the question, ‘Are people with a disability being included in our organisation’s programs?’
- ▶ Share information regarding people living with a disability in developing countries.
- ▶ Share information regarding disability-inclusive development practices, case studies and activities that other like-minded agencies are doing in this area.
- ▶ Suggest a small meeting and ask someone to speak about disability in developing countries and what can be done. Try to get a person with a disability with relevant experience to do this.
- ▶ Attend and encourage colleagues to register for training regarding disability-inclusive development.
- ▶ Connect with local and international networks focused on disability-inclusive development.

Here are some ideas for your next field trip

- ▶ Ask about people with a disability in this program. Do staff know of any people with a disability accessing the program and benefitting from it?
- ▶ When you visit a program, ask to be able to meet a person with a disability.
- ▶ Ask to meet up with the local DPO. Can they join you on a field visit?
- ▶ Run an information session with staff, share what you know regarding disability, and find out some information about disability in that country.
- ▶ What do national level staff know about disability or DPOs?
- ▶ Arrange for a DPO to speak with staff.
- ▶ Ask an experienced local DPO to run a workshop or assist you in training delivery.
- ▶ Share information regarding disability, particularly case studies of disability-inclusive practices.

“Disability affects not only the individual, but also his or her family, who may also become a target for discrimination and face increased poverty and hardship.”⁴⁸



© Oxfam

CASE STUDY: CARITAS AUSTRALIA'S JOURNEY FOR INTEGRATING DISABILITY

CARITAS AUSTRALIA (CA) STARTED MOVING ON THE ISSUE OF DISABILITY IN 2005 after a staff member participated in a seminar run by CBM Australia and revival of the ACFID disability working group. The drive also came about due to a strong partner and successful disability program in Bangladesh. A number of dedicated staff set up an informal working group across the agency and during this time CA became involved in launching the Australian Disability and Development Consortium (ADDC) and speaking to other agencies about the organisations experience and learnings. The working group developed ways to include disability in program tools and appraisal forms for both development and humanitarian response.

Although some staff pushed for it to be a cross-cutting issue for the agency (similar to gender) there have been some challenges along the way, such as organisationally answering what constitutes a cross-cutting issue and working with other competing priorities, including peace building and climate change. However, in line with the CA new strategic plan that focuses on reaching the poorest of the poor (not just the accessible poor), people with a disability have been included. Recently CA ran workshops for partners on how to reach and include the poorest in existing programs and in all instances reaching people with a disability has been a focus. Additionally new disability specific programs in Vietnam and Cambodia have been developed, including a twin track approach.

Progressing disability-inclusive development practice in an organisation

“Many of these needs are anyway shared by other people and are not disability-specific, so they would be best addressed within the framework of the whole community. Just as relief and development agencies have been better able to address the needs of women by giving them particular attention, while ensuring that they have access to wider community services and structures (a process known as ‘gender mainstreaming’), the same is desirable for disabled and/or ageing people.”⁴⁹

Embedding disability-inclusive practice results in valuable outcomes both in development practice and in life opportunities for people with a disability. It is useful to consider the below points when seeking to mainstream disability-inclusive practice across an organisation.

- ▶ ‘Disability champions’, individuals who have advocated for disability-inclusive practices in their agency, have been essential to disability-inclusive changes in many development organisations. Be a champion!
- ▶ Awareness-raising efforts need to be ongoing. Answering the question of ‘why’ an organisation should be disability inclusive occurs many times. Be prepared to answer this question when the many competing priorities of the agency are highlighted.
- ▶ Look for like-minded colleagues; establish a ‘disability’ working group, be it formal or informal.
- ▶ Seek support from other agencies. What have other agencies done? What are the lessons they have learnt?
- ▶ Raise awareness regarding disability within the leadership of the agency. Support from leadership and boards will be essential for progress.
- ▶ Agency staff can quickly move from ‘why’ should we do this to ‘how’ do we do it. Be ready to assist in the ‘how’, either directly or by linking with appropriate resources.
- ▶ Organise training for the agency in the area of disability and development. Check to see if a person with a disability is part of the training being delivered. Conduct training aimed at all staff as well as training focused on programming staff.
- ▶ Encourage colleagues to attend external training regarding disability and development.

- ▶ Reflect on the experiences of mainstreaming gender or HIV/AIDS in the agency. What has and hasn't worked?
- ▶ With leadership support, develop an organisational inclusion/disability policy. Source sample disability policy documents, review the gender policy for ideas and see guidance throughout this resource.
- ▶ Encourage staff members to join a 'disability in development' network group.
- ▶ Undertake a mapping exercise of all the disability and development activities already occurring within the agency. Include other international offices and programs.
- ▶ Utilise program effectiveness teams and processes to build in greater disability-inclusive development practices.
- ▶ Consider programmatic templates and processes. How can disability be integrated into these?
- ▶ Develop a process where programmatic proposals are reviewed for disability inclusion.
- ▶ Create 'space' for reflection by staff of disability-inclusive development efforts. Include success stories, challenges and lessons learned.
- ▶ Champion a successful program or partner where disability-inclusive development practice is occurring. Invite the partner to share their learning within the organisation or with other partners.
- ▶ Allocate a disability point person. Ensure this point person has days dedicated within their position description to support disability within their organisation.
- ▶ Use a working group to develop a strategic plan for progressing disability within the organisation.
- ▶ Undertake a needs analysis within the organisation regarding disability-inclusive development practice.
- ▶ Analyse the knowledge, attitudes and practices of staff in the area of disability.
- ▶ Develop resources such as 'guidance notes' and 'practice guides' related to disability, in particular sectoral approaches.
- ▶ Promote disability in future organisational strategic documents.
- ▶ Build disability into annual reflection processes and learning/home weeks.
- ▶ Encourage community engagement activities to include disability.
- ▶ Include information or a story about disability in an organisational publication.
- ▶ Look for funding opportunities that support disability-inclusive development programs.

- ▶ Develop disability-inclusive data collection tools.
- ▶ Pilot disability-inclusive development efforts in sector or country programs.
- ▶ Actively try to recruit people with a disability into the organisation.
- ▶ Undertake operational research into disability-inclusive development efforts.
- ▶ Ensure ToR for reviews or evaluations include disability.

“Doing nothing is not acceptable. We may lack the answers ourselves, but all we have to do is to ask the people concerned.”⁵⁰

Disability mainstreaming

Mainstreaming disability is an essential strategy for addressing the inequality experienced by people with a disability. Within an organisation, mainstreaming is said to occur at three basic levels: at a programming level, an organisational level and ultimately at the level of organisational goals.⁵¹ Experience from the mainstreaming of disability has found that it is more effective when mainstreamed at all these levels;⁵² but the reality on the ground, and again with the experience of gender, is that they often do not occur simultaneously.⁵³

The following tips come from the VSO manual on mainstreaming disability:

- ▶ Start with easy small wins – practical small steps that can be carried out quickly to build confidence and demonstrate that progress is possible.
- ▶ Don't try to do everything at once, but do have a clear long-term structure and purpose for mainstreaming.

What an organisation disability policy document would cover:⁵⁴

- ▶ Consulting with and employing people with a disability.
- ▶ Ensuring physical environment is accessible.
- ▶ Provision of disability training and awareness for new staff.
- ▶ Appointing a person with authority who has responsibility for disability inclusion.
- ▶ Specific training for staff involved in assessing funding applications and developing funding proposal assessment criteria.
- ▶ Disaggregating research and monitoring data according to disability, including disability type and impact. Also collecting data on gender and age of people with a disability.

Further ideas specifically targeted at in-country offices and partners

- ▶ Partner with DPOs and highlight the skills and capacity of people with a disability as they relate to the program.
- ▶ Identify existing local knowledge and networks regarding disability.
- ▶ Highlight key information, for example, prevalence, common experiences of stigma and discrimination and the hidden nature of disability.
- ▶ Ask more questions: What are common experiences for people with a disability in that country? What services exist?
- ▶ Check local laws and policies regarding disability. Has the country ratified the CRPD?
- ▶ Is disability inclusion a priority for relevant donors?
- ▶ Suggest a local DPO to talk with staff.
- ▶ Conduct or organise a workshop on disability-inclusive development practice. Ask local DPOs or key disability service organisations to assist.
- ▶ Share information regarding communicating with people with different impairment types. Remember sometimes there is a lack of confidence in how to communicate and work with people with a disability.
- ▶ Find out what disability specific services are in the area and speak with them.
- ▶ Champion other disability-inclusive programs within the organisation.
- ▶ Share success stories and learnings.
- ▶ Refer to the list of frequent responses to disability inclusion at the end of this section – be prepared for discussion.
- ▶ Review the following checklist for disability inclusion:
<http://www.miusa.org/idd/resourcecenter/hrtoolbox/checklistinclusion>

Disability inclusive development practice reflections

The practice of disability-inclusive development often requires new learning and reflection. Time and resources are important to improve confidence with knowledge and capacity in disability-inclusive development practice. Embedding disability-inclusion across an organisation involves a change in ‘hearts and minds’. Typically, approaches that involve both staff and leadership support work best. It is, however, often a single champion who starts a conversation around disability that gets the ball rolling. Importantly, the process of supporting disability-inclusive development practice can be different in each organisation so a tailored approach may be required.

CARITAS CASE STUDY (CONT'D): HOW STAFF IN HEAD OFFICE HAVE ATTEMPTED TO INCORPORATE DISABILITY INTO PROGRAMS ON THE GROUND

In terms of moving beyond awareness-raising and actually getting partners to reach and include people with a disability in their programs, we have gone about it in different ways. For example, one staff member ran a seminar on disability and development with a partner in-country and discussed ways they could include and support people with a disability. They also followed this up on the ground during a monitoring visit. The local authority and village leader was asked whether there were people with a disability in the village, the answer to which was “yes”. They then asked whether they were included in the program, to which the reply was “no”. The reason given was that it’s too difficult: ‘If we want the program to move ahead smoothly it’s too difficult.’ Therefore, staff have found asking basic questions like this during field visits helps to get informal discussions happening, which complements the more formal way of going through and training up partners.

With our agency focusing more on reaching the poorest we have started to run practical workshops for partners on how to tackle this issue. Within this framework partners are thinking more about who are the most vulnerable in their communities and how they can participate in our programs including people with a disability. This is an example of practical ways we have been attempting to incorporate the issue in-country. We have also taken up opportunities for partners to network or attend regional trainings – for example, a regional workshop on CBR being run in Indonesia where we will support partners both from Indonesia and Vietnam to attend. We have also encouraged DPOs networking with mainstream organisations in-country – for example, in Bangladesh after the floods our Disability Program partner worked with our disaster response partner Caritas Bangladesh to reach those who were left behind in the response.

- ▶ Disability inclusive development practice requires practical know how, staff need to feel that they know what to do.
- ▶ Disability inclusive development practice within an agency can be initiated from the bottom up or from the top down, but for it to be successful both need to be on board.
- ▶ The process of supporting inclusive development practice occurs differently in each organisation and therefore a tailored approach is required.

Organisation checklist for disability inclusion

- Are there internal champions, leadership supporters and/or regional partners interested in disability?
- Can disability be linked to organisation vision/mission statements such as reaching the most marginalised?
- Are there internal strategies and policies where disability can be incorporated?
- Is there capacity to form a disability or inclusive development working group?
- Have relevant international conventions such as the CRPD been identified along with other compliance instruments?
- Identify a program/region where disability is most likely to be included in order to commence disability-inclusive practices and use this as an example for your organisation.
- Have you harnessed leadership/department support where disability can be included in policies, programs, submissions, partnership agreements?
- Are internal positions advertised through disability employment services and are people with a disability encouraged to apply?
- Have roles been identified where disability inclusion can be written into the position description with a time allocation?
- Have resources been allocated to foster disability inclusion across the organisation?
- Have statistics and other relevant facts been highlighted in relation to disability in specific sector or program areas when designing, monitoring and evaluating programs?
- Have you highlighted successes and shared them with the sector?
- Have you undertaken research or supported research partnerships to gather information on the prevalence, impact or lived experience of disability?
- Have you joined groups such as the Australian Disability and Development Consortium for inclusion ideas and network meetings with other development organisations?

Additional resources and links

Australian Development Gateway:

<http://www.developmentgateway.com.au/cms/sectors/did>

Make Development Inclusive:

<http://www.make-development-inclusive.org/index.php?wid=1024>

Ask source resource library:

http://www.asksource.info/res_library/disability.htm

ADDC, Australian Disability and Development Consortium:

<http://www.addc.org.au/>

Disabled People International:

<http://www.dpi.org/>

Mobility International USA – MIUSA:

<http://www.miusa.org/>

‘Travelling Together: how to include disabled people on the main road of development’:

<http://www.worldvision.org.uk/server.php?show=nav.3558>

Handicap International publications:

<http://www.handicap-international.org.uk/resources/library/publications>

International Disability and Development Consortium:

<http://www.iddcconsortium.net/joomla/>

ANU Development Studies Network:

<http://devnet.anu.edu.au/>

AusAID – Disability in Australia’s development program:

<http://www.ausaid.gov.au/keyaid/disability.cfm>

References

1. 'Savina Nongebatu'. (2010). End the Cycle. Unpublished Internal document.
2. WHO & World Bank. (2011). *World Report on Disability*, p. 29. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html.
3. Naughton, C. (ed.). (2008). *Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC*. Brussels: CBM International.
4. WHO & World Bank. (2011). *World Report on Disability*, p. 28. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
5. WHO & World Bank. (2011). *World Report on Disability*, p. 28. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
6. WHO & World Bank. (2011). *World Report on Disability*, p. 27. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
7. WHO & World Bank. (2011). *World Report on Disability*, p. 262. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
8. WHO & World Bank. (2011). *World Report on Disability*, p. 225. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
9. WHO. (2006). *Assistive Devices/Technologies*. Retrieved from <http://www.who.int/disabilities/technology/en/>
10. WHO & World Bank. (2011). *World Report on Disability*, p. 10. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
11. United Nations Population Fund. (2009). *Motherhood and Human Rights* [Fact sheet]. Retrieved from <http://www.unfpa.org/public/factsheets/pid/3851>
12. UNAIDS, United Nations Office of the High Commissioner for Human Rights [OCHCHR], WHO. (2009). *Disability and HIV Policy Brief*. Retrieved from http://www.who.int/disabilities/jc1632_policy_brief_disability_en.pdf
13. United Nations International Children's Emergency Fund [UNICEF]. (2012). *Water, Sanitation and Hygiene*. Retrieved from <http://www.unicef.org/wash/>
14. WHO & World Bank. (2011). *World Report on Disability*, p. 205. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
15. Department for International Development [DFID]. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
16. United Nations Convention on the Rights of People with Disabilities [CRPD]. Retrieved from <http://www.un.org/disabilities/default.asp?id=150>
17. CRPD. Retrieved from <http://www.un.org/disabilities/default.asp?id=150>

18. Adapted from CBM-Nossal Partnership for Inclusive Development. (2010). *The Millennium Development Goals and Disability* [Fact sheet].
19. WHO & World Bank. (2011). *World Report on Disability*, p. 28. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
20. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 6. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
21. WHO & World Bank. (2011). *World Report on Disability*, p. 225. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
22. CRPD. Retrieved from <http://www.un.org/disabilities/default.asp?id=150>
23. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 13. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
24. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 11. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
25. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 11. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
26. WHO & World Bank. (2011). *World Report on Disability*, p. 37. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
27. Erb, S. & Harris-White, B. (1999). *Adult Disability, Poverty and Downward Mobility: The Macro and Micro Picture from India*. Paper presented to the Development Studies Association Annual Conference, Bath. Cited in Department for International Development. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
28. United Nations Department for Policy Coordination and Sustainable Development. (1982). *World Programme of Action Concerning Disabled*. New York. Cited in Edmonds, L. (2005). *Disabled People and Development*. Retrieved from <http://hpod.pmhclients.com/pdf/Disabled-people-and-development.pdf>
29. Frick, K.D., & Foster, A. (2003). 'The magnitude and cost of global blindness: An increasing problem that can be alleviated.' *American Journal of Ophthalmology*, 135(4), pp. 471–476.
30. Asia Development Bank. (2005). *Disability Brief: Identifying and addressing the needs of disabled people*. Retrieved from <http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.pdf>

31. Metts, R. (2000). *Disability Issues, Trends and Recommendations for the World Bank*. Retrieved from <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityIssuesMetts.pdf>
32. Kauppinen, L., cited in European Disability Forum. (2002). *EDF Policy Paper: Development Cooperation and Disability*. Retrieved from http://www.iddc.org.uk/joomla/images/IDDC/documents08/edf_dc_and_disability_02.pdf
33. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>
34. Department for International Development. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
35. Naughton, C. (ed.). (2008). *Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC*. Brussels: CBM International.
36. WHO. (2010). *CBR Guidelines*. Retrieved from <http://www.who.int/disabilities/cbr/en/>
37. Albert, B., Dube, A.K. & Riis-Hansen, T.C. (2005). *Has Disability Been Mainstreamed into Development Cooperation?* Disability Knowledge and Research Program. Retrieved from http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/thematic_main_ex.pdf
38. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html.
39. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html.
40. Naughton, C. (ed.). (2008). *Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC*. Brussels: CBM International.
41. CBM International. (2008). *Project Cycle Management Handbook*. Brussels: Author, p. 26.
42. Voluntary Services Overseas. (2007). *A Handbook on Mainstreaming Disability*. Retrieved from http://www.asksources.info/pdf/33903_vsomainstreamingdisability_2006.pdf
43. CBM International. (2008). *Project Cycle Management Handbook*. Brussels: Author, p. 52.
44. CBM International. (n.d.). *Make Development Inclusive*. Retrieved from <http://www.inclusive-development.org/cbmtools/part3/index.htm>

45. European Disability Action for Mainstreaming Assessment Tool. (2006). *EDMAT: A practical tool for effective disability mainstreaming in policy and practice*. Retrieved from www.lcint.org/download.php?id=382
46. CBM International. (2008). *Project Cycle Management Handbook*. Brussels: Author, p. 160.
47. Harris, A. & Enfield, S. (2000). *Disability, Equality and Human Rights: A training manual for development and humanitarian organisations*. Oxfam in association with Action on Disability and Development, p. 30. Retrieved from <http://policy-practice.oxfam.org.uk/publications/disability-equality-and-human-rights-a-training-manual-for-development-and-huma-115363>
48. Harris, A. & Enfield, S. (2000). *Disability, Equality and Human Rights: A training manual for development and humanitarian organisations*. Oxfam in association with Action on Disability and Development, p. 30. Retrieved from <http://policy-practice.oxfam.org.uk/publications/disability-equality-and-human-rights-a-training-manual-for-development-and-huma-115363>
49. Harris, A. & Enfield, S. (2000). *Disability, Equality and Human Rights: A training manual for development and humanitarian organisations*. Oxfam in association with Action on Disability and Development, p. 32. Retrieved from <http://policy-practice.oxfam.org.uk/publications/disability-equality-and-human-rights-a-training-manual-for-development-and-huma-115363>
50. Harris, A. & Enfield, S. (2000). *Disability, Equality and Human Rights: A training manual for development and humanitarian organisations*. Oxfam in Association with Action on Disability and Development, p. 31. Retrieved from <http://policy-practice.oxfam.org.uk/publications/disability-equality-and-human-rights-a-training-manual-for-development-and-huma-115363>
51. European Disability Forum. (2002). *EDF Policy Paper: Development Cooperation and Disability*. Retrieved from http://www.iddc.org.uk/joomla/images/IDDC/documents08/edf_dc_and_disability_02.pdf
52. Albert, B. & Miller, C. (2005). *Mainstreaming Disability in Development: Lessons from gender mainstreaming*. Retrieved from http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/RedPov_gender.pdf
53. Albert, B. & Miller, C. (2005). *Mainstreaming Disability in Development: Lessons from gender mainstreaming*. Retrieved from http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/RedPov_gender.pdf
54. European Disability Forum. (2002). *EDF Policy Paper: Development Cooperation and Disability*. Retrieved from http://www.iddc.org.uk/joomla/images/IDDC/documents08/edf_dc_and_disability_02.pdf



part B

DISABILITY INCLUSION: ADVOCACY

**“I do not want people to say my spirit is disabled,
or my capacity is disabled,
I want to show the world I am strong.”¹**

Key facts

- ▶ As of January 2012, over 50% of UN member countries have signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD).²
- ▶ Most barriers experienced by people with a disability can be avoided through targeted advocacy activities.³
- ▶ Many countries have policies on disability inclusion yet rights of people with a disability are not realised in many developing countries.⁴
- ▶ Disability prevalence data tends to underestimate the actual incidence of disability therefore it is recommended to assume at least 1 in 5 people who live in poverty in a developing country have a disability.⁵

Reasons for inclusive advocacy programs

- ▶ People with a disability are frequently left out of broader advocacy programs yet have the same entitlement as everyone to all human rights and have an interest in accessing all development opportunities alongside the rest of their community.
- ▶ People with a disability are often very experienced in advocacy and will add strong input into broader mainstream development advocacy approaches.
- ▶ There is strong momentum for disability inclusion through the ratification of the CRPD that should be harnessed within broader advocacy programs.
- ▶ Advocating for access to human rights can be enhanced through a demonstration of partnerships and inclusion of people with a disability.

“People with disability should be widely educated and advocate to other people to understand that people with disability have the capacity and ability to do things... Then the public will understand and can release their discrimination, and treat them with equal opportunity.”⁶

How to include people with a disability in advocacy programs

Advocacy can involve a wide range of activities promoting any given cause. It uses evidence highlighting why a cause needs to be addressed and can be followed up with resources to target how to achieve a particular outcome. Identification of supporting international agreements, local laws, advocacy bodies, individual champions and successful examples of disability inclusion can all be used to improve advocacy efforts.

With an identified cause, multiple entry points can be strategically approached including government bodies, media, organisations and individuals in order to progress the cause being heard. Strong evidence, coupled with building key relationships, patience and persistence will ultimately lead to successful outcomes. Remember that advocacy is about relationship-building and is not simply focused on a single outcome. Advocacy is increasingly used across grassroots, program and government levels for development activities.

The disability movement through individuals and DPOs has a strong history of advocacy in order to achieve their fundamental human rights. It is important to enable disability-inclusive advocacy programs in order to empower and foster the rights of people with a disability.



© CBM-A

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community.
This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Collect information on types of impairments and barriers experienced.
- ▶ Provide information regarding prevalence and types of impairment.
- ▶ Listen to the voices of people with a disability to identify their priorities and factors relevant to them in broader advocacy initiatives.
- ▶ Identify DPOs and their peak or umbrella organisations.
- ▶ Educate mainstream advocacy players on the rights, capacity and contribution potential of people with a disability.
- ▶ Deliver awareness-raising activities on the prevalence and impact of disability within broader advocacy programs.

Participation

- ▶ Ensure people with a disability and DPOs are actively included in consultations.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.
- ▶ Create space for DPOs to share advocacy lessons with broader mainstream advocacy initiatives.
- ▶ Incorporate the requirements of people with a disability into broader advocacy programs.
- ▶ Ensure DPOs play an active role in broader advocacy activities as they can represent the rights and inclusion of people with a disability.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Ensure awareness of all local laws and policies and how they include or exclude people with a disability.
- ▶ When advocating for a specific cause, ensure that policies and laws are inclusive of the rights of people with a disability.
- ▶ Highlight the capacity and potential of people with a disability.
- ▶ Dispel myths and negative perceptions about people with a disability.

Twin track

Twin track enables access through disability specialist interventions alongside mainstream inclusion.

Mainstream

Identify all international agreements and local laws that advocacy efforts are using for leverage and indicate how disability is represented within such laws.

Encourage the advocacy program to recognise people with a disability as being representative of the broader community.

Ensure consultations and meetings are held in physically accessible buildings.

Encourage all advocacy meetings such as those with government officials to also include representatives with a disability.

Disability specific

Raise awareness with program partners on the rights and capacity of people with a disability.

Engage with a DPO for disability representation and to capitalise on existing advocacy skills from representatives with a disability.

Identify disability-related barriers as early as possible and advocate for these barriers to be addressed.

Identify priority activities within the community and how including a disability focus can then enhance advocacy efforts.

Measure the number of people with a disability, their gender and disability type in the advocacy program to ensure broad representation.

CASE STUDY:

OXFAM INTERNATIONAL YOUTH PARTNERSHIPS (OIYP) – PROMOTING DISABILITY INCLUSION

Oxfam Australia

What is OIYP?

OIYP is a global network of young people called Action Partners who work with their communities to create positive, equitable and sustainable change. OIYP is an initiative of Oxfam International, managed by Oxfam Australia. As part of the OIYP program, every three years Oxfam selects 300 Action Partners, aged 18–25, and works with them over the program period to support them by building their skills and knowledge, facilitating networking and supporting action and impact assessment.

Many of Oxfam's Action Partners are directly impacted by the issues they work on and are financially and socially disadvantaged. Action Partners are selected worldwide for their resilience, commitment to positive change and past work with their communities. After Action Partners have participated in the OIYP program, they continue to be part of the global OIYP Network. Since 2000, Oxfam has worked with 850 Action Partners from over 100 countries.

Disability inclusion design and planning

OIYP began to actively address disability issues in 2008 when staff realised people with a disability were among their Action Partners in the 2007–2010 program, and that the program had a responsibility to provide effective support for them. Although at the time Oxfam Australia was not addressing disability issues, OIYP recognised that they could still be disability inclusive.

The OIYP team explored how to mainstream disability by focusing on disability as an issue for learning and exchange amongst Action Partners, and by including people with a disability in the development and running of OIYP programs. To achieve this, OIYP engaged an intern who wrote a Disability Strategy that has informed program planning for the 2010–2013 OIYP program plan and engaged another staff member to provide resource support for disability inclusion. To mainstream disability the OIYP has two aims:

1. To enable OIYP to become more inclusive to young people (and relevant stakeholders) with disability within the OIYP network, by adopting an appropriate disability inclusive approach and by improving the accessibility of the Action Partner recruitment and selection process, key events, the program strategy, website and communication strategy.
2. To enable OIYP to focus on disability as a cross-cutting issue as part of their 2010–2013 program by raising the understanding, knowledge and awareness of people within the OIYP network on key disability-related issues.

CASE STUDY:

OXFAM INTERNATIONAL YOUTH PARTNERSHIPS (OIYP) – PROMOTING DISABILITY INCLUSION (CONT'D)

OIYP disability inclusion achievements

Changes introduced

To make the selection and recruitment process accessible to people with a disability OIYP:

- ▶ Prioritised recruiting people with a disability.
- ▶ Tapped into disability networks and worked with DPOs.
- ▶ Used audio applications and other communication technologies.
- ▶ Developed and implemented accessibility strategies in dialogue with people with a disability who were already Action Partners. At a key OIYP event called Kaleidoscope, held in Delhi in 2010, OIYP worked with DPOs in India to ensure accessibility. They re-fitted hotel rooms to ensure wheelchair access, installed ramps at venues, provided carer support and factored additional costs into the budget.
- ▶ Addressed disability issues in the Kaleidoscope program itself and engaged a disability and development specialist to facilitate a session.
- ▶ Invited Action Partners to reflect on cultural attitudes to disability in their home countries. The OIYP now has a language around which to discuss and address disability.

Benefits and learnings

In addition to ensuring the inclusion and participation of more Action Partners with disability and raising awareness of disability issues among Action Partners, this process also had several other key benefits including:

- ▶ It raised awareness of disability amongst Indian counterparts.
- ▶ OIYP learnt the importance of working with DPO networks, and the need for more information about support needs and appropriate site and venue selection for events.
- ▶ It created a high amount of engagement and passion among OIYP staff to make their program disability inclusive. As one OIYP staff member stated, 'How can you not do it? We can see it, so we must do it.'

Checklist for disability inclusion in advocacy programs

- Has the advocacy program considered how disability is represented in relevant policies and laws and whether this needs to be challenged?
- Have the voices of people with a disability been included within the advocacy program?
- Are all community consultations accessible to people with a disability?
- Is all written communication accessible to people with a disability?
- Are alternative communication options available based on individual requirements?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Have negative attitudes about people with a disability been addressed to ensure that disability is appropriately represented?
- Have successful advocates with a disability been used to share their advocacy efforts?
- Have advocacy groups such as DPOs been consulted to identify their priorities?
- Have advocacy-related leadership positions been encouraged for people with a disability?
- Have advocacy priorities been identified through consultation with stakeholders?
- Are there advocacy champions with a disability that can be highlighted and used for broader advocacy efforts?
- Have disability inclusive successes been promoted in the community and through the media?
- Have the most up-to-date statistics on disability been sourced to support the advocacy program?

Useful resources for disability inclusion in advocacy programs

Australian Disability and Development Consortium (ADDC)

<http://www.addc.org.au/>

Advocates for Human Rights

http://www.theadvocatesforhumanrights.org/uploads/final_report_3.pdf

Disability Rights Fund

<http://www.disabilityrightsfund.org/>

UN Enable – The work of the United Nations for People with a disability

<http://www.un.org/disabilities/>

Accessible advocacy

<http://www.w3.org/WAI/training/accessible.php>

References

1. Chann, Sieng Sok. (2010). *Women, Disability & Poverty Double the Challenges* [End the Cycle Fact Sheet]. Retrieved from http://www.endthecycle.org.au/documents/resources/CBM-ETC-004_Women-Factsheet_v05_0303201151022266.pdf
2. United Nations Enable. (2012). *Ratifications and Signatories of the UNCRPD*. Retrieved from www.un.org/disabilities
3. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
4. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
5. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
6. Mao, Buon. (2010). *Stories: Buon Mao* [End the Cycle Fact Sheet]. Retrieved from <http://www.endthecycle.org.au/content/our-stories/Boun%20Mao>

part B

DISABILITY INCLUSION: CHILD RIGHTS

“If countries and agencies are to achieve the goals set out in international commitments, including Education for All, the Millennium Development Goals and ‘A World Fit for Children’, children with [a disability] must be fully and visibly included in their policies and programs.”¹

Key facts

- ▶ There are 93–150 million children under 15 years of age living with a disability worldwide.²
- ▶ 200 million children under 5 years of age do not reach their cognitive and social-emotional development potential.³
- ▶ At least one third of the world’s 72 million children who are not in school have a disability.⁴
- ▶ Over 1 billion children live in conflict-affected areas and are more vulnerable to disability due to disease and malnutrition.⁵
- ▶ For every child who dies in conflict, 3 are injured or acquire a permanent disability.⁶
- ▶ Between 1990 and 2001, 2 million children around the world were killed and 6 million were left with a disability from armed conflict.⁷
- ▶ Children with a disability are often the first to be abandoned and the last to receive relief in emergency situations.⁸
- ▶ Children with a disability are at a higher risk of sexual and physical abuse.⁹

Reasons for disability inclusion in child protection in development programs

- ▶ It is crucial to understand that children with a disability are one of the most marginalised and excluded groups, experiencing widespread violations of their rights.
- ▶ Children with a disability encounter a higher vulnerability to physical and sexual abuse and neglect in all development settings. Their rights need to be understood and addressed both in practice and at policy level.
- ▶ The impact of discrimination against children with a disability can deny them access to education and health care, opportunities for play and culture, family life, protection from violence, an adequate standard of living and the right to be heard.¹⁰
- ▶ Higher risks and vulnerabilities for children during humanitarian crises including natural disasters and conflict need to be taken into consideration.
- ▶ Disability inclusive responses need to consider the increased susceptibility to disease and malnutrition experienced by some children with a disability.
- ▶ Factors that make children living in poverty particularly vulnerable to acquiring disabilities such as inadequate child health services and poor nutrition and sanitation need to be addressed.
- ▶ When children, especially girls, have a parent or sibling with a disability, they can be removed from school in order to carry out care giving responsibilities. The broader impact of having a family member with a disability therefore also needs to be considered.
- ▶ Children are susceptible to acquiring impairments in regions of conflict through poor health and hygiene, increased risk of abuse during conflict, risk of being recruited as child soldiers, inability to recognise landmines and unexploded cluster munitions. These factors along with the psychological trauma of being exposed to conflict in childhood need to be factored into humanitarian responses.

How to ensure protection of children with a disability in development programs

Creating child-friendly development activities for young people with a disability is particularly important as awareness of rights to inclusion will shape access to activities throughout their lives. Protection of children with a disability, particularly in terms of schooling, community activities, infrastructure and facilities, is crucial. Children with a disability are still recorded as the most marginalised in almost all development sectors.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

“I lost my leg by landmine when I was 5 years old. At that time I went to the rice field with my mother to get firewood. Unfortunately I stepped on a mine. After the accident I was very sad when I saw the other children playing or swimming in the river because I have no leg. I used to stand with my crutch made of wood and I wish I could play freely like the other children too. And when I walked to school some children they called me *kombot*, meaning disabled person, and [the discrimination] make me feel shy and cry and disappointed. So I want all people to have equal rights and not discriminate against each other.”¹¹

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Collect information on types of disabilities and barriers experienced by children.
- ▶ Identify relevant international conventions especially if signed and ratified, such as the Convention on the Rights of the Child (CRC) and the CRPD.
- ▶ Dispel myths such as curses that can be inaccurately perceived as causes of disability.
- ▶ Highlight child rights to children, parents, project partners and the broader community.
- ▶ Use media and promotion campaigns to present information about accessible and inclusive facilities, and emphasise case studies that highlight children with a disability who have benefited from inclusive activities.
- ▶ Promote disability inclusion and awareness in schooling and other child-focused programs so as to sensitise all children to disability.

Participation

- ▶ Children with a disability and their families should be encouraged to participate in programs, consultations and committees – including mainstream programs as well as disability specific services. This aids in providing insight into the experiences of children with a disability and how programs can be designed to be more disability inclusive.
- ▶ Connect with child-focused development organisations for disability inclusion as they target the rights and participation of children in development activities.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for children with a disability, their parents and DPOs to actively be involved in consultations.
- ▶ Use Article 12 of the Convention on the Rights of the Child to promote the rights of children with a disability to express their views freely and have these given due weight accordingly.
- ▶ Ensure invitations to consultations and programs are inclusive and accessible to children with a disability along with children whose parents have a disability.
- ▶ Employ people with a disability and parents of children with a disability to work within programs in order to represent and demonstrate capacity of people with a disability.

- ▶ Consult with local Disabled Peoples Organisations (DPO's) and assist them to establish specific child-focused projects that include children and parents of children with a disability.
- ▶ Establish reference groups or partnerships with bodies whose members have experience in both working with children and with people with a disability.
- ▶ Connect with existing local child-focused activities such as child parliament to have the rights of children with a disability addressed.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Consider how planned activities will be experienced by children from a range of disability groups.
- ▶ Ensure built environments are accessible and safe for children both with and without a disability according to universal design principles.
- ▶ Focus on infrastructure such as accessible transport, water, sanitation and hygiene (WASH) facilities, school buildings and play areas for safe access for children with a disability.
- ▶ Ensure that community-based recreation and sport activities are accessible as children with a disability share in the right of access to play and recreation.¹²
- ▶ Ensure that written communication is accessible to children with a disability using pictures to communicate messages along with large print, Braille, plain language and audio formats.
- ▶ Use sign language interpreters where required for consultations that involve children who are deaf or hard of hearing.

Comprehensive accessibility (cont'd)

- ▶ Dispel myths such as curses that can be inaccurately perceived as causes of disability.
- ▶ Ensure awareness and promotion of laws and policies relevant to the rights of children with a disability.
- ▶ Increase community supports and service delivery for the care giving of people with a disability so that children aren't removed from school to care for parents with a disability.
- ▶ Promote inclusive education within local communities so that children with a disability do not need to move away from home for schooling.
- ▶ Ensure program implementers undertake child protection training as children with a disability are at a higher risk of abuse.
- ▶ Combat attitudes that exclude children with a disability from sport and play.
- ▶ Conduct training and awareness-raising among staff and volunteers who are planning and implementing projects, to ensure attitudes and knowledge foster disability inclusion and access.
- ▶ Build community support for families of children with a disability.
- ▶ Ensure the access requirements of parents with a disability are also addressed as this will in turn enhance the rights of their children.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream

Train people who work with children (such as teachers, nurses and childcare professionals) to include children with a disability in their programs.

Ensure that recreational activities planned for children (such as sports, camps and community events) can be enjoyed by children with a disability.

Promote accessible design for buildings, transport (including school buses), walking paths and equipment.

Ensure laws and policies reflect disability inclusion in children's programs.

Advocate for all relevant laws and policies to protect children with a disability from abuse.

Identify and train key figures within the community to act as child protection officers, to whom incidents of child abuse can be reported and followed up. These officers should receive training about the higher risk of abuse experienced by children with a disability, and how to identify and handle incidents of abuse involving children with a disability.

Disability specific

Facilitate access to specialist staff and resources such as Braille training, sign interpreters, carers and accessible transport where required.

Facilitate support groups for children with a disability and their parents where there is an interest or need for this.

Work with DPOs to lobby for access to services and improved child protection policies for children with a disability.

Facilitate access to specialist sporting and recreational activities for children with a disability where mainstream sports events are not accessible.

Facilitate opportunities for children with a disability to develop independent disability management strategies such as advocacy, mobility skills and communication techniques.

Identify disability-related barriers to children's programs as early as possible and facilitate linkages to early intervention services.

Twin track (cont'd)

Mainstream

Raise aspirations of children with a disability to ensure diverse community activities, education and employment pathways are encouraged within mainstream settings.

Facilitate access to mentors with a disability to raise community awareness of the capacity of people with a disability.

Disability specific

Run campaigns in the community to raise awareness that abuse of children with a disability is not acceptable and should be reported to authorities.



Community Based Rehabilitation provides support for people with a disability and their families. © CBM-A

CASE STUDY:

PROTECTION THROUGH ENSURING THE EDUCATION OF ALL CHILDREN IN EMERGENCIES

Save the Children

What is Education in Emergencies (EiE)?

Education is essential for all children, but it is especially important for the tens of millions of children affected by emergencies – man-made or natural disasters. Historically, education was seen as part of longer-term development work rather than a necessary intervention in emergency response. Humanitarian relief typically involved the provision of food, shelter, water and sanitation and health care. However, during disasters, the provision of education also suffers through the destruction of schools, books and other essential educational materials. Teachers are unable to work and in many cases education cannot continue. By establishing educational facilities during a crisis, EiE provides a sense of normalcy to children and communities, facilitates child protection and child rights in a safe environment, and provides psychosocial support to children, parents and communities.

A growing body of evidence on education's life-saving and life-sustaining role has resulted in a change in approach, with education now included in the planning and provision of humanitarian relief. Quality education can save lives by providing physical protection from the dangers and exploitation that may arise from a natural or man-made disaster. For example, when a child is in a safe learning environment, s/he is less likely to be sexually or economically exploited or exposed to other risks, such as recruitment into or joining a fighting group or organized crime.

Education of all children during a disaster can promote life-saving information to strengthen critical survival skills and coping mechanisms, such as sanitation and hygiene education; how to avoid landmines; how to protect against sexual abuse; how to prevent HIV/AIDS; and how to access health care and food distribution. EiE also provides cognitive protection by supporting intellectual development through the teaching of literacy, numeracy and study skills. It can also teach peace building and conflict resolution. Put simply, EiE can provide the essential building blocks for future economic stability.

Developing partnerships for inclusive EiE in Fiji

EiE is a primary concern in Fiji as emergency activities have previously not paid sufficient attention to the educational needs of children and communities in the aftermath of disaster. Until recently, education was not included as a core response to emergency situations. In addition, there is a tendency to use schools as evacuation centres, which in turn limits children's access to education after a disaster.

CASE STUDY: PROTECTION THROUGH ENSURING THE EDUCATION OF ALL CHILDREN IN EMERGENCIES (CONT'D)

Currently in Fiji, key stakeholders are working with Save the Children to develop a policy and plan to support the community's EiE needs, including assistance to dislocated and vulnerable children in a manner that is responsive to their needs within a safe and protective environment in the aftermath of a disaster. Essential cross-cutting issues are being incorporated into this work, including protection, nutrition, health, early childhood development and children with a disability.

A key aspect in developing the EiE policy and plan has been to ensure these activities are disability inclusive. To facilitate this, Save the Children is developing a partnership with the Fiji National Council for Disabled People.

Several schools that cater for children with a disability have also approached Save the Children through its community radio awareness program to request involvement in the EiE program. One of the outcomes will include Save the Children staff providing training to students and staff at the Fiji Society for the Blind and the Fiji School for the Deaf.

In addition, Save the Children, in partnership with the National Disaster Management Office and the Ministry of Education, will be conducting drills in schools catering for children with a disability prior to the upcoming cyclone season as part of school-level preparedness. This will mean that all schools who cater for children with a disability in Fiji will participate in this drill.

As the planning of EiE in Fiji progresses, some of the other disability-inclusive activities proposed are:

- ▶ incorporating disability-inclusive considerations within EiE policy and national plans
- ▶ procuring educational supplies to meet the needs of children with a disability after any given emergency
- ▶ conducting trainings and exercise drills for teachers and management of schools for children with a disability
- ▶ awareness-raising on EiE for schools that cater to children with a disability through campaigns, radio programs and Save the Children's annual oratory contest in Fiji.

Checklist to ensure protection of children with a disability in development programs

- Have children with a disability been identified within the community/development program?
- Has community awareness taken place to ensure the capacity of children with a disability is promoted in education and broader community programs?
- Has the increased vulnerability of children with a disability been addressed in higher risk situations such as conflict and disasters?
- Is there budget allocation to cover participation expenses and attendance time for consultations with children with a disability, their parents and DPOs?
- Have relevant stakeholders received training on child-focused disability inclusion strategies?
- Have international instruments and local laws been identified in order to promote the rights and protection of children with a disability?
- Have good practice examples been promoted for broader uptake of rights, protection and inclusion of children with a disability?
- Has program information been provided in accessible formats including large print, plain language and pictorial format?
- Are alternative communication options available based on individual requirements?
- Are the voices of children with a disability and their parents heard in consultation meetings and do they play an active role in program planning?
- Is there budget allocation within child-focused programs to enable participation of children with a disability (including allocation for accessible formats, sign interpreters and adaptive devices)?
- Have the rights of children of parents with a disability been considered?
- Are community leaders with a disability involved in awareness raising activities?
- Have people with a disability been involved as mentors to foster capacity building in children with a disability?
- Have children with a disability who demonstrate leadership potential been provided with active roles within their community such as in child parliament?

Useful child protection resources and websites

Child Protection. UNICEF: <http://www.unicef.org/protection/index.html>

No More Excuses: Ending violence against children. (2008). Plan: http://plan-international.org/files/global/publications/protection/NoMoreExcuses_eng.pdf

Protect for the Future: Placing children's protection and care at the heart of achieving the MDGs. (2010). EveryChild: London http://www.savethechildren.org.au/images/content/resources/Child_Protection/Protect_for_the_Future_FINAL_PDF.pdf



© CBM

References

1. United Nations International Child Emergency Fund [UNICEF]. (2007). 'Promoting the Rights of Children with Disabilities.' *Innocenti Digest No. 13*. Retrieved from <http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf>
2. WHO & World Bank. (2011). *World Report on Disability*, p. 28. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
3. Grantham-McGregor, S., Cheung, B., Cueto, S., Glewwe, P., Richter, L. & Strupp, B. (2007). 'International Child Development Steering Group: Developmental potential in the first 5 years for children in developing countries.' *Lancet* 369, pp. 60–70. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60032-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60032-4/abstract)
4. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 6. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
5. Office of the Special Representative of the Secretary General for Children and Armed Conflict in collaboration with UNICEF. (2009). *Machel Study 10-Year Strategic Review: Children and Conflict in a Changing World*. Retrieved from http://www.unicef.org/publications/index_49985.html
6. Tamashiro, T. (2010). *Impact of Conflict on Children's Health and Disability: Background paper prepared for the Education for All Global Monitoring Report 2011*. Retrieved from <http://unesdoc.unesco.org/images/0019/001907/190712e.pdf>
7. UNICEF. (2007). 'Promoting the Rights of Children with Disabilities.' *Innocenti Digest No. 13*, p. 6. Retrieved from <http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf>
8. UNICEF. (2007). 'Promoting the Rights of Children with Disabilities.' *Innocenti Digest No. 13*, p. 6. Retrieved from <http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf>
9. WHO & World Bank. (2011). *World Report on Disability*, p. 59. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
10. United Nations Secretary General. (2011). *Report on the Status of the Convention on the Rights of the Child*, UN Document A/66/230, p. 5. Retrieved from http://www.un.org/ga/search/view_doc.asp?symbol=A/66/230
11. WHO & World Bank. (2011). *World Report on Disability*, p. 20. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
12. *United Nations Convention on the Rights of the Child*, Article 31. Retrieved from <http://www.unicef.org/crc/>

This page is left intentionally blank

part B

DISABILITY INCLUSION: DISASTER MANAGEMENT

Key facts

- ▶ Disasters disproportionately place people with a disability in vulnerable situations.
- ▶ Disasters increase the rate of disability in a community.
- ▶ For every 1 person killed in a disaster, another 3 are injured or left with a permanent disability.¹
- ▶ People with a disability experience increased vulnerability during natural disasters due to separation from family and loss of mobility devices.
- ▶ There are an estimated 3.5 million refugees and internally displaced people living with a disability worldwide.²
- ▶ An estimated 40–70% of refugee populations in conflict settings experience depression and post-traumatic stress disorder.³
- ▶ WHO estimates armed conflict will be the eighth most common cause of disability worldwide by 2020.⁴

Reasons for disability inclusion in disaster management

- ▶ During disaster responses, people with a disability are often invisible and excluded from accessing emergency support and essential services such as food distribution, medical care, shelter and water, sanitation and hygiene (WASH) facilities.
- ▶ Information on disaster preparedness is often not in accessible formats so people with a disability are less aware and prepared for a disaster.
- ▶ Environmental, social and attitudinal barriers result in requirements of the 15% of the world's population with a disability not being met within disaster management responses. It is therefore crucial that disability inclusion in all phases of disaster management occurs so as to ensure the full and equal fulfilment of human rights of people with a disability.
- ▶ Disability inclusion in emergency management reduces morbidity and mortality.⁵
- ▶ The rate of disability increases during an emergency due to direct trauma, illness from poor living conditions, the breakdown of health services and lack of rehabilitation and an increase in psychological stress.
- ▶ The CRPD requires that disaster preparedness and response are inclusive of, and accessible to, people with a disability. In particular, Article 11 and 32 highlight the importance of disability inclusive disaster management through international cooperation.
- ▶ The SPHERE guidelines make explicit reference to people with a disability as a vulnerable group. Key actions for disability inclusion are outlined in these internationally recognised standards for humanitarian response.⁶

How to include people with a disability in disaster management?

Disability inclusion in all phases of disaster management including disaster risk reduction – preparedness, prevention and mitigation, along with disaster relief, rehabilitation and recovery is crucial. Disaster preparedness can incorporate disability measures through building knowledge and capacities of governments, organisations, communities and individuals to anticipate disability impact and inclusively respond to and recover from disasters and emergencies. Such preparedness can include disability contingency planning and training; stockpiling of mobility aides and other devices along with general supplies; planning for accessible evacuation and public information in alternative formats. Risk reduction, often done concurrently with preparedness, can incorporate reducing exposure to hazards that can cause disability along with decreasing the vulnerability of people with an existing disability.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Gather information from people with a disability and DPOs on anticipated barriers to inclusion in disaster management efforts.
- ▶ Identify and register people with a disability by cross-checking with pre-existing data bases, consulting with DPOs and disability organisations, and visiting homes and community facilities.
- ▶ Where possible, identify disability types and recognise those with newly acquired disabilities. Both groups may require referrals to specialist medical services.
- ▶ Understand the individual needs of people with a disability for effective inclusion in risk reduction and preparedness.
- ▶ Connect with people with a disability and DPOs for contingency planning, coordination and networking with government bodies and other relevant organisations.
- ▶ Determine need for, and facilitate access to, specific medication and assistive devices.
- ▶ Identify community leaders with a disability who will be able to support awareness-raising, mentoring and training activities.
- ▶ Use people with a disability in awareness raising to government, humanitarian organisations and community groups.

Participation

- ▶ Consult with people with a disability in the development of early warning systems to ensure accessibility.
- ▶ Involve people with a disability, families and DPO representatives in emergency management committees to assist in identifying and supporting people with a disability.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.

- ▶ Ensure reunification of people with a disability with their family members and carers as soon as possible.
- ▶ Demonstrate capacity of people with a disability through their active participation in the planning and response phases along with engagement in recovery and development phases.
- ▶ Encourage employment of people with a disability in roles relevant to all phases of disaster management.
- ▶ Facilitate access to suitable assistive devices such as wheelchairs and crutches in evacuation or settlement processes so as to promote independence and improve access to all emergency response services.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Consider a variety of communication methods, including visual signs, auditory alarms and peer support, to reach the widest and most diverse proportion of the population, including people with different types of impairments and levels of education and literacy.⁷
- ▶ Advocate for existing facilities used for shelter sites during a disaster such as schools or public buildings to be made accessible using universal design standards.
- ▶ Identify need for and replace various assistive devices such as mobility aids, glasses and hearing aids to reduce impact of environmental barriers.

Comprehensive accessibility (cont'd)

- ▶ In camps, locate persons with a disability close to water, sanitation, health posts, food and fuel distribution points, and to well lit, secure areas.
- ▶ Refer to universal design principles when building/reconstructing accommodation and other infrastructure including community centres, health clinics, schools, roads, public transport points and footpaths as this can be an opportunity to improve overall disability access.
- ▶ Consult with people with a disability regarding their specific needs and consider, if possible, relocating households with people with a disability closer to schools, markets or other frequently used venues.⁸
- ▶ Support re-establishment of disability services, such as physical rehabilitation, psychosocial support and financial assistance schemes.
- ▶ Ensure inclusion principles are reflected in local policies and laws as they relate to disaster management.
- ▶ Dispel myths and negative perceptions about people with a disability and highlight their capacity and potential to play an active role in disaster management processes.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream

- Facilitate reunification with family members as a priority.
- Encourage all emergency staff to receive disability-awareness training.
- Use UN Sphere standards and international conventions to advocate for disability inclusion in mainstream emergency responses.
- Ensure universal design principles are taken into consideration for emergency building design, latrine facilities and overall camp planning.
- Actively use people with a disability in all disaster management planning as they can have creative solutions to barriers through their lived experiences.

Disability specific

- Facilitate access to specialists and assistive devices such as wheelchairs where required.
- Allocate a team member to coordinate disability inclusion through communication with people with a disability, their families and organisations, as well as with the rest of the emergency and disaster response team.
- Position people with a disability closest to well-lit areas near food and WASH facilities.
- Orientate people with a disability to their environment as soon as possible.
- Identify and respond to disability-related barriers as early as possible.

CASE STUDY:

EMERGENCY AND CBR PROGRAMS WORKING TOGETHER FOR DISABILITY INCLUSION IN DROUGHT RESPONSES IN ETHIOPIA

Plan Ethiopia

Summary

The UN reports that the Horn of Africa is experiencing one of the worst droughts in last 60 years. There are over 4.5 million people in need of aid in Ethiopia, primarily due to the poor performance of the rains from October to December 2010, which has resulted in drought conditions in the south and south-eastern parts of the country. Plan International recognises the importance of disability inclusion in their emergency responses in order to reach the poorest and most vulnerable members of disaster-affected communities, and to optimise community recovery. As such, Plan and its implementing partner, Gayo Pastoralist Development Initiative, have taken steps to ensure that children and women with a disability, and their families, have access to emergency nutrition, livelihoods and WASH programs, a project funded through the AusAID Humanitarian Partnership Agreement.

How disability has been included

An innovative partnership has been established with a CBR program working in the location of the emergency project. A community facilitator from the CBR program, also a person with a disability, has been appointed as an advisor to the emergency project, providing training to emergency staff on disability awareness-raising and the identification of children with a disability at the village level for malnutrition screening and other project activities. This advisor also visits the families of children with a disability to educate them on disability and the importance of accessing mainstream services. Finally, the CBR program is also involved in the evaluation of the emergency response by following families of children with a disability throughout the response and collecting case studies on how inclusion has impacted on their lives.

In addition to these initiatives at field level, Plan recognises the importance of sharing lessons learnt and building capacity of both disability and emergency stakeholders for disability-inclusive emergency responses. With support from AusAID, they have included in their proposals training for disability organisations working on emergencies and a reflection workshop for emergency response agencies to facilitate disability inclusion into recovery and disaster risk reduction initiatives.

Lessons learned

- ▶ Disability inclusion can be achieved through innovative partnerships at the village level between emergency and disability stakeholders.
- ▶ Capacity development activities for both disability and emergency agencies should be included in funding proposals.
- ▶ Providing opportunities for reflection on disability inclusion in emergency response may facilitate inclusion into the recovery phase.



© CBM-A

Checklist for disability inclusion in disaster management

- Have the specific needs of people with a disability been identified in all phases of disaster management?
- Have families been reunited and located near accessible facilities including administration and lighting to improve security?
- Are camps, shelters and other facilities meeting universal design⁹ standards?
- Are food distribution points physically accessible including the implementation of alternative means of distributing food and supplies?
- Have 'Rapid Assessment' forms been amended to ensure pro-active registration with indicators in place to identify approximately 15% of the target group as people with a disability?
- Have questions in the 'Rapid Assessment' been included to identify disability type and barriers experienced by people with a disability?
- Have children with a disability been prioritised for routine protection monitoring and has their access to 'child friendly spaces' been confirmed.
- Have gender-based violence protection activities included women with a disability?
- Have elderly people with a disability had their specific requirements and protection needs addressed?
- Is information on aid distribution and relief activities produced in a variety of formats (e.g. pictures/posters, audio/radio, plain language)?
- Are emergency staff identifying people with a disability during outreach or when visiting communities?
- Is community consultation occurring at a time and place accessible to people with a disability?
- Has active participation of individuals with a disability or DPOs in decision-making groups been facilitated?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?

- Has the budget identified an allocation of funds for disability inclusion to cover costs of assistive devices and other inclusive response measures?
- Have the underlying attitudes and assumptions of program staff relating to people with a disability been identified and addressed?
- Have individuals been identified to represent people with a disability on disaster-response committees and in project planning?
- Are people with a disability involved in the reconstruction phase?
- How has the emergency, including community and environmental changes impacted on people with a disability? If so, what are the responses?



© CBM

Useful resources for disability inclusion in disaster management

Disability Checklist for Emergency Response. (2005). Handicap International:
http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf

How to Include Disability Issues in Disaster Management Following the Floods 2004 in Bangladesh. (2005). Handicap International:
http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_management.pdf

Disabilities among Refugees and Conflict-affected Populations. (2008). Women's Commission for Refugee Women and Children:
http://www.womensrefugeecommission.org/docs/disab_fulll_report.pdf

Disabilities among Refugees and Conflict-affected Populations: Resource kit for fieldworkers. (2008). Women's Commission for Refugee Women and Children:
http://www.womensrefugeecommission.org/docs/disab_res_kit.pdf

Disasters, Disability and Rehabilitation. (2005). World Health Organisation:
http://www.who.int/violence_injury_prevention/other_injury/disaster_disability2.pdf

Emergency and Humanitarian Assistance and the UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. International Disability and Development Consortium:
http://www.iddc.org.uk/joomla/images/IDDC/emergency/emergency_and_disability_paper

'Mental Health and Conflict.' (2003). *World Bank Social Development Notes, Social Development and Reconstruction*, No. 13: http://handicap-international.fr/bibliographie-handicap/5CooperationInternationale/contextes_urgence/WBMentalHealth.pdf

'Disability and disasters: towards an inclusive approach.' (2007). *World Disasters Report: Focus on discrimination.* International Federation of Red Cross and Red Crescent Societies:
<http://www.ifrc.org/Global/Publications/disasters/WDR/WDR2007-English.pdf>

'Focus: Vulnerability in humanitarian crisis.' (2007). *Voice Out Loud Newsletter*, Issue 5:
http://www.ngovoice.org/documents/VOICE%20out%20loud%205_final.pdf



Access to prosthetic and rehabilitative devices makes recovery in Haiti smoother for this child. © CBM

Maria, K. & Van Ommeren, M. (2009). 'Disability, conflict and emergencies.' *The Lancet*, 374 (9704), pp. 1801–1803.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)62024-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)62024-9/fulltext)

'Disability and Displacement.' *Forced Migration Review*, Issue 35, July 2010:
http://repository.forcedmigration.org/show_metadata.jsp?pid=fmo:5838

References

1. CBM International. (n.d.). *Inclusive Emergency Response*. Retrieved from http://www.cbm.org/index/Default_245472.php
2. Women's Commission for Refugee Women and Children. (2008). *Disabilities among Refugees and Conflict-Affected Populations: Resource kit for fieldworkers*. Retrieved from http://www.womensrefugeecommission.org/docs/disab_res_kit.pdf
3. World Bank. (2003). 'Mental health and conflict.' *World Bank Social Development Notes, Social Development and Reconstruction*, No. 13. Retrieved from http://www.handicap-international.fr/bibliographie-handicap/5CooperationInternationale/contextes_urgence/WBMentalHealth.pdf
4. Kett, M. (2010). *Humanitarian Disaster Relief: Disability and the New Sphere Guidelines*. UCL Global Disability Research Group. Retrieved from http://www.ucl.ac.uk/global-disability-research/downloads/Maria_Kett_Sphere_Futures_Presentation.pdf
5. WHO. (2005). *Disasters, Disability and Rehabilitation*. Retrieved from http://www.who.int/violence_injury_prevention/other_injury/en/disaster_disability.pdf
6. *Sphere Standards*, 2011. Retrieved from <http://www.sphereproject.org/>
7. Handicap International Bangladesh. (2005). *How to Include Disability Issues in Disaster Management Following Floods 2004 in Bangladesh*. Retrieved from http://www.handicap-international.fr/bibliographie-handicap/5CooperationInternationale/contextes_urgence/HIDisaster.pdf
8. Handicap International Bangladesh. (2005). *How to Include Disability Issues in Disaster Management Following Floods 2004 in Bangladesh*. Retrieved from http://www.handicap-international.fr/bibliographie-handicap/5CooperationInternationale/contextes_urgence/HIDisaster.pdf
9. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>

part B

DISABILITY INCLUSION: EDUCATION

“I want to go to school because I want to learn, and I want to be educated and I want to define my life, to be independent, to be strong, and also to live my life and be happy.”¹

Key facts

- ▶ Children with a disability are less likely to attend school than children without disabilities.
- ▶ Children with an intellectual or sensory disability are the least likely group to attend school.²
- ▶ One-third of all children not enrolled in school have a disability.³
- ▶ Disability has a stronger impact on school attendance than gender.⁴
- ▶ An increasing number of siblings and children of people with a disability, especially girls, are removed from school to fulfil caregiving responsibilities.
- ▶ People with a disability who do not attend school as a child are more likely to live in poverty as an adult.⁵
- ▶ People with a disability who do attend school are more likely to be educated in targeted specialised settings that may reinforce their marginalisation.⁶

“Inclusive education seeks to address the learning needs of all children, young people and adults, with a specific focus on those who are vulnerable to marginalisation and exclusion.”⁷

Reasons for disability inclusion in education

- ▶ Where education opportunities are made accessible, people with a disability have greater access to further learning and employment and in turn are more likely to engage in social and economic opportunities.⁸
- ▶ Inclusive education acts as a broad strategy to address marginalisation and promotes the rights of all children to participate in mainstream education.⁹
- ▶ Inclusive schools create an improved learning environment for all.
- ▶ Inclusive education approaches ensure representation from all members of society allowing for experiences of people with a disability to be embedded into the broader social context.
- ▶ People with a disability have the right to access the most relevant education option. This could be inclusive education at their local school, mainstream education with specialist support, a specialist unit connected to a mainstream school, partial integration or learning in a specialised setting.
- ▶ Addressing barriers such as poor teacher training, inaccessible school buildings, discrimination and exclusionary policies enable improved access to education for all.¹⁰
- ▶ In resource poor communities, especially remote settings, children with a disability who are not included in their local school tend not to attend school at all. Exclusion from school greatly impacts further opportunities as an adult.
- ▶ When specialist school settings are harnessed as support to inclusive education (such as in inclusive-education resource facilities), limited resources go further as they frequently service a cluster of schools and not just one setting.
- ▶ The Convention on the Rights of Persons with Disabilities (CRPD), in particular Article 24, confirms the importance of education for all.
- ▶ Millennium Development Goal (MDG) 2 aims for access to primary education for all children. This will not be reached without addressing inclusion of children with a disability.
- ▶ Inclusive education promotes access for children with a disability to broader community development activities such as immunisation programs, water, sanitation and hygiene (WASH) and disaster preparedness training.

“Please do not hide children with [a disability] at home. You should bring them to school because when children have an opportunity to go to school, they will develop skills, they will develop life skills.”¹¹

How to include people with a disability in education

There are numerous approaches to ensure people with a disability participate in education. No one single approach will be correct for every child as they are dependent on many factors including community capacity, attitudes to disability, education policies and funding. Inclusive education is frequently promoted as the most appropriate option for students with a disability along with other marginalised groups. Such an approach requires specialist support and is often linked with inclusive education resource facilities and requires development of local skills and capacity. Therefore, recognition of complementary or alternative models which support in the journey towards inclusion also have a place. Partial integration and specialist school settings can be considered as the most relevant place of learning for some students with a disability.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Build awareness among teachers and education providers on rights and inclusion strategies to improve mainstreaming capacity for local schools.
- ▶ Use local media campaigns promoting inclusive education to assist parents, teachers and the community to be more inclusive of children with a disability.
- ▶ Use billboards, posters or other information that depicts people with a disability in their mainstream school environment as a part of the general population.
- ▶ Highlight capacity of people with a disability in education, showcasing diverse tertiary, vocational and employment pathways including access to scholarships as viable opportunities.
- ▶ Deliver practical awareness raising activities with teachers, parents and students using role plays, theatre and stories focusing on inclusion and capacity of children with a disability,
- ▶ Advocate for the right to an education, and support others such as parents and community leaders in this role.
- ▶ Understand that education is a basic human right. The Universal Declaration of Human Rights, the Convention on the Rights of the Child, the CRPD, the 'education for all' (EFA) platform and MDG 2 all identify education as a priority for all.

Participation

- ▶ Highlight talents and abilities of people with a disability and promote their participation in education programs.
- ▶ Work with early childhood educators and providers on identification and inclusion of young children with a disability as these maximise inclusion from an early age. Mainstreaming in such settings increases acceptance of children with a disability and improves their pathway into formal schooling.
- ▶ Share program information at all stages with people with a disability including DPOs, parents of children with a disability, and children with a disability themselves.
- ▶ Consult with people with a disability, Disabled Peoples Organisations (DPOs) and parents of children with a disability to seek their active input at key stages of the program, especially during design and evaluation.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.
- ▶ Invite someone with a disability or a parent of a child with a disability to be on program reference committees.
- ▶ Identify local DPOs and consider working in partnership with them.
- ▶ Develop inclusion strategies in collaborative partnerships using local resources.
- ▶ Work with class mates without a disability in developing their capacity for fostering participation through student-to-student inclusion strategies.
- ▶ Employ people with a disability or a parent of a child with a disability to work within the project (e.g. on the project team or as a teacher or teacher's assistant).
- ▶ Consider programs that connect existing special schools with mainstream schools to support disability awareness, further education opportunities and transition pathways.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Connect with CBR programs to increase access to education and improve linkages to other sectors.
- ▶ Ensure classroom, toilet and playground facilities are accessible to people with a disability including physical and sensory impairments.
- ▶ Link with a DPO to identify barriers and to advocate for accessible school environments.
- ▶ Apply principles of universal design¹² to ensure inclusion for all.
- ▶ Identify and overcome barriers in travelling to school for people with a range of disabilities. Look at terrain, transportation, and safe and accessible walking paths.
- ▶ Review policies and legislation through identifying existing country, local and Ministry of Education policies regarding inclusive education or anti-discrimination laws.
- ▶ Link with a DPO to advocate for more inclusive legislation, using existing international conventions such as the CRC and the CRPD to support advocacy efforts.
- ▶ Identify and combat local attitudes towards children and adults with a disability. It is important to dispel myths such as curses that can be inaccurately perceived as causes of disability.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Build teacher capacity to ensure confidence in including children with a disability in education programs.</p> <p>Encourage Ministry of Education and school governance to train teachers in inclusive education using universal design principles.</p> <p>Encourage universal design for school buildings and equipment such as using ramps instead of steps into classrooms.</p> <p>Highlight strengths and capacity of people with a disability to demonstrate contribution and raise aspirations.</p> <p>Deliver disability awareness training for classmates and all school staff to build a culture of support and inclusion.</p> <p>Encourage child-friendly learning environments in schools.</p>	<p>Facilitate access to specialist staff and resources such as sign language, plain language, Braille training and transcription where required, ensuring such supports remain within the mainstream setting where possible.</p> <p>Initiate Individual Learning Plans (ILPs) to maximise student capacity in conjunction with specific modifications to enhance learning.</p> <p>Facilitate opportunities for students with a disability to develop independent disability management strategies such as advocacy, mobility skills and communication techniques.</p> <p>Identify disability-related barriers as early as possible and facilitate linkages to early intervention services so as to maximise the child's potential and minimise the impact of a disability.</p>

Twin track (cont'd)

Mainstream

Advocate for laws and policies to reflect disability inclusion in mainstream schools.

Encourage creative teaching strategies that focus on diverse strengths and different learning styles to foster inclusion for all.

Raise aspirations of students with a disability to ensure diverse education and employment pathways are encouraged.

Disability specific

Be mindful that there is no one-size solution. All disability groups will have unique requirements and even people with the one disability will manage their impairment differently.



CASE STUDY: ALTERNATIVE BASIC EDUCATION CENTRES PROVIDE OPPORTUNITIES FOR CHILDREN WITH A DISABILITY IN RURAL ETHIOPIA

Plan Ethiopia

Program summary

The goal of Universal Primary Education can be challenging to attain in countries where formal primary education is not reaching all children, especially the most disadvantaged. Access to school is affected by a range of factors including distance, overcrowding, low teacher–student ratios and lack of learning materials.

In Ethiopia, Plan International Ethiopia is expanding primary education in rural areas through establishing low-cost Alternative Basic Education (ABE) centres with community members, local NGOs and local district education offices. The ABE centres are designed so that students gradually move into formal primary schools and provide opportunities for out-of-school children in Grades 1 to 4. Through a process of community consultation, communities and children decide on a location for the centres. Plan also trains the ABE teachers and covers salaries until the community is able to mobilise resources. The program provides appropriate learning materials and, where necessary, school feeding programs. Plan’s ABE program assists the Ethiopian government to provide education to the most disadvantaged children who cannot attend school due to distance and disability.

How disability has been included

Irtiban lives in a rural community with his mother. Irtiban lost his sight at the age of six. His single mother works on a farm to support the family and used to lock Irtiban in their home for long hours. Irtiban saw his future as limited to begging – “Like many other disabled children of my village, my fate was to sit on a roadside to beg to feed and dress myself.”

Plan introduced an ABE centre in Irtiban’s community in 2009. Irtiban and other children with a disability were included in the centre. They were given Braille and learnt how to use the different learning materials available. Irtiban says: “It is very easy to use and made learning easier so that I can practice writing and reading skills. I will stay focused on my study and keep up my performance so that I will realise my dream of becoming a teacher.”

Lessons learned

- ▶ Plan’s experience shows that community-based alternative education centres can provide pathways into formal education. Access to education was increased with improved attendance and decreased number of dropouts, particularly of girls.
- ▶ The ABE centres have also proven to create access to primary education for children with a disability and other marginalised children.

Checklist for disability inclusion in education

- Are children with a disability attending school? If not, why not?
- What is being done already for children with a disability?
- Are there local success stories to learn from and community mentors to use?
- Are the voices of girls with a disability being heard when promoting access to education?
- Is data being collected for students from different disability groups for advocacy and program-monitoring purposes?
- Have people with a disability/DPOs been involved in the design process? Is their ongoing participation in the project planned?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Is disability included in all phases of the program cycle?
- Are disability measures included in design for budgeting and measurement purposes?
- What opportunities will be provided to women and children with a disability to take an active role in decision-making processes?
- What strategies are there to ensure the needs and rights of women and children with a disability are adequately addressed?
- Have mainstream teachers received training in inclusive education to foster successful participation by children with a disability?
- What program initiatives have been implemented to ensure effective communication between teachers, children with a disability, their parents, DPOs and disability services?
- Has awareness-raising and capacity-building occurred within the community and among classmates to foster participation in education for children with a disability?
- Have pathways from early childhood to primary, secondary and tertiary education opportunities been highlighted and supported?
- Have education and training requirements of adults with a disability been considered?
- Have disability inclusive education models such as inclusive education resource facilities been identified in similar country contexts?
- Are resources being used such as those available through the UNESCO website and the Enabling Education Network?

Useful resources for disability inclusion in education

All Equal All Different. (2005). Dutch Coalition on Disability and Development:
<http://www.dccd.nl/default.asp?action=article&id=3643>

Inclusive Education Resource List:

http://asksource.ids.ac.uk/cf/keylists/keylist2.cfm?topic=dis&search=QL_IE05

Stubbs, S. (2008). *Inclusive Education Where There Are Few Resources*. Atlas Alliance, Norway: <http://www.eenet.org.uk/resources/docs/IE%20few%20resources%202008.pdf>

Making Schools Inclusive: How change can happen – Save the children’s experience. (2008). Save the Children Fund:
http://www.savethechildren.org.uk/en/54_5432.htm

Schools for All: Including disabled children in education. (2002).

Save the Children Fund:

http://www.savethechildren.org.uk/en/docs/schools_for_all.pdf

Embracing Diversity: Toolkit for creating learning friendly environments. (2004).

UNESCO:

<http://www.unescobkk.org/education/inclusive-education/resources/ilfe-toolkit/>

Understanding and Responding to Children’s Needs in Inclusive Classrooms. (2001).

UNESCO: <http://unesdoc.unesco.org/images/0012/001243/124394e.pdf>

References

1. WHO & World Bank. (2011). *World Report on Disability*, p. 204. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
2. WHO & World Bank. (2011). *World Report on Disability*, p. 207. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
3. Guernsey, K., Nicoli, M. & Ninio, A. (2006). *Making Inclusion Operational: Legal and institutional resources for World Bank staff on the inclusion of disability issues in investment projects*. Retrieved from http://siteresources.worldbank.org/INTLAWJUSTICE/Resources/LDWP1_Disability.pdf
4. Filmer, D. (2005). *Disability, Poverty and Schooling in Developing Countries: Results from 11 household surveys*. World Bank Social Protection Paper No 0539. Retrieved from <http://hpod.pmhclients.com/pdf/filmer-disability-poverty.pdf>
5. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
6. Stubbs, S. (2008). *Inclusive Education Where There Are Few Resources*. Retrieved from <http://www.eenet.org.uk/resources/docs/IE%20few%20resources%202008.pdf>
7. Rieser, R. (2008). *Implementing Inclusive Education, A Commonwealth Guide to Implementing Article 24 of the UN Convention on the Rights of People with a disability*, p.24. London: Commonwealth Secretariat.
8. Eklindh, K. (2005). 'Towards Inclusion: Education for persons with disabilities.' *Development Outreach* 7(3), pp. 28–29. Retrieved from http://www.lcd-enar.org/files/u1/World_Bank_development_outreach.pdf
9. Stubbs, S. (2008). *Inclusive Education Where There Are Few Resources*. Retrieved from <http://www.eenet.org.uk/resources/docs/IE%20few%20resources%202008.pdf>
10. WHO & World Bank. (2011). *World Report on Disability*, p. 28. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
11. 'Ben Esibaea', End the Cycle. (2010). *Education, Disability and Poverty* [Fact sheet]. Retrieved from www.endthecycle.org.au
12. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>

part B

DISABILITY INCLUSION: ENVIRONMENT

Key facts

- ▶ The world's poorest people, including those with a disability, are some of the most vulnerable to environmental degradation.
- ▶ People with a disability living in the world's poorest regions frequently face reduced access to clean water; inadequate nutrition; infertile soils and poor energy sources.¹ This is also exacerbated by the high annual population growth rates in many countries.²
- ▶ Climate change is projected to increase malnutrition and the distribution of many diseases, increasing incidence of disability and hardship for those with a disability and their families.³
- ▶ Malnutrition is estimated to cause around 20% of impairments worldwide.⁴
- ▶ In Asia, severe weather emergencies have increased by four times in the past 20 years.⁵ These events increase the rate of disability in communities and destroy infrastructure, leaving people with a disability even more vulnerable.
- ▶ 18 million people with a disability are estimated to be displaced by climatic events by 2050.⁶
- ▶ Worldwide, approximately 900 million people live in low-income settlements, of which approximately 180 million could be people with a disability. A significant proportion of these have been displaced due to climate, environmental and food security factors.⁷
- ▶ As food and water resources become increasingly insecure, it is anticipated that conflict attributable to climate change will increase, which will lead to a greater number of people with a disability.⁸



“There is no doubt in our minds that people with [a disability], who are the poorest of the poor, are the most vulnerable when it comes to climate change.”⁹

Reasons for disability inclusion in environment programs

- ▶ Environmental concerns intersect with all key priority areas of international development and poverty alleviation. This in turn impacts significantly on the quality of life of people with a disability.
- ▶ A degraded environment will impact negatively on health, safety and livelihood opportunities for people with a disability and their communities. In the same way, opportunities to enhance the environment can result in very positive impacts for people with a disability.¹⁰
- ▶ Due to inaccessible information and often lower levels of education, people with a disability are frequently not informed of environmental risk factors.
- ▶ Inclusion of disability considerations into all planning, policies and programs relating to environmental issues is essential to ensure the full and equal fulfilment of the human rights of people with a disability and to build broad-based community resilience. This also allows for the significant contribution people with a disability can make to development programs.

The environment includes all surroundings and conditions in which life on earth functions. Environmental programs can include those in agriculture, land reclamation, sea level change, water quality and those working with people migrating due to climatic factors.

How to include people with a disability in environment programs

Disability inclusion is vital in all elements of environmental programs including climate, access to water, soil quality, food and livestock production and sea level change. Environmental factors that take into consideration surroundings and conditions in which a person, animal, or plant lives and functions; clearly impact the world's poorest people including those with a disability.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community.
This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Ensure pro-active inclusion of people with a disability and their families in needs assessment and design documents in all environment related programs, both rural and urban.
- ▶ Set indicators and collect data to identify approximately 15% of the target group as people with a disability.
- ▶ Include people with a disability in ongoing development of the evidence base around environmental issues (e.g. for climate-related disasters, changing environments, food security and research into factors that create community resilience).
- ▶ Disseminate key disability messages of capacity, right to participation and current levels of exclusion through mainstream environment programs.
- ▶ Advocate with and empower people with a disability concerning their rights to land tenure, fair markets, shelter and food, including when they move to urban environments.

Participation

- ▶ Include people with a disability in community planning, development and implementation of environmental programs.
- ▶ Allocate a budget to cover travel and participation expenses for people with a disability and DPOs to actively be involved in consultations.
- ▶ Involve people with a disability, their families and representatives from DPOs in all relevant local management committees including for WASH, food security, 'fair trade' cooperatives and emergency management.
- ▶ Develop opportunities for people with a disability to demonstrate their abilities through their active participation in programs relating to the environment including gardening, farming, livestock keeping, forestry, land reclamation and regeneration and appropriate development of low income urban settlements.
- ▶ Where families make the decision to relocate or migrate due to environmental issues, ensure people with a disability are part of that decision and have opportunity and resources to relocate with their families.

- ▶ Ensure disability inclusion principles are within each of the targets of Millennium Development Goal (MDG) 7 on environmental sustainability.¹¹
- ▶ Develop strong advocacy by and with people with a disability, to ensure disability inclusion is a key criterion in all climate funds.
- ▶ Document and share lessons learned from relevant evaluations relating to both specialist and mainstreamed activities.
- ▶ Environmental ‘disaster risk reduction’ activities at all levels need to specifically include people with a disability as a vulnerable group.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Identify barriers to the participation of people with a disability in environmental programs, including attitudes and perceptions of the broader community.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Advocate with people with a disability for their safe access to facilities, including water points and sanitation, according to universal design standards¹².
- ▶ Seek out innovative ways for people with a disability to access environmental livelihood opportunities in both rural and urban environments. This includes through, for example, inclusive training methods, raised garden beds, accessible watering points and inclusive employment.
- ▶ Apply universal design standards in all construction activities including in the reconstruction phase following severe weather events and other emergencies. This is important for all public buildings and spaces, water and sanitation points and the homes of people with a disability.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Ensure disability inclusion principles are built into environment-related policy at all levels and are a key criterion within guidelines for the use of 'climate funds'.</p> <p>Use disability inclusion principles to include people with a disability, their families and other vulnerable groups in the design of all programs relating to the environment.</p> <p>Conduct training in disability inclusion for all staff working in community development programs.</p> <p>Work with DPOs, involving people with a disability in community design and management committees for all programs relating to the environment.</p> <p>Place disability inclusion questions into the terms of reference for evaluations of all programs (development and emergency) in areas affected by a changing climate and environmental degradation.</p>	<p>Ensure that at least 15% of the target population for use of environmental/ climate adaptation funds are people with a disability.</p> <p>Facilitate access to assistive devices and specialised training so people with a disability can participate in environment programs.</p> <p>Ensure environmental components are included in CBR programs in areas affected by environmental degradation and climate change.</p> <p>Document and disseminate lessons learned.</p>

CASE STUDY: THE 'SURVIVAL YARD' PROGRAM IN NIGER, WEST AFRICA

CBM Australia

The 'survival yard' program in Niger was developed by CBM and a disability-specific partner organisation following the 2005 drought and food crisis. The local mainstream rural development NGO 'Karkara' is now partnering with CBM in this program and has broadened it out to create resilience not only for people with a disability, but also for whole communities in a region with declining food security.

Niger is one of the world's poorest countries, according to the UN Human Development Index. Many rural people are trapped in the cycle of poverty and disability.¹³ They lack nutritious food; clean water and sanitation; food for livestock; firewood for cooking; and access to education, immunisation, health and rehabilitation services and wider employment opportunities. Climate appears to be changing, with the growing season for crops becoming shorter, prompting many people to leave rural Niger. They travel to the capital, Niamey, or to the West African coast seeking alternative employment opportunities.

The 'survival yard' program works together with people with a disability, their families and communities. Careful selection and training of clients and families is a key to encouraging innovation in developing a 25m x 25m survival yard, with a water well and simple watering canals. A border of productive bushy trees creates a micro-climate against harsh winds off the Sahara. Gardening and trees (fruit and other) provide vegetables and fruit to eat and sell, fodder for livestock and firewood – and therefore the means and incentive for people to stay in their communities.

A key factor for the program's success is bio-diversity, ensuring there is a range of plants that can survive in the very hot, dry, harsh time of the year. Activities built into the program include:

- ▶ Credit for small livestock (e.g. sheep, goats). As well as for income generation, these livestock are important 'social protection' as an animal can be sold to cover a medical intervention or school fees. Sheep are particularly useful as they can be stabled and fed on nutritious plants grown in the 'survival yard'.
- ▶ Community education on disability inclusion, health (including HIV prevention), nutrition, clean water, sanitation and hygiene.

CASE STUDY: THE 'SURVIVAL YARD' PROGRAM IN NIGER, WEST AFRICA (CONT'D)

- ▶ The promotion of the SAFE strategy (surgery, antibiotics, facial cleanliness, environmental improvement) against trachoma and reduced risks of blindness due to Vitamin A deficiency (improved nutrition/Vitamin A capsules given at immunisation).
- ▶ The construction of latrines and wood efficient stoves.
- ▶ Creating access to markets.
- ▶ Loans for donkey carts (income generation through transport of goods).
- ▶ The design and development of the program is based on full participation of people with a disability. Participants with a disability also receive any specific training or assistive devices needed in order to work with their families and communities in the 'survival yards'.
- ▶ The program also promotes all the principals and domains of the WHO CBR matrix.
- ▶ A key lesson learned is the need for ongoing monitoring, evaluation and adjustment to keep the program on track and ensure ongoing full participation of people with a disability and other vulnerable groups.
- ▶ The program is an extremely encouraging example of MDG7 and empowerment, and has links with all the other MDGs.¹⁴
- ▶



Checklist for disability inclusion and the environment

- Are people with a disability included in consultations, design and implementation of environmental programs?
- Are people with a disability included in community management committees for environmental activities?
- Have people with a disability been identified to assist with training of mainstream development workers to define inclusion principles and practices in environmental programs?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Are training and assistive devices available to ensure that people with a disability can participate fully in environmental programs?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Is there advocacy at all levels to ensure disability-inclusion principles are embedded into the guidelines for the use of 'climate funds'?
- In environment programs, are there indicators in place that identify at least 15% of the target population as people with a disability and their families?
- Are mainstream environment programs identifying disability including type, gender and age within monitoring processes?
- Has the budget identified an allocation of funds for disability inclusion to cover costs of assistive devices and other disability specific measures?
- Is information about the environment program produced in a variety of formats to improve accessibility such as large print, plain language, pictorial and audio formats?
- Is disability inclusion factored into all phases of project cycle management for environment programs?
- Are disability-related lessons documented and disseminated?
- Are people with a disability listed as a key vulnerable group in developing the evidence base around environment and climate change?
- Have universal access standards been applied for building construction?¹⁵
<http://www.ncsu.edu/dso/general/universal-design.html>
- Are people with a disability included in environment programs for low income urban settlements?

Useful resources for disability inclusion in environment programs

Intergovernmental Panel on Climate Change. (2007).

IPPC Fourth Assessment Report: http://www.ipcc.ch/publications_and_data/publications_and_data_reports.shtml

Jones, I. (2002). *Neurological Damage from Malaria*:

http://malaria.wellcome.ac.uk/doc_WTD023883.html

Kett, M. & Scherrer, V. (2009). *The Impact of Climate Change on People*

with a Disability: [http://www.gpdd-online.org/media/news/](http://www.gpdd-online.org/media/news/Impact_of_Climate_Change_on_Disability-Report-Final_012010.pdf)

[Impact_of_Climate_Change_on_Disability-Report-Final_012010.pdf](http://www.gpdd-online.org/media/news/Impact_of_Climate_Change_on_Disability-Report-Final_012010.pdf)

Lewis, D. & Ballard, K. (2011). 'Disability and climate change: Understanding

vulnerability and building resilience in a changing world.' *Development Bulletin*, 74:

<http://devnet.anu.edu.au/issues/db-74.pdf>

Little, L. & Cocklin, C. (2010). 'The vulnerability of urban slum dwellers.'

in Matthew, R. & Barnett, J. (eds). *Global Environmental Change and Human Security*. The MIT Press: Massachusetts.

References

1. European Commission. (2007). *Guidelines on the Integration of Environment and Climate Change in Development Cooperation*. Retrieved from <http://www.environment-integration.eu/content/section/4/146/lang/en/>
2. The World Bank Group. (n.d.). *Population Growth Rate*. www.worldbank.org/depweb/english/modules/social/pgr/index.html
3. Intergovernmental Panel on Climate Change. (2007). *IPPC Fourth Assessment Report*. Retrieved from http://www.ipcc.ch/publications_and_data/publications_and_data_reports.shtml
4. Department for International Development [DFID]. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
5. Oxfam Australia Website. Accessed 4 March 2011. www.oxfam.org.au
6. International Organisation for Migration. (n.d.). *Migration, Climate Change and the Environment: A complex nexus*. Retrieved from <http://www.iom.int/jahia/Jahia/complex-nexus>

7. UN Millennium Project. (2005). *A Home in the City*. Taskforce on Improving the Lives of Slum Dwellers. London: Earthscan. Retrieved from <http://www.unmillenniumproject.org/documents/SlumDwellers-complete.pdf> quotes 900 million people, of which up to 20% of poorest (see World Health Organisation and World Bank (2011) *World Report on Disability*. Geneva: WHO Press) could be people with disabilities.
8. IPCC (2007). Fourth Assessment Report. Working Group II. *Climate Change 2007: Impacts, Adaptation and Vulnerability*
9. 'Savina Nongebatu', End The Cycle. (n.d). *Climate change: The impact of extreme weather events on people with disabilities [Factsheet]*. Retrieved from www.endthecycle.org.au European Commission. (2007). *Guidelines on the Integration of Environment and Climate Change in Development Cooperation*. Retrieved from <http://www.environment-integration.eu/content/section/4/146/lang/en/>
10. European Commission. (2007). *Guidelines on the Integration of Environment and Climate Change in Development Cooperation*. Retrieved from <http://www.environment-integration.eu/content/section/4/146/lang/en/>
11. United Nations (n.d). 'Goal 7: Ensure Environmental Sustainability'. *Millennium Development Goals*. Retrieved from <http://www.un.org/millenniumgoals/envIRON.shtml>
12. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>
13. Department for International Development [DFID]. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
14. See also: Office for the Coordination of Humanitarian Affairs [OCHA]. (2012). *Empowering Rural Women: Oumou's Garden* [video]. Retrieved from <http://www.youtube.com/watch?v=IWc6h2-TBDk&feature=youtu.be>
15. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>

This page is left intentionally blank

part B

DISABILITY INCLUSION: HEALTH

Key facts

- ▶ People with a disability have a greater need to access health services and experience higher levels of unmet health needs than people without a disability.¹
- ▶ It is more common for people with a disability to report an inability to afford health services than people without.²
- ▶ People with a disability report multiple barriers to accessing health services.³
- ▶ 5–15% of people in low and middle-income countries who require assistive devices/technologies receive relevant equipment.⁴
- ▶ Women with a disability are more likely to be infected with HIV or other sexually transmitted diseases.⁵
- ▶ It is estimated that 105 million people across the world need an appropriate wheelchair.⁶
- ▶ Over 80% of people in Africa with epilepsy go without treatment.⁷
- ▶ People with a disability more commonly report selling land and other assets to cover health costs.
- ▶ Specialist health services are more commonly needed by people with a disability and these can be scarce and difficult to access.
- ▶ Less than 0.1% of people who are deaf or hard of hearing or who are blind or have a vision impairment receive appropriate support.⁸



“Only healthy people with the support of a functioning health sector can ensure sustainable development of their societies. A loss of health is a loss not only to the person, but also to the person’s family and society as a whole”.⁹

Reasons for disability inclusion in health programs

- ▶ The CRPD, in particular, Article 25 and 26, confirm the importance of health for all, which reinforces the need for people with a disability to have full access to health services.
- ▶ MDGs 5 and 6 with a focus on health will not be reached without the inclusion of people with a disability in mainstream health programs.
- ▶ Many health services world wide remain inaccessible for people with a disability that inhibits access to health care.
- ▶ Many health budgets have no funding allocation to meet the health requirements of people with a disability and in turn, the cost of health services can exacerbate the poverty experienced by some people with a disability.
- ▶ Early identification of impairments and appropriate referrals to specialist medical or disability services is lacking in developing countries that in turn increases the rate of disability.
- ▶ Good quality, accessible health and disability services enable people with a disability to achieve health outcomes equal to other members of their community.
- ▶ People with a disability may rely on family members for transport to health services or translation support, which can create resistance in seeking interventions.

How to include people with a disability in health programs

Mainstreaming disability into health programs will ensure many of the barriers experienced by people with a disability are removed and their right to health is achieved.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Provide information regarding disability to health professionals to ensure there is up-to-date knowledge on prevalence and impact of disability.
- ▶ Use people with a disability in awareness-raising activities.
- ▶ Highlight the role played by the health sector in preventing impairment.
- ▶ Encourage awareness-raising efforts by disability service providers and Disabled Peoples Organisations (DPOs) with their local health providers.
- ▶ Advocate for the inclusion of disability within broader health policies, strategies, programs and monitoring mechanisms.
- ▶ Ensure billboards, posters or other health promotion information depicts people with a disability as part of the general population.

Participation

- ▶ Build relationships with people with a disability and DPOs to gain their active participation within the program.
- ▶ Ensure direct consultation with people with a disability for identification of their health-related barriers.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.
- ▶ Employ someone with a disability within the health service to ensure active participation and representation within the program.
- ▶ Promote people with a disability as health care workers to demonstrate their skills and capacity along with improving representation of service recipients.
- ▶ Develop strong linkages between health and disability stakeholders.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Hold consultations in physically accessible venues.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Improve physical access to health services including hospitals, community health services and outreach clinics.
- ▶ Build capacity of health care workers in communicating with people with a disability.
- ▶ Build capacity of health services in order to meet the basic health requirements of early identification and diagnosis of impairment, with appropriate referrals to specialist medical and disability services.
- ▶ Address financial barriers to health services for people with a disability, embedding disability related funding strategies within policies.
- ▶ Pay particular attention to women and girls with a disability as they are often severely marginalised, experiencing numerous challenges, including sexual and physical violence.
- ▶ Sexual reproductive health programs should be particularly aware and inclusive of the requirements of women with a disability.¹⁰
- ▶ National health plans and strategies, or vertical health programs, may not have considered the specific needs of vulnerable groups. Work towards greater inclusion of a disability perspective in all future plans.
- ▶ Address attitudes to improve participation of people with a disability.
- ▶ Use people with a disability and engage DPOs for capacity development activities around attitude, access and rights.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Promote disability inclusion in health programs.</p> <p>Ensure all data collected during programs can be disaggregated by disability, age and gender.</p> <p>Adopt universal design principles for all health services. Ensure health facilities are built with accessible features, including ramps, widened doorways, accessible toilets, appropriate signage and adjustable height beds that will be useful for a range of purposes.</p> <p>Advocate for the inclusion of disability within broader health policy, programs and monitoring mechanisms.</p> <p>Support initiatives that build disability inclusion into the health training curricula. Engage people with a disability in training efforts.</p> <p>Depict people with a disability as members of the general population in health, education and health promotion messages.</p>	<p>Support initiatives that strengthen disability and specialist medical services.</p> <p>Facilitate access to all disability and specialist medical services including the cost of assistive devices or medication.</p> <p>Work closely with local disability organisations to promote health services through their networks.</p> <p>Promote the active engagement of people with a disability and DPOs in advocacy efforts with their local health service providers.</p> <p>Map all specialist medical and disability services, including referral processes, and disseminate widely in varied formats.</p> <p>Promote the early identification of disability in childhood and establish appropriate referrals to disability services.</p> <p>Support development and dissemination of clinical guidelines for commonly occurring impairment types (e.g. club foot).</p>

CASE STUDY: UTTARAKHAND CLUSTER OF THE COMMUNITY HEALTH GLOBAL NETWORK (CHGN)

Nossal Institute of Global Health

The Uttarakhand Community Health Cluster is a unique network of community health programs based in the Northern India state of Uttarakhand. Launched in 2008 as part of the Community Health Global Network, the cluster now has 40 member organisations covering a catchment area of approximately three million people. The members come together for mutual knowledge sharing and program strengthening.

During a biannual learning and sharing workshop, the Uttarakhand Cluster identified the need for knowledge, skills and resources to address a growing concern that people with a disability were excluded from the benefits of existing health programs. This began the planning of a disability-inclusive development project across the cluster. Supported by the Nossal Institute for Global Health, a disability situational analysis was conducted to identify key stakeholders and areas of gaps and opportunities. Following an initial disability training workshop, representatives from each of the programs collectively agreed upon goals to promote inclusion of people with a disability into existing health programs, including the following:

1. To ensure people with a disability have equal access to and benefit from all health and development activities in the 40 Cluster programs.
2. To strengthen the existing disability specific interventions and initiate some further disability specific projects in the Cluster.
3. To empower people with a disability to work for the realisation of their rights through the establishment and networking between self-help groups and DPOs.



© CBM-Nossal

Outcomes included training programs for project staff and community health volunteers, with a focus on awareness-raising, addressing stigma, early identification and referral to disability services in the region. The community also initiated a collaboratively produced disability awareness DVD.

Three health professionals from the cluster completed an Australian Leadership Award Fellowship. One of these representatives has been appointed as the Cluster Disability Advisor to coordinate the implementation of disability-inclusive actions across the 40 cluster programs using the skills, tools and training programs developed.

CASE STUDY: UTTARAKHAND CLUSTER OF THE COMMUNITY HEALTH GLOBAL NETWORK (CHGN) (CONT'D)

Future directions

Activities to be conducted in the next stage of the project include:

- ▶ Collecting baseline data to better understand the barriers experienced by people with a disability when accessing health services.
- ▶ Training cluster program leaders and appointed disability coordinators from each of the programs to facilitate, lead and review the implementation of disability-inclusion activities across the 40 health programs.
- ▶ Facilitating organisational assessments and development of action plans for each health program to identify and implement:
 - mainstreaming activities (e.g. addressing physical barriers or skills and attitudes of health workers to ensure that people with a disability have equal access to health services), and
 - disability specific programs (e.g. improving capacity for rehabilitation, or the provision of assistive devices such as wheelchairs).
- ▶ Establishing, supporting and building the capacity of DPOs.
- ▶ Developing new CBR programs in selected health services.

Lessons learned

Despite a commitment by the 40 cluster programs to ensure people with a disability benefit equally from community health programs, the cluster has identified a long list of activities that at first appears to be overwhelming in the context of other competing priorities. However, the Uttarakhand Cluster has identified simple sustainable strategies for action, beginning first with awareness-raising activities, acknowledging that barriers extend beyond simply physical access to health centre buildings. These activities reflect a twin track approach including a variety of disability-specific measures, along with activities that ensure people with a disability are included in existing programs.

These strategies will be facilitated by the allocated focal points within the cluster, ensuring that people with a disability are actively involved throughout the planning, implementation and evaluation of programs.

One of the project staff reflected on the lesson he learnt about the value of participation for people with a disability when he said, “I have never worked with or had a friend with a disability. I never really understood what barriers they experience. Now I have new friends and I am excited about the changes we can make in our health programs to ensure everyone is included”.

Checklist for disability inclusion in health programs

- Does the project design make reference to people with a disability and demonstrate awareness of disability specific requirements?
- Have people with a disability participated in the project development process?
- Are people with a disability and DPOs playing an active role throughout the project?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Have current barriers to health services been explored?
- Have strategies been identified to address barriers in accessing services?
- Have health services addressed the particular needs of women, children and elderly with a disability?
- Does the project budget include a line item for disability-related access measures?
- What measures are in place to report on disability inclusion?
- What systems are in place to record data on disability including type, age and gender?
- Has awareness-raising for health professionals been planned?
- What awareness-raising activities do you intend to conduct to improve the community's knowledge about disability and health?
- Does awareness-raising include dispelling myths about causes of disability?
- Has a DPO been identified for disability related awareness raising and training?
- Are alternative communication options available based on individual requirements?
- Has a person with a disability been employed within the project?
- Is there an advocacy plan for broader promotion of disability in government health policy and health programs?
- Are people with a disability depicted in health promotion activities as representing part of their broader community?
- What systems are in place to support transportation costs to enable people with a disability to have access to health services?



© CBM-A¹¹

Useful resources for disability inclusion in health programs

- Source International Information Support Centre:
http://www.asksource.info/about/news_na.htm
- Australian Development Gateway, Disability Inclusive Development, Health:
<http://www.developmentgateway.com.au/cms/op/preview/sectors/did/page985.html>
<http://www.who.int/topics/disabilities/en/>
- Promoting Sexual and Reproductive Health for Persons with Disabilities. (2009). UNFPA/WHO Guidance Note: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/srh_for_disabilities.pdf
- World Report on Disability.(2011). WHO:
http://www.who.int/disabilities/world_report/2011/en/index.html
- Maxwell, J., Watts Belser, J. & David, D. (2007). A Health Handbook for Women with Disabilities. Hesperian Foundation: http://hesperian.org/wp-content/uploads/pdf/en_wwd_2008/en_WWD_2008_full%20book.pdf

References

1. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
2. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
3. VanLeit, B., Rithy, P. & Channa, S. (2007). *Secondary Prevention of Disabilities in the Cambodian Provinces of Siem Reap and Takeo: Perceptions of and use of the health system to address health conditions associated with disability in children*. Report prepared for Handicap International Brussels. Retrieved from <http://siteresources.worldbank.org/DISABILITY/Resources/News---Events/BBLs/070517HlrptCambodia.pdf>
4. WHO. (2006). *Assistive Devices/Technologies*. Retrieved from <http://www.who.int/disabilities/technology/en/>
5. Groce, N. (2003). 'HIV/AIDS and people with disability.' *Lancet*, 361, pp. 1401–1402.
6. Motivation. (2012). *Mobility: Helping to achieve freedom through mobility*. Retrieved from <http://www.motivation.org.uk/what-we-do/our-programmes/mobility/>
7. WHO. (2009). 'Epilepsy' Factsheet No. 999. Retrieved from <http://www.who.int/mediacentre/factsheets/fs999/en/>
8. WHO. (2001). World Health Report in the New Internationalist (2005) 'Disability in the Majority World'. *New Internationalist: Global*
9. WHO. (2002). *WHO Conference on Health and Disability*.
10. WHO & United Nations Population Fund. (2009). *Promoting Sexual and Reproductive Health Programs for Persons with Disabilities: UNFPA/WHO Guidance Note*. Retrieved from <http://www.unfpa.org/public/publications/pid/385>
11. Abdul Gafur's story in his own words can be read at www.endthecycle.org.au/Abdul-Gafur

This page is left intentionally blank

part B

DISABILITY INCLUSION: HIV/AIDS

Key facts

- ▶ People with a disability have equal or greater vulnerability to all known risk factors for human immunodeficiency virus (HIV) infection.¹
- ▶ People with a disability are as sexually active as those without disabilities and rates of homosexuality and bisexuality are comparable to the general population.
- ▶ Women and children with a disability are more likely than others to be victims of violence or rape, yet are less likely to obtain police interventions, legal protection or prophylactic care.²
- ▶ People with a disability do not have equal access to HIV information, education and prevention services.³

Reasons for disability inclusion in HIV/AIDS programs

- ▶ People with a disability are frequently turned away from testing or treatment services due to false assumptions about people with a disability not being at risk of contracting HIV or acquired immunodeficiency syndrome (AIDS).
- ▶ Once infected, people with a disability are likely to have reduced support due to factors such as limited access to health care, poor nutrition, social isolation and low levels of income and assets.
- ▶ HIV/AIDS can be a cause of temporary or permanent disability, particularly when people do not have access to appropriate health care and antiretroviral medication.
- ▶ People with a disability may be unable to access accurate information about HIV/AIDS in an appropriate format such as Braille or plain language.
- ▶ Health centres, clinics and other locations can be physically inaccessible, which inhibit access to HIV/AIDS information and treatment for people with a disability.



© CBM-A

How to include people with a disability in HIV/AIDS programs

The field of HIV/AIDS and disability is rapidly developing, but the majority of HIV/AIDS programs and programmers would still benefit from training, resources and commitment to ensure their activities are disability-inclusive.⁴ Pilot programs in countries in Africa, Asia and the Americas have shown that it is possible to successfully include people with a disability in HIV/AIDS prevention, treatment and care programs.⁵

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community.
This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Ensure billboards, posters, brochures or other information relating to HIV/AIDS depict people with a disability as part of the general population.⁶
- ▶ Ensure program staff are aware of HIV/AIDS incidence and risk factors for people with a disability.
- ▶ Work with Disabled Peoples Organisations for awareness raising and information on HIV/AIDS risk factors for people with a disability.
- ▶ Collaborate with disability service providers including Community-Based Rehabilitation (CBR) staff and community health workers to understand how HIV/AIDS impacts the lives of people with a disability.

Participation

- ▶ Advocate for the inclusion of people with a disability into all HIV/AIDS programs.
- ▶ Ensure people with a disability are able to contribute to and participate in information and training sessions.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.
- ▶ Employ or contract people with a disability or a DPO to be active in all phases of HIV/AIDS programs.
- ▶ Consult widely with a range of stakeholders including women, men and children from different disability groups.
- ▶ Consider capacity-building activities for DPO members on HIV/AIDS work, advocacy, program management or other relevant skill areas.
- ▶ Use people with a disability through a DPO to conduct disability awareness training within HIV/AIDS programs.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Ensure health/HIV/AIDS clinics are accessible for people with a disability.
- ▶ Ensure HIV/AIDS service policies reflect disability-inclusive practices and access rights.
- ▶ Advocate for laws and policies to reflect the rights of people with a disability including in the justice system when reporting sexual assault.
- ▶ Challenge negative and incorrect attitudes about people with a disability not being at risk of contracting HIV/AIDS.
- ▶ Dispel myths such as curses that can be inaccurately perceived as causes of disability.
- ▶ Dispel the myth of 'virgin cleansing'. This myth carries the belief that having sex with a virgin can cure HIV/AIDS.⁷ As people with a disability are often thought to be sexually inactive, there is a risk they will be the targets of sexual assault and therefore also more likely to contract HIV and other sexually transmitted diseases.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Include people with a disability in mainstream community education programs.</p> <p>Educate staff within mainstream HIV/AIDS programs on disability inclusion strategies in regard to communication, attitudes and accessibility.</p> <p>Advocate to ensure people with a disability are included in all HIV/AIDS programs.</p> <p>Advocate for laws and policies to reflect the rights of people with a disability, including in safety and protection measures.</p> <p>Work with DPOs in advocacy for rights in policy and service inclusion in HIV/AIDS programs.</p> <p>Collect data on disability types, age and gender in mainstream HIV/AIDS programs.</p> <p>Employ staff with a disability within mainstream programs.</p>	<p>Incorporate HIV/AIDS education into existing disability-focused programs.</p> <p>Identify and promote HIV/AIDS programs for people with a disability that have worked well in the past.</p> <p>Build up capacity of DPOs to deliver HIV/AIDS training to their members and to mainstream programs.</p> <p>Support DPOs in advocating for the rights of people with a disability in regard to HIV/AIDS policy and programs.</p> <p>Ensure information is converted into accessible formats for people with a disability.</p> <p>Identify people with a disability to dispel myths about HIV/AIDS in promotional and education activities.</p>

CASE STUDY: THE 'INCLUSION FOR ALL' PROJECT

World Vision India

World Vision India implemented the three-year Inclusion for All project (2009–2011), with a dual goal of generating awareness of HIV and AIDS among people with a disability and increasing inclusion of people with a disability within other existing development projects and the wider community.

Multi-sectoral Area Development Programs (ADPs) that included projects responding to HIV and AIDS had been running in the three locations targeted by this project, but an evaluation of one of the ADPs found that the impact of these HIV and AIDS projects had not reached people with a disability living in the target communities. The Inclusion for All project was developed to address this gap.

The Inclusion for All project evaluation demonstrated:

- ▶ increased awareness of HIV and AIDS among people with a disability
- ▶ increased awareness of disability rights and support services among people with a disability and the broader community
- ▶ significant positive attitudinal change toward disability – both from people with a disability themselves and from the broader community.

The outcome areas of the project included: raising inclusion-awareness and capacity among Community-Based Organisations (CBOs); increasing accessibility of HIV and AIDS programs for people with a disability; increasing inclusion of children and adults with a disability in education and livelihood opportunities; and influencing district and state level HIV and policy and programs to become more inclusive.

Raising awareness of disability rights and inclusion among CBOs was a very effective approach that led to significantly increased representation of people with a disability as members, office bearers and leaders among CBOs and self-help groups. In the project evaluation, the majority of respondents from all stakeholder groups felt strongly that the level of confidence, esteem, self-worth, respect and dignity of people with a disability had been significantly enhanced through the implementation of this project.

Implementing the Inclusion for All project brought a greater focus on disability and inclusion to programming within World Vision India, leading to development of organisational strategy and revision of a range of guidelines covering sponsorship, construction of infrastructure and staff recruitment.

CASE STUDY: THE 'INCLUSION FOR ALL' PROJECT (CONT'D)

Lessons learned

Although greater awareness of HIV and AIDS was generated among people with a disability through this project, the evaluation found that knowledge regarding the link between disability and HIV and AIDS was still weak. It's not clear from the evaluation why this was so, but this area clearly needs more attention.

The impact of the project among people with a disability was influenced by the person's gender and impairment type. Generally there was less participation from girls and women with a disability, and less project impact for people with an intellectual disability, psychosocial disability and/or a multiple or profound disability. From the evaluation report, project staff felt they lacked capacity and technical skills needed to address the double disadvantage of gender and disability and higher support needs of some project participants.

More knowledge and skills are needed in the area of legislation, policies, human rights instruments and frameworks among all stakeholders including DPO representatives and World Vision staff.

In some cases livelihood support extended to people with a disability was misused by family members who ignored and/or excluded the person from managing this support themselves. Clearer targeting and training of selected families needs to occur before providing livelihood support.

Checklist for disability inclusion in HIV/AIDS programs

- Is data being collected regarding the needs and priorities of people with a disability during planning and throughout the entire program cycle?
- Has awareness-raising on dispelling myths on HIV/AIDS and disability been delivered?
- Have HIV/AIDS health staff been trained in communicating with people with a disability?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Are people with a disability employed within the program?
- Are DPOs being engaged with for consultation in all phases of HIV/AIDS programs?
- Have people with a disability been identified within DPOs for targeted capacity building on HIV/AIDS awareness so as to deliver training to DPO members?
- Is data on disability type, age and gender being collected in HIV/AIDS programs?
- Is promotional and educational material available in accessible formats such as large print, Braille, plain language, pictorial and audio formats?
- Are meetings being held in accessible venues?
- Are alternative communication options available for HIV/AIDS services based on individual requirements?
- Is transport made available for people with a disability to access HIV/AIDS services?
- Are financial barriers for people with a disability being addressed, including in access to medication?
- Are the lived experiences of people with a disability being shared in awareness raising and training?
- Are statistics on disability and HIV/AIDS being used in advocacy efforts?
- Are justice systems representing the rights of people with a disability?
- Are program outcomes and impacts for people with a disability being measured?

Useful resources for disability inclusion in HIV/AIDS programs

Resource Manual for Disability and HIV/AIDS Training. (2005). Disabled People South Africa: <http://www.miusa.org/idd/resources/files/hivaidsresources/dpsaresourcedahiv/view>

HIV & AIDS 'Train the Trainers' Manual. (2007). African Union of the Blind: http://www.miusa.org/idd/resources/files/hivaidsresources/hivtrainmanual/at_download/file

Morrow, M., Arunkumar, M.C., Pearce, E., & Dawson, H.E. (2007). 'Fostering disability-inclusive HIV/AIDS programs in northeast India: A participatory study.' *BMC Public Health*, 7: 125: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924853/>

References

1. World Bank. (2004). *Disability and HIV/AIDS at a Glance* [Fact sheet]. Retrieved from <http://v1.dpi.org/files/uploads/publications/factsheet.pdf>
2. Groce, N. & Trasi, R. (2004). 'Rape of individuals with disability: AIDS and the folk belief of virgin cleansing.' *The Lancet*, 363, pp. 1663–1664.
3. UNAIDS, United Nations Office of the High Commission for Human Rights, WHO. (2009). *Disability and HIV Policy Brief*. Retrieved from http://www.who.int/disabilities/jc1632_policy_brief_disability_en.pdf
4. Interagency Coalition on AIDS and Development. (2008). *HIV, AIDS and Disability*. Retrieved from http://www.icad-cisd.com/index.php?option=com_content&view=article&id=60&Itemid=73&lang=en
5. World Bank. (2004). *Disability and HIV/AIDS at a Glance* [Fact sheet]. Retrieved from <http://v1.dpi.org/files/uploads/publications/factsheet.pdf>
6. World Bank. (2004). *Disability and HIV/AIDS at a Glance* [Fact sheet]. Retrieved from <http://v1.dpi.org/files/uploads/publications/factsheet.pdf>
7. Groce, N. & Trasi, R. (2004). 'Rape of Individuals with Disability: AIDS and the Folk Belief of Virgin Cleansing'. *The Lancet*, 363 (9422), pp. 1663–1664.

part B

DISABILITY INCLUSION: LIVELIHOOD

“I believe that women with disability who have a job to do and have good training don’t get depressed or feel hopeless in their life.”¹

Key facts

- ▶ People with a disability in developing countries experience greater poverty than those without a disability.
- ▶ The International Labour Organisation (ILO) estimates that 386 million people of working age have a disability, with unemployment among people with a disability as high as 80 per cent in many countries.²
- ▶ Lack of access to funds is a major obstacle for establishing a business especially for people with a disability.³
- ▶ Many potential lenders incorrectly perceive people with a disability to be a high risk for loans.⁴
- ▶ Article 27 of the CRPD highlights the importance of work and employment, which should be freely chosen in a work environment that is open, inclusive and accessible to people with a disability.⁵
- ▶ People with a disability are more likely to be economically disadvantaged than people without a disability.⁶
- ▶ The Universal Declaration of Human Rights (1948) Article 23 (1) affirms that everyone has the right to work, have free choice in employment and to be protected from unemployment.⁷
- ▶ Lower rates of labour market participation among people with a disability significantly impacts the link between disability and poverty.⁸
- ▶ There is a strong correlation between disability and poverty with poverty leading to higher rates of disability and disability increasing the risk of poverty.⁹

“When we have money they call us by our names, not our disabilities.”¹⁰

Reasons for disability inclusion in livelihood programs

- ▶ Access to livelihood opportunities is fundamental to ending the cycle of poverty and disability. In recognition of this, skills development and economic empowerment need to be encouraged for people with a disability.
- ▶ People with a disability can experience numerous barriers including negative attitudes, lack of access to training, information and inaccessible work places when seeking employment. Livelihood programs that are disability inclusive can play a valuable role in addressing these barriers.
- ▶ The CRPD, in particular Article 27, promotes a “right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to people with [a disability].”¹¹
- ▶ People with a disability may not be able to access small loans or other financial support to start a business and therefore need explicit consideration in microfinance initiatives.¹²
- ▶ As employers do not always recognise the capabilities and breadth of experience people with a disability can bring to the workplace, strengths and capacity of people with a disability need to be valued and developed.¹³
- ▶ There are many successful examples that highlight the contribution people with a disability make to the workforce and local economies.
- ▶ The economic empowerment of people with a disability is the key to independent living and social participation.¹⁴
- ▶ Livelihood initiatives encourage opportunities to end the cycle of poverty and disability and also contribute towards poverty reduction and inclusion of people with a disability in their local community.
- ▶ Many mainstream micro finance programs are not inclusive of people with a disability due to restrictive entry requirements related to education, skills and collateral. Livelihood programs are encouraged to address such barriers and promote disability inclusive, equitable self-employment and work opportunities.

“Before I lost my hand, I felt like everybody else. People didn’t look down on me. But when I became a person with disability, I felt ashamed because I couldn’t participate with other people in the friendly way; I felt hopeless and I didn’t know what I should do to make money to support my kids. People said I was like a person who has no ability to do anything at all. They called me names by my disability, not my real name.”¹⁵

How to include people with a disability in livelihood programs

It is important to support the inclusion of people with a disability in all livelihood approaches, including formal employment, income generation projects, skills development and access to loans and financial services.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Promote the unique strengths and capacity of people with a disability in livelihood and employment opportunities by highlighting their valuable contribution.
- ▶ Connect with CBR programs to increase access to livelihood and training opportunities and improve linkages to other sectors.
- ▶ Advocate for the rights of people with a disability to have full access to livelihoods as the cycle of poverty and disability will not end without access to income earning opportunities.
- ▶ Educate the community about disability including the rights of people with a disability to access income-generation and employment opportunities.

“My role is a receptionist to answer the telephone, and even do the photocopying and serve people when they come in and ask for help. I feel happy and excited that I have a job.”¹⁶

Participation

- ▶ Connect with private and public sector employers associations, trade unions and government representatives in stakeholders committees to explore employment opportunities for people with a disability.
- ▶ Engage with families, community groups, CSOs, faith-based organisations and local government to support the active involvement of people with a disability in training, employment and micro-finance opportunities.
- ▶ Consult with people with a disability and DPOs at key stages of the project including program design and evaluation.
- ▶ Invite people with a disability to participate on a reference or steering committee.

- ▶ Explore opportunities for employment of someone with a disability within the program.
- ▶ Identify local DPOs and consider working in partnership with them.
- ▶ Employ people with a disability to work within the project as people with a disability are important role models, resource and change agents for the community.
- ▶ Identify opportunities to promote good practice examples of inclusion of people with a disability in employment and livelihood activities.

“Before, I did nothing, and my Mum and Dad would always wonder what I would do in my future ... I stayed lonely because I had nothing to do, because I’m deaf ... At the end of this year, I will have completed my four years [livelihood] training and I will go home and look for a job ... working in the garden in agriculture, or in poultry-raising. With my training, I will go back and help my family and myself.”¹⁷

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Address social discrimination and stigma attached to the capacity of people with a disability; in particular, challenge perceptions that people with a disability are either unable to work or cannot be accommodated in the workplace.
- ▶ Highlight a socially inclusive approach to disability in order to dispel the charitable approach towards disability as this has been an obstacle in economic empowerment.

- ▶ Highlight successful examples of NGO and DPO lobbying for legislation on disability and employment as can be seen in the public sector in some developing countries.
- ▶ Focus on enforcement of legislation where there is a quota for employment of people with a disability.
- ▶ Lobby for laws and policies to be inclusive of people with a disability in both training and employment opportunities
- ▶ Work towards ratification and implementation of the CRPD, especially in measures to respond to Article 27 on work and employment.
- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Work with local DPOs to address accessibility barriers.
- ▶ Address physical barriers in transport, workplaces, vocational training settings and microfinance institutions.
- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Ensure that written communication is accessible to people with a disability using large print, Braille, plain language, pictorial and audio formats.
- ▶ Use sign language interpreters where required for meetings and consultations that involve people who are deaf or hard of hearing.
- ▶ Enable access to assistive devices and technologies to ensure people with a disability can participate in employment and livelihood opportunities.
- ▶ Identify and address travel barriers including terrain and public transport that may inhibit participation in livelihood activities.
- ▶ Consider relevant laws and policies and identify whether they assist or detract from the project and what actions can be taken to improve laws and policy through harnessing DPO advocacy efforts.
- ▶ Include a budget for disability inclusion in all livelihood programs.
- ▶ Use local stories highlighting the positive contribution to livelihoods made by people with a disability in order to change negative attitudes and perceptions.

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Include people with a disability in community microfinance programs as access to credit for people with a disability is particularly difficult.</p> <p>Advocate to ensure people with a disability are included in peer savings programs or self help groups.</p> <p>Advocate for laws and policies to reflect disability inclusion in employment and finance schemes.</p> <p>Work with DPOs in advocacy for mainstream inclusion in livelihood programs.</p> <p>Encourage person-first thinking so that people with a disability are recognised for their skills, abilities and interests in their overall contribution to livelihood activities.</p> <p>Identify data on disability including age and gender within general data collection mechanisms.</p> <p>Promote formal employment in public and private sector through educating and lobbying potential employers.</p>	<p>Promote successful examples of people with a disability in further education and employment.</p> <p>Facilitate access to training for people with a disability as they have not always had equal access to education.</p> <p>Address skill development of people with a disability in relation to finance and trade.</p> <p>Identify livelihood strategies for people with a disability that have worked well in the past.</p> <p>Tailor livelihood programs as there is no one-size-fits-all approach, and stereotyping of roles for people from particular disability groups does not always take into consideration individual skills and abilities.</p> <p>Facilitate access to specialist equipment/devices that will enable people with a disability to participate in employment opportunities.</p> <p>Create opportunities for women with a disability as women are more likely to spend money on family and household items.</p>

CASE STUDY: IMPROVING SOCIO-ECONOMIC SUPPORT FOR PEOPLE WITH A DISABILITY

CARE Lao PDR

Through a two-year AusAID-funded program, CARE has worked with staff, partners, government and people with a disability and their families located in remote, rural communities in Laos to improve socio-economic support for people with a disability.

Research

In year 1, a small Participatory Action Research study was undertaken on *Socio-Cultural Attitudes towards People with Disabilities and Key Obstacles to Accessing Rehabilitation Services*. This research had a focus on disability as it related to gender, access to services and transportation. The study visited three villages in Lamam and Dak Cheung Districts, Sekong Province. The research identified that communities had little understanding of the nature and causes of disabilities and people with a disability had little knowledge of their disability or relevant services. This led to finding that in remote areas, people have poor access to information on disability and rights; there is low incidence of disability change mainstreaming; and there are inadequate support services existing for improvement of life outcomes. The vast majority of people with a disability in the program area are unable to reach their potential, remain dependent on families for support and are denied the opportunity to contribute to the country's development.

Mainstreaming training

CARE staff and partners received training in disability mainstreaming with a focus on vocational training/employment, with guidelines developed in partnership with Lao Disabled People's Association (LDPA). Key messages from the guidelines included:

- ▶ Management support is essential.
- ▶ Hire people with a disability and DPOs as accessibility and anti-discrimination consultants.
- ▶ Remember that accessibility is not just about physical access; it is also about ensuring that people with a disability are not discriminated against in any way, either passively (e.g. through lack of information) or actively (e.g. through abuse by other employees or volunteers).
- ▶ Address gender: look at whether policies and processes discriminate against women.
- ▶ Take small steps: make steady progress with simple, cost-effective adjustments and don't expect to change everything at once.
- ▶ Adapt the office, not the person.

Checklist for disability inclusion in livelihood programs

- Have awareness-raising activities about the potential of people with a disability been delivered?
- Is data being collected on people from different disability groups for advocacy and program-monitoring purposes?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Are disability measures included in design for budgeting and measurement purposes?
- Have local laws and policies been checked and challenged for disability inclusion?
- Have local initiatives such as awards for most disability-inclusive microfinance institution been developed and celebrated?
- Have local communities been surveyed to determine accurate numbers of people with a disability, including disability type, age and gender?
- Are DPOs actively engaged throughout all stages of the livelihood program?
- Have access barriers been addressed for people with a disability?
- Does the project budget include a line item for disability-related access measures including adaptive devices and assistive technologies?
- Have training opportunities been identified to skill people with a disability to be ready for livelihood and employment opportunities?
- Are people with a disability benefiting equally from the program?
- Has the program focused on abilities and the contribution potential of people with a disability?
- Are people with a disability playing an active role in program planning and evaluation?
- Are alternative communication options available based on individual requirements?
- Are people with a disability more visible and active in their community as a result of the livelihood program?
- Are success stories being promoted of people with a disability in livelihood opportunities?
- Are women with a disability actively involved and benefiting from the program?
- Has organisation and co-worker training occurred to prepare a work place for a staff member with a disability?



© CBM-A

Useful resources for disability inclusion in livelihood programs

Vision for Sustainable Supported Employment. (2011). Department of Families, Housing, Community Services and Indigenous Affairs [Advisory Group: Vision for Sustainable Supported Employment]:

http://www.fahcsia.gov.au/sa/disability/pubs/policy/Pages/disability_employment.aspx

Training and Assessing Workbook: A resource for team leaders training and assessing supported employees in Disability Employment Services. (2008). Department of Families, Housing, Community Services and Indigenous Affairs:

http://www.fahcsia.gov.au/sa/disability/pubs/Documents/ConsumerTrainingSupportProducts/trainers/training_and_assessing/default.htm

Inclusion Melbourne: <http://inclusionmelbourne.org.au/disability-employment>

The Center on Human Policy, Law, and Disability Studies. 'Employment': <http://disabilitystudies.syr.edu/resources/employment.aspx>

References

1. 'Sieng Sok Chann', End the Cycle (2010). *Sieng Sok Chann's Story*. Retrieved from <http://www.endthecycle.org.au>
2. ILO. (2007) *The employment situation of people with disabilities: towards improved statistical information*. Geneva: International Labour Organisation
3. OECD. (2010) *Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries*. Paris: Organisation for Economic Co-operation and Development.
4. OECD. (2010) *Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries*. Paris: Organisation for Economic Co-operation and Development.
5. CRPD. Retrieved from <http://www.un.org/disabilities/default.asp?id=150>
6. Fritz, D. (2009). 'Making poverty reduction inclusive: Experiences from Cambodia, Tanzania and Vietnam.' *Journal for International Development*, 21, pp. 673–684.
7. United Nations. (1948). Universal Declaration of Human Rights. Retrieved from <http://www.un.org/en/documents/udhr/>
8. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
9. WHO & World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html
10. Lizzie Longshaw, quoted in Lewis, C. (2004). 'Microfinance from the point of view of women with disabilities: Lessons from Zambia and Zimbabwe.' *Gender and Development*, 12, pp. 28–39.
11. CRPD. Retrieved from <http://www.un.org/disabilities/default.asp?id=150>
12. End the Cycle. (n.d.). 'Employment, Disability and Poverty.' Retrieved from <http://endthecycle.org.au/>
13. End the Cycle. (n.d.). 'Employment, Disability and Poverty.' Retrieved from <http://endthecycle.org.au/>
14. CBM. (2012). [Internal Document] *Strategic Plan for CBM's Work in Livelihood 2012–2014*
15. 'Ten Touch', End the Cycle. (2010). *Ten Touch's story*. Retrieved from <http://www.endthecycle.org.au>
16. 'Naomi Tai', End the Cycle. (2011). *My Story* [video file]. Retrieved from <http://www.youtube.com/user/endthecycleAUS?feature=watch>
17. 'Ben Esibaea', End the Cycle. (2010). *Ben Esibaea's story*. Retrieved from <http://www.endthecycle.org.au>

This page is left intentionally blank

part B

DISABILITY INCLUSION: WASH

“Having access to safe drinking water and sanitation is central to living a life of dignity... the rights to water and sanitation further require an explicit focus on the most disadvantaged and marginalised.”¹

Key facts

- ▶ 20% of people who live in poverty in developing countries have a disability and all need safe access to water, sanitation and hygiene (WASH) facilities.
- ▶ Social isolation and taboos around discussion of personal hygiene increase exclusion for people with a disability from promotion and education of WASH.
- ▶ Use of hands for support during defecation for people with a disability increases risk of acquiring and transferring disease.
- ▶ Inaccessible or distant water sources can force people with a disability to depend on others for water collection.
- ▶ People with mobility or vision impairments need accessible and safe latrines as open defecation is more difficult due to vulnerability to falls or animal attacks.²

“Here in the area I live in they don’t treat me badly. It was worse in another place. When I was in my village they treated me unfairly, sometimes I wanted to go and have a wash down at the tap, they would lead me to a different road and I would end up banging into something and they would all laugh. After that I thought to myself I don’t want to stay here anymore in the village, I would rather live in Honiara.”³

Reasons for disability inclusion in WASH programs

- ▶ Applying universal design principles⁴ to WASH will create greater inclusion for all community members including people with a disability, pregnant women and the elderly. These focus on good design that is accessible to all at a low cost in comparison to the cost of exclusion.
- ▶ The additional expense for making school latrines accessible is less than 3% of the total cost.⁵
- ▶ Over 884 million people do not have access to safe drinking water,⁶ which is a fundamental right for all people and is especially important for people with a disability given many WASH facilities are designed without considering the needs of all members of a community.
- ▶ Community-led total sanitation, when using a disability-inclusive approach, ensures all community members are participants in improved health outcomes.
- ▶ Increasing accessible WASH facilities in community settings and schools will improve broader education and life outcomes for people with a disability. Disability-inclusive WASH will also reduce work load of families in care-giving tasks.
- ▶ Ensuring inclusion of people with a disability in community-awareness activities will reduce the rate of acquiring and spreading disease.
- ▶ Disability-inclusive WASH, when located in a safe and central area with good lighting, will enhance protection of all vulnerable people including community members with a disability.

How to include people with a disability in WASH programs

The WASH sector is comparatively well resourced in terms of knowledge of disability inclusion and mainstreaming, particularly in terms of accessible infrastructure and facilities. WASH facilities globally are still, however, generally not built to universal design principles.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community.
This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Collect information on types of disabilities and barriers experienced.
- ▶ Deliver awareness-raising activities on the importance of disability-inclusive WASH including information on disabilities, attitudes and capacity.
- ▶ Use media and promotion campaigns to present information about accessible and inclusive facilities and emphasise case studies that highlight people with a disability who have benefited from inclusive WASH activities.

Participation

- ▶ Involve people with a disability in all stages of the program, especially in design to ensure facilities and locations are accessible.
- ▶ Work with Disabled Peoples Organisations (DPOs) and other agencies already present in the community to help identify people with a disability and the barriers they face in accessing WASH information and facilities.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for people with a disability and DPOs to actively be involved in consultations.
- ▶ Recognise the value of people with a disability in creating innovative solutions to make WASH facilities accessible.
- ▶ Identify, incorporate and promote solutions to WASH developed by local people with a disability into program design and infrastructure planning.
- ▶ Ensure people with a disability are invited to consultations, involved in village WASH committees and targeted in hygiene education.
- ▶ Consider communication techniques and access requirements, as well as overcoming isolation, stigma and discrimination.
- ▶ Consider how people with a disability can participate actively in activities, not just benefit from them.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Promote effectiveness of universal design principles as facilities designed for people with a disability are accessible to all: including elderly, those with temporary injuries, children and people with a disability.
- ▶ Hold consultations and other meetings in physically accessible venues.
- ▶ Ensure that written communication is accessible to people with a disability using large print, Braille, plain language, pictorial and audio formats.
- ▶ Identify ways to disseminate WASH information through non-formal or innovative channels to ensure children with a disability who do not attend school are reached and involved in programs.
- ▶ Encourage organisations to apply good WASH practices in their own buildings.
- ▶ Ensure accessible WASH facilities are written into contracts or Memorandums of Understanding with design and construction partners.
- ▶ Address disability concerns within organisational policies and strategies.
- ▶ Dispel myths, negative attitudes and perceptions about people with a disability and highlight their capacity, rights and participation in consultation, planning and implementation.

“It is a big problem ... for us people with a disability, we are unseen, forgotten and people don’t treat us right. We are often not involved in things.”⁷

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Build facilities according to universal design principles.</p> <p>Encourage all contractors to operate in accordance with disability-inclusive principles in their contracts and activities.</p> <p>Hold consultation meetings and community training in accessible spaces.</p> <p>Advocate for laws and policies to call for disability-inclusive WASH in all infrastructure, knowing that when WASH facilities are accessible, people with a disability will be included in broader community activities.</p> <p>Position WASH facilities in a location most accessible to women and girls with a disability. In doing so, facilities will be accessible to all.</p> <p>Ensure that there are indicators that explicitly address disability such as number of accessible WASH trainings and facilities.</p>	<p>Encourage development and promotion of innovative access solutions from people with a disability and DPOs.</p> <p>Train local community members in techniques to support people with a disability who experience barriers in access to WASH.</p> <p>Identify disability-related barriers as early as possible and advocate for inclusive programs and facilities.</p> <p>Identify priority activities within the community where members with a disability are in greatest need of specific inclusive WASH facilities.</p> <p>Engage with DPOs to conduct disability access audits for WASH facilities.</p>

CASE STUDY: INCLUSIVE WATER, SANITATION AND HYGIENE (WASH) IN TIMOR LESTE

WaterAid

Summary of program

In 2011, a collaborative project occurred in Timor Leste with the Leprosy Mission, WaterAid, Plan International, DWASH, BESIK, disability consultant Huy Nguyen and Timor's DPO: Ra'es Hadomi Timor Oan (RHTO). The aim of the project was to include the needs of people with a disability in mainstream water, sanitation and hygiene (WASH) projects in rural districts. The project involved visiting villages in these rural districts and both participating in informal sessions with locals and providing training in practical ways of meeting the WASH needs of people with a disability (e.g. building bamboo seats to be placed over squatting toilets for use by people who are not able to squat). This project exemplifies the positive outcomes that can be achieved through collaboration between NGOs and government agencies. It also demonstrates an approach to disability-inclusive WASH.

How disability has been included

During this project, all individuals and organisations worked closely with the local DPO (RHTO). Working with RHTO contributed significantly to the project, not only in terms of providing invaluable links to the local community and building rapport with other locals, but also in helping to overcome cultural difficulties. The success of the project can be partly attributed to the meaningful inclusion of the DPO in all stages of the project's planning and implementation.

Outcomes from the project include recommendations for positive and practical approaches to improving disability-inclusive development within WASH projects, and the development of training resources (including a guide to individual engagement with a person with a disability; an inclusive WASH checklist; minimum requirements for public toilets; and an example training timetable).

Lessons learned

- ▶ The success of WASH projects, which also address the needs of people with a disability, is strongly influenced by the involvement of the local DPO and local disability advocates in all stages of the project, including the early planning stages.
- ▶ Development programs should consider long-term design implications especially in use of WASH facilities by people with a disability.
- ▶ When conducting any form of disability-inclusive development, it is important to train the staff of the agency in the needs of people with a disability.

Checklist for disability inclusion in WASH programs

- Is data being collected regarding the needs and priorities of people with a disability during planning and throughout the entire program cycle?
- Are consultations held in physically accessible venues?
- Are disability related objectives and indicators identified in the planning stage?
- Have local DPOs been used in the consultation and planning process?
- Have a diverse range of people with a disability and DPOs been engaged to maximise their contribution and input into all phases of the program?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and DPOs?
- Has someone with a disability been employed in the project?
- Have privacy, hygiene, security and protection needs of all people with a disability, especially women and girls, been considered?
- Have WASH programs, including accessible infrastructure, been embedded in schools? (A lack of accessible or appropriate WASH facilities is a common reason for low participation in education, especially for teenage girls with a disability.)
- Is WASH information and education material accessible to people with a disability using large print, Braille, plain language, pictorial or audio formats?
- Are budgets reflective of disability-specific requirements and universal design principles?
- Are women, men and children with a disability directly involved in monitoring and evaluation activities?
- Are program outcomes and impacts for people with a disability being measured?
- Have existing disability-inclusive WASH programs and facilities been promoted and modelled?
- Are international agreements and local laws and guidelines used in advocacy to promote rights to disability-inclusive WASH?
- Have people with a disability been employed in the program?

Useful resources for disability inclusion in WASH programs

Gosling, Louisa. (2010). *Equity and inclusion: A rights-based approach*. WaterAid: http://www.wateraid.org/documents/plugin_documents/equity_and_inclusion_english.pdf

How to Build an Accessible Environment in Developing Countries: Manual #2 – Access to water and sanitation facilities. (2008). Handicap International. http://www.handicap-international.fr/fileadmin/documents/publications/Manual2-2_light.pdf

Jones, H., Parker, K.J. & Reed, R. (2002). *Water Supply and Sanitation Access and Use by Physically Disabled People: A literature review*. WEDC, Loughborough University: http://wedc.lboro.ac.uk/docs/research/WEJY3/Literature_review.pdf

Jones, Hazel & Reed, Bob. (2005). *Water and Sanitation for Disabled People and Other Vulnerable Groups: Designing services to improve accessibility*. WEDC, Loughborough University.

Source – International Information Support Centre has links to resources on inclusive WASH and disability: http://asksource.ids.ac.uk/cf/keylists/keylist2.cfm?topic=dis&search=QL_WASH10



© WaterAid

References

1. OHCHR. (n.d) 'Special Rapporteur on the human right to safe drinking water and sanitation' retrieved from <http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx>
2. WaterAid. (2006). *Equal Access for All – 2: Water and sanitation access for people with motor disabilities*. Retrieved from http://www.wateraid.org/documents/plugin_documents/briefing_note_disability.pdf
3. 'Thomas Seaita', End the Cycle. (2010). *Thomas Seaita's story*. Retrieved from <http://www.endthecycle.org.au>
4. The Center for Universal Design, NC State Office. (2008). *Universal Design*. Retrieved from <http://www.ncsu.edu/dso/general/universal-design.html>
5. WEDC. (2011). 'Briefing Note 1: Inclusive design of school latrines – how much does it cost and who benefits?' *Leicestershire*: WEDC. Retrieved from http://wedc.lboro.ac.uk/resources/briefnotes/BN001_School_Latrines.pdf
6. Right to Water. (2011). *The Rights to Water and Sanitation: Essential Statistics*. Retrieved from <http://www.righttowater.info/statistics/>
7. 'Ben Esibaea', End the Cycle. (2010). *Ben Esibaea's story*. Retrieved from <http://www.endthecycle.org.au>



© WaterAid

part B

DISABILITY INCLUSION: WOMEN

“I think the outside world does not really understand what the real difficulty is for women with a disability. I repeat again and again, for women with disability it is really hard to live, so please include us.”¹

Key facts

- ▶ Up to 20% of women globally have a disability.²
- ▶ Women and girls with a disability face triple discrimination, being female, having a disability and being among the poorest of the poor.³
- ▶ A significant majority of girls with a disability in developing countries remain illiterate.⁴
- ▶ Women with a disability are 2 to 3 times more likely to be victims of physical and sexual abuse than women without a disability.⁵
- ▶ Girls and women frequently act as caregiver when there is a family member with a disability, and can be denied access to education and livelihood opportunities as a result.
- ▶ When women with a disability are engaged in paid work, they tend to earn less than women without a disability.



© CBM-Nossal

Reasons for disability inclusion of women in development programs

- ▶ Women and girls with a disability frequently do not actively participate in gender and development programs leaving their perspective and voice unheard.
- ▶ Development practices that intentionally or unintentionally exclude people with a disability, coupled with gender-biased practices, reinforce this invisibility and marginalisation.
- ▶ Childhood barriers for girls to education and social inclusion leave women with a disability with few viable and meaningful work choices later in life.
- ▶ Poverty, gender-based violence and barriers to reproductive health care affect women with a disability more than those without a disability. This further reinforces the need for women and gender programs to incorporate a disability perspective.

How to include women with a disability in development programs

Currently, very little gender-specific work is inclusive of women with a disability. There is a need for organisations working in the field of women and gender to better understand how disability is experienced. The information in this resource is relevant for both women-specific activities along with gender programs.

The following principles, which adhere to a human-rights approach to disability are used to demonstrate inclusion of people with a disability in all development programs and sectors.

Awareness of disability and its implications.

Participation and active involvement of people with a disability.

Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers.

Twin track identifying disability specific actions combined with mainstream approaches.

Awareness

- ▶ Identify the number of people with a disability within the community. This information can be gathered, for example, through meeting local people with a disability and DPOs, census data, household surveys, Community-Based Rehabilitation (CBR) and disability services and facilities for inclusive education.
- ▶ Collect information on types of disabilities and barriers experienced.
- ▶ Highlight the contribution and potential of women with a disability.
- ▶ Deliver awareness-raising activities on the experiences and capacity of women with a disability.
- ▶ Create opportunities for women with a disability to educate their communities about their rights, contribution and participation requirements in order to improve broader community inclusion.
- ▶ Use media and promotion campaigns to present information about women with a disability and their capacity to play an active role in programs.
- ▶ Work with men and their capacity to promote the rights and inclusion of women with a disability in gender programs.

Participation

- ▶ Identify existing barriers in the community for women and girls with a disability and advocate for greater inclusion.
- ▶ Involve women and girls with a disability in all program stages to ensure their perspectives are taken into consideration.
- ▶ Allocate a budget to cover travel and participation expenses along with attendance time for women with a disability and DPOs to actively be involved in consultations.
- ▶ Ensure the needs of women with a disability are specifically noted as they may differ from the needs of those without a disability.
- ▶ When working with DPOs, ensure gender specific organisations and women with a disability are represented. (Some DPOs will only have men in leadership positions.)
- ▶ Explore opportunities for women with a disability to play an active role in consultation and steering groups.
- ▶ Engage women with a disability as staff, team members, consultants and evaluators within programs.

Comprehensive accessibility

Comprehensive accessibility = physical, communication, policy and attitudinal access

- ▶ Identify the preferred communication mode for individuals with a disability. Note that not all people who are blind will have been taught Braille, likewise, not all individuals who are Deaf or hard of hearing will have sign language skills.
- ▶ Be prepared to source alternative communication options including large print, Braille, pictorial, audio and sign language based on individual requirements. These may be arranged through local partners, inclusive education services, CBR and disability organisations.
- ▶ Use accessible venues for consultations and program delivery.
- ▶ Ensure communication materials are in accessible formats including large print, Braille, pictorial, audio and plain language.
- ▶ Be aware that many girls with a disability are unable to access education and may need information presented in formats compatible with their level of literacy and type of disability.
- ▶ Provide accessible transport to women with a disability to ensure access to consultations and programs.
- ▶ Be aware of and challenge legal and institutional barriers for women with a disability.
- ▶ Use international conventions and local laws to highlight the rights of women with a disability.
- ▶ Take into consideration financial barriers faced by women with a disability that may limit their participation in activities.
- ▶ Consider women who are caregivers for a family member with a disability as such commitments may impact on their availability to participate in programs.
- ▶ Address attitudinal barriers in order to combat negative perceptions of cause of impairment and capacity of women with a disability.

.....
“I can say that most women with disability [here] are embarrassed and feel ashamed to go in public and never join in the social life.”⁶
.....

Twin track

Twin track enables full inclusion through mainstream access working alongside disability specific supports

Mainstream	Disability specific
<p>Hold meetings in accessible venues.</p> <p>Ensure all programs are reflective of the whole community, which includes up to 20% of women with a disability.</p> <p>Advocate for laws and policies to call for disability inclusion in all gender and women's programs.</p> <p>Deliver disability awareness training for program staff and all community members to build a culture of support and inclusion.</p> <p>Use international conventions and treaties in advocacy of the rights of all people including those with a disability.</p> <p>Promote successful examples of women with a disability in gender programs.</p> <p>Collect data on women with a disability including age and disability type alongside all other baseline data.</p>	<p>Raise awareness among local community members on strategies to include women and girls with a disability.</p> <p>Identify disability-related barriers as early as possible and advocate for inclusive programs and facilities.</p> <p>Be mindful that there is no one-size solution. All disability groups will have unique requirements, and even people with the one disability will manage their impairment differently.</p> <p>Establish a budget line in programs for disability-specific interventions such as adapted sewing machines in a livelihood project or transport arrangements for women's group meetings.</p> <p>Hold specific consultation and monitoring sessions with women with a disability as they may not have the confidence to speak up in a larger group.</p>

CASE STUDY:

TRIPLE JEOPARDY: GENDER-BASED VIOLENCE, DISABILITY, RIGHTS VIOLATIONS AND ACCESS TO RELATED SERVICES AMONG WOMEN IN CAMBODIA

IWDA

Summary of program

This two-year participatory action research investigates experiences of gender-based violence (GBV) among women with a disability in Cambodia, assesses levels of inclusion in related policies and programs, and explores barriers to and facilitators of access to existing programs and supports. The research informs the development and piloting of low-cost training and inclusion tools appropriate to the Cambodian context. Funded by AusAID, the project is a partnership between International Women's Development Agency, Cambodian women's organisation Banteay Srei (BS), the Cambodian Disabled People's Organisation (CDPO), CBM Australia/Nossal Institute for Global Health's Partnership for Disability Inclusive Development, and Monash University.

How disability has been included

Australian disability and gender focused INGOs had long-term partner organisations in Cambodia and collaborated in this research. The involvement of CDPO and BS as research partners ensured that disability and gender were integrated in the research plan and methodology. The Principal Investigator was an academic with global experience and networks regarding GBV including deep experience in developing ethics frameworks and conducting sensitive research in developing contexts. This helped ensure that the specific interests and potential vulnerabilities of women with a disability were translated into the research protocols. This was central to the integrity of the research given the evidence that women with a disability experience multiple disadvantages resulting from the interplay between gender, disability and poverty, and that disability markedly increases GBV risk, and is a potential outcome of violence.

The research approach recognized that the interests of women with a disability are not well represented by women's organisations and disabled people's organisations (DPOs); women with a disability are less likely to be leaders or decision-makers of DPOs, impacting on organisational priorities, particular disability related needs aren't always well reflected in the priorities of women's organisations, which often focus on priorities shared by all women. The research approach used a number of strategies to address this. Most fundamentally, women with a disability conducted research. Researchers worked in pairs, to maximize the safety of researchers and increase understanding between the CDPO field researchers (who were women with lived experience of disability) and the Banteay Srei field researchers (women with expertise in GBV) about the overlapping issues of GBV and disability.

CASE STUDY:

TRIPLE JEOPARDY: GENDER-BASED VIOLENCE, DISABILITY, RIGHTS VIOLATIONS AND ACCESS TO RELATED SERVICES AMONG WOMEN IN CAMBODIA (CONT'D)

Reflection discussion documented insights of field researchers (who had spent over six months conducting the research), about how to improve the situation for women with a disability who experience violence. The involvement of Australian partner organisations with expertise in disability and gender ensured that the research was grounded in a wider policy and research context. Wherever possible opportunities were provided for women with a disability and female carers of girls with a disability to participate as research implementers, tool developers, and training facilitators. Participatory approaches were used for data analysis. Access was a core criteria for determining office location, training and workshop venues.

Lessons learned

Including women's organisations and DPOs as central players helps ensure disability perspectives and gender is central to planning and implementation. Working from a starting point of inclusion ensures interests of people with a disability and women are considered and heightens sensitivity to issues of marginalisation and disadvantage. Involving a woman with a disability in a professional research role shifts the focus to her capacities. Organisational sensitivity (of CDPO to gender and BS to disability) was enhanced, which will have impacts beyond the research project. Staff not involved in the research have found ways to incorporate issues for women with a disability in their work as a result of increased awareness. Limited evidence about disability in developing contexts means that well-conceived research is likely to attract funding and make a significant contribution



Checklist for disability inclusion of women in development programs

- Have women with a disability been consulted in the needs analysis?
- Does the project provide an analysis at baseline of their situation, needs and priorities?
- Have you collected baseline data on women with a disability that you can track throughout the project?
- Is there budget allocation to cover participation expenses and attendance time for consultations with women with a disability and DPOs?
- Has budget been dedicated for the inclusion of women with a disability within the project?
- Have program staff received relevant training so as to ensure awareness and a commitment to the rights and capacity of women with a disability?
- Are women with a disability part of the project team or advisory group?
- Are you working in partnership with organisations that represent women with a disability?
- Do women with a disability have the choice/opportunity to be involved as active participants in decision-making processes, including speaking at meetings?
- Are women with a disability able to have equitable access to services?
- Have women with a disability participated in the project processes, including monitoring and evaluation?
- Are women with a disability equally benefiting from the project, and if not, what is being done to address this inequity?
- Are mechanisms in place to record and address barriers to program access for women with a disability?
- Did the program alter power relations or enhance the capacity of women with a disability?⁷
- Do program documents and reports reflect how women with a disability participated in and benefited from the program in their own words?

Useful resources for disability inclusion of women in development programs

Pacific Sisters with Disabilities: At the intersection of discrimination. (2009). UNDP Pacific Centre, Fiji: http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf

Maxwell, J., Watts Belser, J. & David, D. (2007). *A Health Handbook for Women with a disability*. Hesperian Foundation: http://hesperian.org/wp-content/uploads/pdf/en_wwd_2008/en_WWD_2008_full%20book.pdf

Sands, T. (2005). 'A voice of our own: advocacy by women with disability in Australia and the Pacific.' *Gender and Development*. 13 (3), pp. 51–62.

Albert, B. & Miller, C. (2005). *Mainstreaming Disability in Development: Lessons from Gender Mainstreaming*. Disability KAR – Knowledge and Research, UK: http://www.dfid.gov.uk/R4D/PDF/Outputs/Disability/RedPov_gender.pdf

Poverty Elimination and the Empowerment of Women. (2000). Department for International Development: <http://webarchive.nationalarchives.gov.uk/+http://www.dfid.gov.uk/pubs/files/tspgender.pdf>

Lewis, C., Crawford, J. & Sygall, S. (2002). *Loud, Proud and Passionate: Including women with a disability in international development programs*. 2nd edn. Mobility International USA.

Focus on Gender: Gender and Disabilities. (1996). OXFAM United Kingdom and Ireland.

References

1. 'Sieng Sok Chann', End The Cycle (n.d.). *Women, Disability and Poverty: Double the challenges*. Retrieved from <http://endthecycle.org.au>
2. Heinicke-Motsch, K. & Sygall, S. (2004). *Building an Inclusive Disability Community: A manual on including people with a disability in international development projects*. Mobility International USA.
3. United Nations Population Fund. (2005). *Promoting Gender Equality*. Retrieved from <http://www.unfpa.org/gender/>
4. Inclusion International. (2006). *Inclusive Education*. Retrieved from http://www.inclusion-international.org/en/ii_priority_areas/ie/index.html
5. Department for International Development [DFID]. (2000). *Disability, Poverty and Development*. Retrieved from http://handicap-international.fr/bibliographie-handicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf
6. 'Sieng Sok Chann', End The Cycle (n.d.). *Women, Disability and Poverty: Double the challenges*. Retrieved from <http://endthecycle.org.au>
7. World Bank. (2007). *Social Analysis and Disability: A Guidance Note*. Retrieved from http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/04/13/000090341_20070413095245/Rendered/PDF/393850SocialAnalysis1Disability01PUBLIC1.pdf