

Persons with disabilities

Inclusion: human right and mandate

Guideline on including
persons with disabilities
in ADC project cycle
management

Imprint

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List of abbreviations

ADA	Austrian Development Agency
ADC	Austrian Development Cooperation
CBR	Community-based rehabilitation
DC	Development cooperation
DFID	Department for International Development
DPO	Disabled people's organisation
EDF	European Disability Forum
EU	European Union
FMEIA	Federal Ministry for European and International Affairs
GPDD	Global Partnership for Disability and Development
HRBA	Human-rights based approach
KaR	Knowledge and Research
MDGs	Millennium Development Goals
NAP	National action plan
NGO	Non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
PCM	Project cycle management
PDO	Pro disability organisation
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organisation

1. Introduction

Persons with disabilities – disabled by society

According to the World Health Organisation (WHO), more than a billion people currently live with some form of disability. These make up about 15 per cent of the world population or about one in seven persons. Eighty per cent of these live in developing countries. They usually belong to the poorest populations, because disabilities are closely bound up with poverty. An estimated one in five of the poorest people worldwide live with disabilities.¹

WHO reports that the number of persons with disabilities is on the rise.² The reasons for this include longer life expectancy, the attendant possible afflictions in older age and the increase in chronic diseases. In the course of life, nobody is safe from the risk of joining the largest minority in the world.

The situation of persons with disabilities is particularly harsh in developing countries. Many impairments could be prevented with medical care, simple treatments or sufficient food. For lack of basic services in countries with poor populations, slight impairments often deteriorate unnecessarily into severe disabilities. Limited access to health assistance exacerbates the situation. Persons with disabilities are often unable to secure an adequate standard of living for themselves. About 90 per cent of children with disabilities living in developing countries do not attend school. Lack of access to education hampers employment opportunities, which leads to economic and social exclusion. Women and children often suffer from multiple discrimination and are at particular risk of falling victim to violence and abuse.

Although taking account of the needs and conditions of persons with disabilities in programmes and projects would improve aid effectiveness (DC), raise the efficiency of poverty reduction and help prevent discrimination and exclusion, persons with disabilities are still often ignored in DC and other areas.³

There are many different reasons for this: The Millennium Development Goals do not take persons with disabilities into account. Little attention is also paid to them in the commitments and declarations of intent on aid effectiveness. Including persons with disabilities is also often mistakenly thought to be too costly, but according to estimates it only incurs additional costs in about 20 per cent of cases. Eighty per cent of persons with disabilities require no special and cost-intensive support, such as rehabilitation, therapies, aids or operations.⁴ Above all, though, due to frequent persistent fear of contact, prejudices and myths, persons with disabilities are prevented from participating in and benefiting from development cooperation. That is to say: Persons with disabilities are disabled by society.

¹ WHO, 2011

² This manual employs the terminology defined by UN CRPD, 'persons with disabilities', which does not preclude the application of other recognised terms.

³ According to the evaluation of the ADA statistics division, under the heading 'persons with disabilities' (as a specific target group and subcomponent) between 2.4 and 3.9 per cent of measures in ADC programmes and projects from 2009 to 2012 have explicitly promoted the rights of persons with disabilities.

⁴ Bruijn et al, 2012, page 26

What does this mean for Austrian Development Cooperation (ADC)?

As of its accession to the UN Convention on the Rights of Persons with Disabilities in 2008 (UN CRPD), Austria is committed to ensure and promote the full implementation of all human rights and basic freedoms for all persons with disabilities without any discrimination due to their impairments or disabilities.

As part of international cooperation, Austria is therefore also obliged to take appropriate and effective measures to implement the goals of the Convention and to cater for the protection and promotion of the human rights of persons with disabilities in all policy documents and programmes. Development programmes must be planned for their inclusion and/or access.⁵

The inclusion of persons with disabilities therefore makes a major contribution to implementing the human rights of all people and the effectiveness of ADC.

What is the aim of this manual?

The present manual is conceived as a source of basic information and frame of reference for inclusive ADC programme and project design. It conforms to the provisions of the UN Convention on the Rights of Persons with Disabilities and provides practical guidance for inclusive project cycle management.

It addresses ADC project partners, ADC personnel in Austria and in field offices, non-governmental and implementing organisations, other donors and members of the public interested in development policy.

The manual does not lay claim to completeness and must be read in combination with the policy document, 'Human Rights', the policy document 'Good Governance', the ADC 'Human Rights Manual' and the Focuspaper 'Persons with disabilities in ADC'.

2. Definitions and terminology

Who are persons with disabilities?

On the assumption that the notion of disabilities will continue to develop, UN CRPD does not give an explicit definition.

Rather than a medical and welfare problem⁶, disabilities are progressively perceived in the international community primarily as a legal and social issue. Concretely, the social approach to disabilities has developed. It is premised on the view that disabilities are a social consequence of impairments. By impairment is meant a lack of physical functions, such as in paralysis or blindness. Disabilities are the outcome of interaction between the impaired individual and society and the environment.

⁵ Article 32 of UN CRPD in conjunction with Articles 3 and 4(c). In combination with the general commitments of UN CRPD, inclusive development is a binding obligation.

⁶ These approaches view persons with disabilities as mere recipients of aid and objects of welfare and/or define disabilities as a purely medical problem.

Under UN CRPD, persons with disabilities therefore include persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.⁷

Both everyday objects and equipment (physical factors) and the attitude of other people (social factors) in the environment of the impaired person can have a disabling effect. Physical barriers are often disabling due to the lack of so-called universal design or design for all, which does not just take into account the needs of numerically larger or more influential sections of the population.⁸

Accessibility

Inclusive development means that persons with disabilities can take part in and benefit from development programmes. Instead of creating new barriers, it is therefore essential that development programmes contribute to eliminating existing ones. There are six aspects to accessibility:

- **Physical**, meaning enabling mobility
- **Communicative**, which means enabling people with sensory impairments and verbalisation and speech impediments, but also those with learning difficulties to communicate
- **Intellectual**, which entails making information accessible to people with learning difficulties, e.g. with easy-reading formats
- **Social**, which involves overcoming prejudices, stereotypes and other attitudes that hinder inclusion
- **Economic**, which is concerned with providing people access to measures for improving inclusion regardless of their own resources, such as personal assistance, aids, sign language interpreting
- **Institutional**, which is about eliminating segregational facilities in all areas of life, such as in schools, training centres and service providers.⁹

Universal design

To ensure accessibility, products, environments, programmes and services must be designed for use by everyone as far as possible **without the need for adjustment or special construction**. Universal design or design for all does not, however, preclude providing aids and appropriate measures for certain groups of persons with disabilities where needed.¹⁰

Reasonable accommodation

So-called reasonable accommodation must therefore be taken, such as necessary and appropriate structural, language and institutional **modifications and adjustments**, which do not impose any disproportionate or undue burden. These include, for example, Braille, acoustic signals, tactile communication, large print, easily accessible multimedia, lifts, wider doorways or ramps to enable wheelchair entry into buildings and public transport vehicles.

⁷ UN CRPD Preamble (e) and Article 1

⁸ See page 5 for more information on universal design.

⁹ Monitoring committee 22 Feb. 2012

¹⁰ Article 2 of UN CRPD

Disabled people's organisations

Persons with disabilities themselves know best about their needs. Self-help organisations, called **disabled people's organisations (DPOs)**, run by persons with disabilities can draw on a high level of expertise and extensive contextual knowledge. They make a decisive contribution to the visibility of persons with disabilities.

Pro Disability Organisations

Moreover, lobby organisations, so-called **pro disability organisations (PDOs)** represent the rights of persons with disabilities. They are engaged in advocacy and occasionally also provide service or advice centres.

Multiple discrimination

It is also important to be aware that disabilities can also lead to multiple forms of discrimination, when people are disadvantaged not only due to their impairments, but **also their age, sex, language, origin, sexual orientation**, etc. For example, girls with disabilities can be hampered by physical, communicative, intellectual and other barriers and can also be placed at a disadvantage by social norms due to their sex and age.

Disability mainstreaming

Disability mainstreaming, that is, the inclusion of persons with disabilities in DC, aims at helping eliminate barriers, promote gender equality and prevent discrimination so that persons with and without disabilities can benefit equally from development cooperation measures.

Practically, disability mainstreaming is understood as the **process of assessing the impacts of planned interventions on persons with disabilities** - in legislation, policies and programmes, in every area and at all levels. It is a **strategy** to include the experience and concerns of persons with disabilities as an integral component in the design, implementation, monitoring and evaluation of policies and programmes, so that they can benefit equally and inequalities are eliminated. The ultimate goal of disability mainstreaming is to achieve equality for persons with disabilities.¹¹

3. International, European and national legislation and policy goals¹²

3.1 International level

UN Convention on the Rights of Persons with Disabilities

In May 2008, the Convention on the Rights of Persons with Disabilities entered into force as a binding agreement under international law and the most **important international instrument** in this sector. It marked a paradigm shift and a change of attitude towards persons with disabilities with a view to 'fixing society, not people'. Instead of as recipients and

¹¹ Albert et al 2005

¹² Only some major documents are cited. Other reference documents are appended in the Annex.

objects of welfare, care and medical treatment (medical or welfare approach), persons with disabilities were now recognised internationally as holders of rights (legal and social approach).¹³

The following **basic principles** of UN CRPD apply for all the sectors addressed in the Convention and therefore also for official development assistance:¹⁴

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

In Article 32, the Convention assigns a specific provision to **international cooperation**.¹⁵ Development programmes and humanitarian aid measures must actively support the implementation of the rights of persons with disabilities and ensure comprehensive inclusion in keeping with the universal design of DC. These measures must be carried out in cooperation with civil society, particularly with disabled people's organisations.¹⁶

Compliance with the Convention is monitored by a quasi-judicial complaints mechanism created under the Optional Protocol. Complaints about violations can be submitted to the **UN Committee on the Rights of Persons with Disabilities**. At regular intervals, the Committee also assesses national reports and makes recommendations to member states.

Millennium Development Goals and declarations on development effectiveness

The Millennium Development Goals contain no targets or indicators for improving the situation of persons with disabilities. The Paris Declaration and the Accra Agenda pay only marginal attention to persons with disabilities. In the latest declaration on development effectiveness, the **Busan Partnership for Effective Development Cooperation** of December 2011, disabilities are cited as part of the joint principles and international commitments that form the basis for effective development, like human rights, gender equality and ecological sustainability.¹⁷

In preparation for drawing up a new set of international rules to replace the MDGs, the UN member states also voiced their clear commitment at the High Level Forum in 2013 in New York to making disabilities an integral part of the Post-2015 Development Agenda, plan development cooperation measures for inclusion in all areas and take action against discriminatory social norms.

¹³ UN-enable

¹⁴ Article 3 of UN CRPD

¹⁵ Article 11 of UN CRPD

¹⁶ Monitoring committee, 12 April 2012

¹⁷ Busan Partnership for Effective Development Co-operation

3.2 European level

European Commission: European Disability Strategy 2010-2020 – A Renewed Commitment to a Barrier-Free Europe

The European Disability Strategy 2010-2020 is the main reference document at European Union level. This strategy is aligned with UN CRPD and stipulates the following eight main areas for action in the EU area: accessibility, participation, equality, employment, education and training, social protection, health and external action.

In its external policy measures, the EU also seeks to support the member states in implementing the rights of persons with disabilities in the neighbourhood and development cooperation policy in keeping with international commitments to aid effectiveness. Among other things, it stipulates that programmes and projects must promote the rights and needs of persons with disabilities and step up disability mainstreaming in programmatic work and policy dialogue. Partner countries will be supported in implementing UN CRPD.¹⁸

3.3 National directives

Federal Development Cooperation Act and the Three-Year Programme on Austrian Development Policy 2013-2015

The Federal Development Cooperation Act stipulates that ‘any measure adopted shall take into consideration in a suitable manner, the needs persons with disabilities’.¹⁹ Based on this, the Three-Year Programme on Austrian Development Policy 2013-2015 focuses on people and their needs and rights with a special commitment to those sections of the population who suffer most from poverty and live under particularly vulnerable conditions, including persons with disabilities. The thematic cluster of human rights, human security and rule of law is one of the three priority concerns of ADC. The Three-Year Programme stipulates the application of the human-rights-based approach (HRBA) in the methodology of interventions.²⁰

National Action Plan on Disability 2012-2020

To implement UN CRPD in Austria, the Austrian Federal Government adopted a national action plan²¹ (NAP) in 2012 that also contains a chapter on DC and humanitarian aid. As specific measures, it includes the promotion of programmes and projects for rehabilitation and strengthening the human rights of persons with disabilities as well as basic and continuing training of ADC personnel. As a long-term goal, ADC shall continue and upgrade ongoing measures, instruments and approaches according to Article 32 of UN CRPD and improve ADC procedures for the inclusion of persons with disabilities.

¹⁸ European Disability Strategy

¹⁹ Federal Development Cooperation Act, Section 1(4) No. 4

²⁰ Human Rights Manual

²¹ FMLSACP National Action Plan (adopted in July 2012)

4. Practical implementation of the inclusion of persons with disabilities in ADC project cycle management

4.1 Approach and method

Approach

Based on the legislation and policy directives cited in the previous chapter as well as its policy documents, 'Human Rights'²² and 'Good Governance'²³, ADC adopts a so-called **twin-track approach** in the practical implementation of its disability measures: promoting specific projects to support the rights of persons with disabilities on the one hand and including them in all programmes and projects on the other.

Both are important to achieve the goal of inclusion, that is, the equality of persons with disabilities. Specific measures, such as providing special support for persons with disabilities in inclusive vocational training or therapy centres for rehabilitation, can bring about selective improvements in certain areas. But also disability mainstreaming projects and programmes need to take specific measures (e.g. aids, such as adequate learning material or assistance teachers). For the most part, then, mainstreaming cannot succeed without specific measures.

Method

Taking concurrent account of and implementing many cross-cutting themes, such as gender, environment, human rights and good governance, poverty reduction and conflict prevention, is a growing challenge in ADC. Seven so-called joint principles have therefore been identified, since they are a part of all cross-cutting themes of ADC:

- (1) Ownership
- (2) Do no harm
- (3) Equity, equality and non-discrimination
- (4) Participation and inclusion
- (5) Accountability and transparency
- (6) Empowerment
- (7) Sustainability

Taking systematic account of these joint principles for cross-cutting issues in project planning, management and monitoring will also ensure the **general** inclusion of persons with disabilities, as most of the joint principles are also human rights principles (equality and non-discrimination, participation and inclusion, accountability and transparency, empowerment).

In more in-depth thematic work on including persons with disabilities in programmes and projects as well as in ADC political dialogue, the **human rights-based approach** (HRBA) is applied as a method. This emphasises the need to respect the dignity of all persons with disabilities and treats them as rights holders with the aim of advancing these rights. On the other hand, it supports human rights duty bearers, such as governments, public authorities and service providers, but also private institutions performing public tasks, in meeting their

²² Policy document: Human rights

²³ Policy document: Good Governance

obligations, e.g. through capacity development. Adhering to the human rights principles of non-discrimination, equal opportunities, participation, empowerment and accountability plays a key role in implementing HRBA.²⁴ By applying this, ADC supports its partner countries in meeting the international human rights commitments they have ratified, such as UN CRPD. Many ADC partner countries have ratified the Convention and/or signed its Optional Protocol.

Status of ratifications of UN CRPD and the Optional Protocol in ADC partner countries (selection)									
Partner country	Albania	Moldova	Uganda	Mozambique	Burkina Faso	Ethiopia	Georgia	Armenia	Bhutan
Convention on the Rights of Persons with Disabilities (UN CRPD)	✓	✓	✓	✓	✓	✓	Signed in 2009, not ratified	✓	Signed in 2010, not ratified
Optional Protocol of UN CRPD	✗	✗	✓	✓	✓	✗	Signed, not ratified	Signed, not ratified	✗
Key: ✓ signed and ratified ✗ neither signed nor ratified									

Table: ADA, source www.un.org/disabilities, as at November 2013

Complementary to the HRBA method, the systematic application of gender mainstreaming affords scope for an additional analytical dimension at all levels. This guarantees that account can be taken of different opportunities and capabilities depending on gender and context, access to basic services and the risk of violence and abuse for persons with disabilities.

4.2 Steps towards inclusion of persons with disabilities in project cycle management (PCM)²⁵

Applying the joint principles and - in more in-depth thematic work - the human-rights-based approach ensures that persons with disabilities are taken into account in all development cooperation interventions, as they are represented in all target groups. The consideration of persons with disabilities in all PCM phases, in both planning and implementation and monitoring and evaluation, will contribute to sustainable development and also avoid the need to take subsequent or future special measures, such as converting buildings to ensure accessibility.

²⁴ ADA Human Rights Manual

²⁵ Owing to the limited length of this document, we can only deal with some examples in individual phases, citing some good practices. To learn more about the issue, we recommend the bibliography and the list of instruments and/or consultation with experts.

To ensure inclusive development, the following **basic principles** on disability need to be taken into account in all phases of PCM:

- **Equal rights:** Persons with and without disabilities alike benefit from interventions and activities.
- **Participation:** Persons with disabilities and disabled people's organisations and pro disability organisations in urban areas and in the rural sector take part in all activities as well as decision-making processes.
- **Accessibility:** Physical, communicative, intellectual, social, economic and institutional barriers have been identified and methods are applied to reduce them.
- **Raising awareness:** Specific measures are taken to raise awareness among all stakeholders and at all levels, taking the following main elements into account:
 - **Capacity-development measures** are provided for the personnel of implementing and partner organisations, including management.
 - An open **discussion** is conducted on **prejudices, misconceptions and cultural attitudes** and information provided on correct terminology.
 - Capacity-development measures include **basic information** on UN CRPD and the rights-based approach.
 - **Experts with disabilities** or representatives of disabled people's organisations are involved as trainers.²⁶

These principles and the following explanations of the individual phases of PCM are relevant for programmes and projects for persons with disabilities as a specific target group (specific programmes and projects) and as part of a target group (disability mainstreaming).

4.1.1 Project identification phase

In this phase, an assessment is first made of the context of the planned project. Information is collected on target group needs, the role of the other actors and their relations to each other are analysed (stakeholder analysis) and the project environment is described, that is, factors that could influence the project. As the project design is based on the assessment in the identification phase, omissions or mistakes have an effect on the whole project.

- First of all, persons with disabilities must be recognised as **part of every target group**.
- **Status quo surveys** or **baseline studies** should compile information on their real conditions, examine the obstacles to equal participation and discrimination, inadequate treatment and risk factors that can lead to disabilities.
- **Available data sources** and information (e.g. disability briefings, statistics) can also be obtained from NGOs, government agencies, social services, international organisations (EU, UNDP, ILO, etc.) and private-sector institutions.
- Besides the use of available data, information can also be collected by making **contact with local actors** involved in disability issues (decision-makers at community level, religious authorities, NGOs, DPOs, etc.) and carrying out **visits to the project area**.
- Ideally, the baseline survey should be conducted **together with persons with disabilities**. Ways to facilitate their full participation include, for example, surveys, interviews and focus group discussions with them and/or disabled people's organisations. They themselves are best able represent their interests and identify their priorities.

²⁶ With reference to Bruijn et al, page 24

4.1.2 Project design phase

In this phase, a comprehensive project or programme description is drawn up to compile the findings from the problem analysis to meet the content requirements of the ADC project document (see Project document format).²⁷

- It is important to recall that persons with disabilities clearly defined as a specific target group or as part of one, are **not a homogeneous group**. On the one hand, account must be taken of the broad range of disabilities and on the other the different practical needs and strategic interests of women and men as well as other factors, such as age, language, origin, religion, etc.
- A major quality criterion is the involvement of persons with disabilities as **consultants or personnel** and/or cooperation with disabled people's organisations and pro disability organisations.
- **Risk assessment** must cater for the impacts on persons with different impairments and disabilities and offer solutions.
- When preparing the **intervention logic**, attention must be paid in particular to the following aspects:
 - The definitions of **overall objective, project objectives, results and activities** must be inclusive and conform to international agreements and standards. The inclusive definition will vary, depending on whether it pertains to a specific programme or project or disability mainstreaming.
 - An inclusive definition is accordingly made of **one or more indicators** to be able to measure project objectives achievement. Both quantitative and qualitative indicators should be used.
 - Project activities are also aimed at a sustainable **improvement in the conditions of life** for persons with disabilities, for example, by account of their specific needs in capacity development measures.

²⁷ ADA Project document format

Examples of indicators for the inclusion of persons with disabilities in PCM:

Sector	Quantitative indicators	Qualitative indicators
Education	Number of children with disabilities who take part in the regular school system	Classrooms and toilets are accessible without barriers Teachers are trained in Braille, sign language etc.
Vocational training	7% of participants in capacity development measures for raising agricultural production are persons with disabilities	Communicative accessibility is assured with Braille or acoustic word processing for persons with visual or auditory impediments The training centre is accessible for people with mobility impairments
Water and food security	At least 5% of participants in the local water resource management workshop are persons with disabilities	The sanitary facilities are accessible without barriers Persons with disabilities have access to adequate and clean water in households
Multisectoral	Number of (public) facilities that are accessible without barriers Percentage of DPO representatives who collaborate in consultative procedures with the government	Sign language interpreting is available at events on request free of charge Information booklets are translated into easy-reading formats or Braille Training curricula include components for raising awareness of the issue of disabilities and information on UN CRPD

Table: ADA, source: authors of the manual, Bruijn et al

- Specific measures for persons with disabilities must be budgeted in **financial planning** (also in disability mainstreaming programmes and projects). Generally, an estimated 2-7 per cent of the overall budget should be appropriated for the inclusion of persons with disabilities.

4.1.3 Implementation and regular monitoring phase

The implementation of the activities cited in the project document also entails the regular appraisal of indicator and target achievement. To guarantee the inclusion of persons with disabilities here as well, the following **aspects** need to be taken into account:

- Persons with disabilities must be **actively involved** in data collection and analysis.
- Persons with disabilities must be included as **monitoring experts**.
- **Participatory methods** must enable persons with disabilities to contribute their perspective, through the following, for example
 - Participation in **workshops** and/or in-process stakeholder roundtables
 - **Inspection** of the project surroundings or relevant buildings
 - **Ongoing supervision** of materials by persons with disabilities to appraise accessibility.

Examples of specific disability questions in ongoing monitoring:²⁸

- Do persons with disabilities also **actually take part in activities and to what extent**? Does this differ from the participation of persons without disabilities? If so, why is there a difference and how can it be remedied?
- Is there a **specific budget** for inclusion? Is this is being allocated as intended and for what purpose?
- Are persons with disabilities/DPOs/PDOs involved in discussion on possible **adjustments** to the project plan?
- How did the **partnership** and cooperation with DPOs, PDOs and government institutions proceed? Is there a need for additional, supportive or accompanying measures?

4.1.4 Evaluation phase

Evaluations seek to ascertain the relevance and validity of project or programme design and its efficiency, effectiveness, impact and sustainability. From the disability perspective, account must be taken here of the following:

- The monitoring and evaluation plan must contain inclusive **indicators from the intervention logic**.²⁹
- The main evaluation questions about relevance, efficiency, effectiveness, impact and sustainability must also be **assessed with a view to specific impairments**.
- Particularly suitable for evaluation are various **participatory methods**, such as discussions in steering committees with members with disabilities or focus group discussions.

Examples of specific evaluation questions on disability:³⁰

- Were all the services provided for persons with disabilities **accessible**? How was this assured? What difficulties have persons with disabilities encountered in access to services?
- Were persons with disabilities given the choice and possibility to **take active part** in decision-making processes? How?
- Have **partnerships** been established with specific programmes, disabled people's organisations and pro disability organisations? Which?
- How were priorities defined in the project and by whom?
- Has the project changed **power relations** and if so, did this improve the benefit, participation and influence of persons with disabilities in the activities?
- Have the **organisational capacities** of persons with disabilities increased?
- Has the **perception of disabilities** and persons with disabilities changed among personnel? How? Which activities have contributed most?
- Are persons with disabilities actively involved in **applying evaluation instruments**?

4.3 Recommendations for including persons with disabilities in policy dialogue

Besides specific programmes and projects for persons with disabilities and/or in disability mainstreaming, policy dialogue makes up an additional intervention level in applying HRBA. At an informal and formal level, it can and should support the procedure of designing and implementing programmes and projects and make aid more effective.

²⁸ Bruijn et al, 2012, page 46

²⁹ See Chapter 4.1.2

³⁰ Bruijn et al, 2012, page 48

When including persons with disabilities in policy dialogue, account must be taken of the following:

- Many ADC partner countries have already ratified UN CRPD and drafted national action plans for its implementation. The ratification of UN CRPD and its Optional Protocol **can be advocated** in policy dialogue with governments and included on the agenda of ministerial meetings or conferences, for example.
- In donor forums (EU for example), **alliances** can be forged with so-called like-minded donors on the issue of persons with disabilities (as part of EU human rights dialogues, for example) and for supporting the implementation UN CRPD in the respective partner country.
- Where donor representatives are asked to comment on **draft national laws or policies**, this can afford an opportunity to reassert and include the rights of persons with disabilities.
 - Dialogue with NGOs can **underpin a national disabled people’s movement**, for example, through support for setting up an association of relevant organisations, knowledge transfer via other disabled people’s organisations and pro disability organisations or capacity-development measures. It is important here to pay attention to strengthening organisations that are in close contact with the people they represent. **Local organisations** can often be closer to the grass roots than politically influential organisations that only operate in the capitals and are headed by the urban elite.³¹
 - **Forming and using networks**: Policy dialogue also comprises cooperation with and support from experts with disabilities and/or disabled people’s organisations and service providers for persons with disabilities, such as rehabilitation centres or community-based rehabilitation programmes and facilities. It is useful here to support the capacity of DPOs and also draw on their assistance. Particularly **community-based DPOs** should be included in networks. They are mostly less politicised and operate in a more practical way. It has to be noted also that some organisations only represent people with a specific kind of impairment.³²
 - Of prime importance here is to network with so-called **change agents**. These are persons who can be described as like-minded. They pursue the same aims (changes), such as the implementation of UN CRPD, are committed and can therefore act as major partners and supporters. Change agents advance demands for improvement and they function as multipliers. These persons can be found in many places and it is worthwhile forming an alliance with them!³³

³¹ Bruijn et al, 2012, page 57 ff

³² Bruijn et al, 2012, page 57 ff

³³ Bruijn et al, 2012, page 38 ff

5. Aspects of including persons with disabilities in humanitarian aid, education, adaptation to climate change and water supply and sanitation

The following examples briefly illustrate the needs of persons with disabilities and the related challenges, problems and approaches in the respective thematic context.³⁴

5.1 Humanitarian aid

Humanitarian aid measures aim at helping to protect the lives of people that are exposed to the greatest risk – including persons with disabilities. Hostilities and natural disasters can make existing impairments and disabilities worse or cause new ones, due to traumas and injuries, for example. Health care can break down in humanitarian disasters and cause shortages in food supply. Children and women with disabilities are exposed to a special risk here.³⁵ The following aspects need to be taken into special account when planning and providing humanitarian aid:

- The best way to **identify** persons with disabilities and assess needs in the operational area is with the help of the local NGOs, DPOs, PDOs, health care facilities, municipal decision-makers, etc.
- **Emergency shelters** must always ensure physical accessibility.
- **Raising awareness among field staff** is essential to be able to adequately address the needs of persons with disabilities.
- **Early warning systems and emergency plans** should be prepared together with persons with disabilities or DPOs and PDOs.
- To ensure a rapid and adequate response, it is also useful to draw up an **information card** for persons with disabilities that includes their details and needs.
- Here are some examples of specific measures for including persons with disabilities:
 - For physical impairments: separate queues, barrier-free latrines, personal assistance, walking aids, artificial limbs.
 - For visual impairments: large print, sufficient light, handrails.
 - For hearing impairments: communication through visual signals, hearing aids, sign language.
 - For learning difficulties (intellectual impairments): slow speech, simple language, personal assistance.
- Particularly also in **reconstruction** persons with disabilities should be included in decision-making according to the principle ‘build back better’. No new barriers may be created. Universal design should be a minimum standard. According to Handicap International, additional expenses for universal design often only accounts for between 0.5 and 1 per cent of the overall budget of a project or programme.

³⁴ These examples make no claim to completeness; they illustrate some aspects of inclusion in the respective thematic clusters.

³⁵ Light for the World, 2013

5.2 Education

It is relatively easy to identify children with disabilities for inclusion in the regular educational system. However, to also assure adequate quality and to make sure they actually take part and can achieve successful learning outcomes, various **(investment) measures** need to be taken:

- To allay prejudices and misconceptions about persons with disabilities, avoid the risk of mobbing as far as possible and to create a safe environment for all children, it is essential to **raise awareness among class mates and their parents as well as in the social setting** and make preparations for the inclusion of children with disabilities.
- **Teaching staff** must be given specific schooling and instruction and the national curricula for teacher training must include this aspect.
- Schools and educational institutions, including sanitary areas, the nearby surroundings and the way to school must be **free of physical barriers**.
- Depending on impairment, **adequate learning materials** must be made available for all children with disabilities, such as computers with a Braille line, Braille script, visual and auditory aids, acoustic word processing and personnel support through sign language interpreting, assistance teachers, etc.
- **Networking** with government, educational establishments, disabled people's organisations, pro disability organisations and international organisations is essential for local and national advocacy of the inclusion of children and youth with disabilities in the school system and adults with disabilities in continuing education/training.
- Education and continuing education/training is also very important for **adults with disabilities**, since these have often been deprived of primary school education. Including adults in literacy programmes, adult education, basic and continuing education/training measures and universities, etc. empowers them to take greater part in society.

5.3 Adaptation to climate change

In many parts of the world, natural disasters are becoming more frequent or severe due to climate change. These often affect marginalised groups in particular. In the case of persons with disabilities, the following **problems** can be of relevance.³⁶

- In the event of sudden floods, storms or landslides, everyone with limited mobility and who cannot walk or run, climb or find shelter fast are at a disadvantage, that is, particularly persons with disabilities. **Emergency plans** must therefore also take restricted mobility into consideration.
- Plans for **emergency and evacuation measures** must be comprehensive and inclusive, but they must also be communicated so that they can be understood by everyone. It may also be essential to carry out evacuation exercises particularly frequently for people with learning difficulties, so that they can respond automatically in an emergency.
- Aids needed to overcome barriers often get lost during sudden disasters. This is why accessibility also needs to be assured in **provisional camps** and besides food, clothing and sanitary articles **emergency relief aid packages** should also include visual and walking aids, etc. as far as possible.
- **Early warning systems** must also be understandable for persons with visual or auditory impairments. On the other hand, people with a sensory impairment have often de-

³⁶ Sphere Handbook, 2011

veloped particular sensitivity in the other senses, which could be of use for early warning systems in the local setting.

- Other forms of disasters that only proceed slowly, such as droughts, also affect persons with disabilities in particular, because under certain circumstances problems with access to water can be exacerbated, or special nutritional needs cannot be met. **Adjustment strategies in food security**, such as shifting to the production of other food, must take these special needs into account.

5.4 Water supply and sanitation

If only because of the implications for health, including persons with disabilities in water supply and sanitation is highly relevant. Restricted access to clean water and hygienic sanitary facilities can be both the cause and also the consequence of impairments and isolate persons with disabilities even more. The following **aspects** need to be taken into account in interventions in water supply and sanitation:

- As a very personal issue, hygiene has special implications for social barriers. Persons with disabilities often need help and support from others, mostly family members, in fetching water, entering (and often also using) toilets, etc. This assistance can be very **time-consuming** for the helpers and make persons with disabilities **feel inferior**.
- Access restrictions can be technical and/or social, ranging from steps, narrow doorways, out of reach water hand-pumps, lack of handrails and mud to prejudices and discrimination. Information and knowledge about existing obstacles to access and their inclusion in implementation has also proved to be more cost-efficient than ‘special’ measures that often only benefit small groups.
- As a result, eliminating **technical barriers** also contributes to eliminating social barriers, because in addition to the target group it also benefits their direct environment. In all its aspects, barrier freedom affords access for all marginalised groups (including pregnant women, older people), thus contributing to general sustainability. The following **measures** can help eliminating these barriers:
 - Levelled and paved ways to ensure access to sanitary facilities, water points, etc.
 - Minimising differences in height between the collecting basin of water points and the surroundings.
 - Erection of ramps to reach hand-pumps.
 - Sanitary facilities with wide entrances, handrails and sufficient space for a second person to help when needed.
 - Providing trailers that can be attached to wheelchairs for fetching water.
 - Large-print markings and signposts.

Consultation with **DPOs** and **PDOs** is also generally advisable in the individual phases of implementation so as to remedy possible omissions or inadvertent mistakes in good time.

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