

Input for Secretary General Report on Strengthening Efforts to Ensure Accessibility for and Inclusion of Persons with Disabilities in all aspects of development efforts



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Introduction

Strengthening efforts to ensure accessibility for and inclusion of persons with disabilities in all aspects of international cooperation efforts lies at the core of the Convention on the Rights of Persons with Disabilities (CRPD). It succinctly summarizes what is otherwise known as inclusive development: ensuring that persons with disabilities have access to, and can thus benefit from development efforts, funded both internally and externally through international assistance.

IDDC – the International Disability & Development Consortium – is a network of 23 international NGOs supporting the inclusion of persons with disabilities in development efforts in over 100 countries.¹ The IDDC promotes inclusive development, that is respecting the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that **all development processes are inclusive of and accessible** to all persons with disabilities.

IDDC welcomes and gratefully acknowledges the opportunity to provide some ideas on strengthening efforts to ensure accessibility for and inclusion of persons with disabilities in all aspects of development efforts. To illustrate these recommendations, some case studies are presented from IDDC's member organizations.

Inclusive Development

In addition to be described in Article 1, of the CRPD, the concept of inclusive development is enshrined in Article 32 CRPD, which reflects the purpose of the Convention and can be described as follows:

“The Convention identifies disability as an issue to be considered in all programming, rather than as a stand-alone thematic issue, and requires all States parties to implement measures ensuring full and equal participation of persons with disabilities in society. However, disability-specific actions and programming may also be required, depending on national context.”²

Inclusive development,³ as defined here by IDDC, refers to ensuring that all phases of the development cycle (design, implementation, monitoring and evaluation) include an accessibility and inclusion dimension and that **persons with disabilities are meaningfully and effectively participating in development processes and policies**.⁴

¹ See www.iddcconsortium.net.

² A/63/133 - Implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly, Para 61.

³ Compare IDDC submission to Fifth Ad Hoc Committee:

<http://www.un.org/esa/socdev/enable/rights/ahc5contngos.htm>.

⁴ “Inclusive development” refers to the participation of *all* stakeholders in development processes. The focus of this paper is inclusive development as it applies specifically to persons with disabilities.

The Human Rights Council reinforced the importance of inclusive development in its recent resolution A/HRC/RES/16/15 calling on “States parties to the Convention to ensure that all international cooperation measures in the disability field are consistent with their obligations under the Convention; such measures could include, in addition to disability-specific initiatives, ensuring that international cooperation is inclusive of and accessible to persons with disabilities.”

Inclusive development *also* implies a rights-based approach to development, understood in terms of a framework for human development as a process **firmly grounded in international human rights standards** and focused on the promotion and protection of human rights.⁵

In other words, inclusive development

- (i) ensures that persons with disabilities are recognized as rights-holding equal members of society who must be actively engaged in the development process irrespective of their impairment or other status such as race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,; and
- (ii) that development institutions, policies and programmes must take into account and be assessed in accordance with their impact on the lives of persons with disabilities, and consistent with the promotion and protection of internationally recognized human rights.

While Article 32 CRPD is the first stand-alone provision on international cooperation in a core human rights treaty, it certainly does not stand by itself: on the contrary: it is tied to and connected with the Convention’s provisions, reinforcing all of them.

Key features of inclusive development

Participation

Participation is key to any meaningful and sustainable development effort. This is particularly true for persons with disabilities. It addresses the invisibility of persons with disabilities and necessitates the active involvement of this marginalized constituency. Overcoming barriers, particularly social ones, is only possible, if there is a proactive effort to include persons with disabilities. This necessitates positive action and the provision of reasonable accommodation.

⁵ The term “rights-based development,” as understood in this paper, is consistent with the definition provided by the Office of the High Commissioner for Human Rights, compare: <http://www.unhcr.ch/development/approaches.html>.

The CRPD enshrines an *obligation* to “closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations (...) in the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities (Article 4(3)). The participation requirement is also reflected in the provision on **inclusive development**, which refers to the partnership with civil society, particularly persons with disabilities and their representative organizations (Article 32 (1)).

Planning accessibly & inclusively

The obligation to “ensure that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities” – as Article 32 (1)(a) CRPD states – can only be fulfilled by bringing persons with disabilities to the table: Participation is essential at all stages of development policy and programming. Participation of persons with disabilities is particularly crucial in the planning stages of policy, programs and projects: ensuring access – in all of its dimensions, including communication, physical and particularly social – as well as inclusion. Participation of persons with disabilities needs to be budgeted for, along similar lines as gender budgeting requirements.

Planning covers the very early stages of policy setting, primarily but not exclusively law making. Parliaments and parliamentarians and civil servants therefore play a critical role in opening discussions to civil society, particularly persons with disabilities and their representative organizations.

International cooperation in this realm can provide support and guidance in designing and funding processes that are inclusive of and accessible to persons with disabilities. For example, Australia launched a disability-inclusive development assistance program ‘Development for All’ in 2008.

The Secretary General has summarized the new strategy as follows:

The Australian Agency for International Development (AusAID) approach to disability and development, articulated in the strategy “Development for All: Towards a disability-inclusive Australian aid program 2009-2014”, is the newest among bilateral donors and the most detailed. The process to develop the approach was participatory, including consultation within and among the Australian disability community and the participation of stakeholders in developing countries where AusAID works. A reference group was also established to provide ongoing strategic guidance on implementation. The Australian strategy is also the only disability and development policy to explicitly indicate the availability of the document in accessible formats. The strategy identifies a number of barriers to disability-inclusion in development, including that disability issues are not included in the Millennium Development Goals; there is often a lack of institutional support for disability inclusion in development; staff may be resistant on account of lack of knowledge

or skills and concerns over added workload and lack of resources; and lack of monitoring and accountability mechanisms.⁶

The current donor trend, in line with commitments through the **Paris Declaration** and **Accra agenda for Action** is to finance International Cooperation through Budget and Sector Support modalities, 'Recipient' countries are responsible for setting their development agenda, and international donors support this domestic agenda. On the other hand international donors are obliged through the CRPD to ensure Inclusive Development. There is a dilemma or a challenge here: how do donors ensure Inclusive Development and respect for the national development agenda (where inclusion of persons with disabilities is not explicitly included in the national development agenda).

Rights based development

“Human rights and human development share a preoccupation with necessary outcomes for improving people’s lives, but also with better processes. Being people-centered, they reflect a fundamental concern with institutions, policies and processes as participatory and comprehensive in coverage as possible, respecting the agency of all individuals.”⁷

In addition to bringing together the two most important strands of advancing the well-being of every individual, human rights and development reinforce interrelated issues, including the clear responsibility attributed to the various actors and stakeholders as well as the principle of accountability.

Article 32 CRPD – as a stand-alone provision on development embodied in a core human rights treaty – embodies this rights based approach to development.

Making development rights-based means utilizing the full range of core human rights treaties and principles derived from them for development work.

Holistic understanding of “cooperation”

Looking more closely at the subparagraphs of Article 32 (1) CRPD, it is clear that the understanding of “international cooperation” transcends hitherto held notions⁸: in addition to the general obligation to ensure that international cooperation be inclusive of and accessible to persons with disabilities (Article 32 (1)(a) CRPD), the Convention highlights the following areas of cooperation:

⁶ Report of the Secretary General: Mainstreaming Disability in the Development Agenda, Commission for Social Development, E/CN.5/2010/6, Para 44.

⁷ OHCHR, Frequently Asked Questions on A Human Rights Based Approach to Development Cooperation, Chapter II Human Rights and Development, <http://www.ohchr.org/Documents/Publications/FAQen.pdf>.

⁸ See above on the CRC and other core human rights treaties.

- Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices
- Facilitating cooperation in research and access to scientific and technical knowledge
- Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

This is a clear departure from the notion that international cooperation be purely technical or economic. This can include global information exchanges amongst National Human Rights Institutions to provide examples of good practice, see also the HRC Resolution 16/15. There is further important progress in the notion of international cooperation:

Multidirectional understanding of “development”

Importantly, Article 32 CRPD is not confined to historic notions of the (geopolitical) direction of international cooperation: it is a multidirectional understanding of cooperation, which underlies the provision: broadly summarized it includes: South-North, South-South, North-North and North-South cooperation. For example, the Biwako Millennium Framework for Action And Biwako Plus Five towards an Inclusive, Barrier-free and Rights Based Society for Persons with Disabilities in Asia and the Pacific is a good example⁹.

Monitoring

Evaluation and monitoring should form integral parts of all programming and – where appropriate – also policies. Monitoring plays an important role in the CRPD, not only in the standard way of reporting to an international expert body but with a range of mechanisms to be established at national level, including a monitoring mechanism (Article 33 (2) CRPD).

It is paramount that the national bodies are also tasked with monitoring all aspects of development policy and programming to ensure that all aspects of development – be it provider or recipient – are inclusive of and accessible to persons with disabilities. In addition, monitoring the percentage of aid devoted to the inclusion of persons with disabilities through international cooperation is key¹⁰.

⁹ 64th session of ESCAP.

¹⁰ World Bank: Lord, J, Posarac, A, Nicoli, M, Peffley, K, McClain-Nhlapo, C, and Keogh, M (2010) Disability and International Cooperation and Development: A Review of Policies and Practices.

Given that the highest proportion of International Aid is now delivered through Direct Budget and Sector Support, and the fact that persons with disabilities are not included in the DAC coding, monitoring the inclusion of persons with disabilities in International Cooperation will require new tools and methods.

Importantly, participation of civil society and particularly persons with disabilities and their representative organizations is a key factor: the Convention specifically foresees the involvement in Article 33 (3), reinforcing the participatory principle of Article 4 (3) CRPD.

Immediate effect(s)

While some measures in line with Article 32 CRPD will require a certain time to take effect a good number are applicable immediately:

Non-discrimination

Persons with disabilities are not to be discriminated against in development efforts. Discrimination on the grounds of disability or impairment is prohibited by the Convention and persons with disabilities have to be treated equally in all areas, including international cooperation. Equal treatment may mean putting in place reasonable accommodation to ensure people with disabilities can participate equally, for example, by providing a sign language interpreter for a deaf participant.

No development support for new barriers

Ensuring that persons with disabilities have access to and are included in development efforts means that no development support shall create any new barriers: no social programs, such as health, education, livelihoods, that continue to exclude persons with disabilities are acceptable. For example, school projects that create inaccessible school buildings, curricula, fees or lack appropriately trained staff would contravene Article 32.

Planning & design new development cooperation projects

Starting new development initiatives means new plans and a fresh design process: not only an ideal entry point for the principles of accessibility and inclusion but much more so an opportunity to implement these principles from the start. Adequate financing and budgets are required to fulfill this.

Data & Statistics

The CRPD has a stand-alone provision on data and statistics (Article 31); as the assessment of needs relies on data, it is paramount that factors in ensuring accessibility and inclusion as well as contributors to exclusion are surveyed immediately to provide the necessary entry points for accessible and inclusive planning and programming. Note that the MDG Outcome Document specifically refers to the importance of disaggregated data.¹¹

Important areas for inclusive and accessible international cooperation

Inclusion and accessibility apply to all aspects of development. There are a few key areas where the principles of the CRPD (Article 3) should particularly be applied:

- Poverty reduction
- Inclusive education, including preschool
- Universal design, including infrastructure
- Health programming, particularly child and maternal health
- Data & Statistics
- Research and development of new technology
- ICT Information and Communication Technology
- Community Based Programming
- National Action Plans
- Monitoring Mechanisms
- Participation of civil society
- Humanitarian action
- Disaster Risk Reduction Planning and Response

Other provisions in the Convention specifically related to development

Obviously all provisions of the Convention are interlinked and reinforce each other mutually. There are a few provisions, which have a particular relevance for **inclusive development**:

- Article 11 – Situations of risk with an emphasis on humanitarian emergencies, a key area of international cooperation;
- Article 28 (2) (b) CRPD, which calls for ensuring access to social protection programmes and poverty reduction programmes for persons with disabilities, in particular women and girls with disabilities and older persons with

¹¹ OP 23 (s) MDG Outcome Document.

disabilities in the context of the right to health.

Inclusive and Accessible Millennium Development Goals

IDDC collaborated with the **UN Millennium Campaign** to work together on including disability in the MDGs. As a result, we launched the website www.includeeverybody.org which acts as a portal for information about disability and the MDGs. A leaflet is available summarizing and promoting the website.

The Outcome document of the High Level Summit on the Millennium Development Goals (A/RES/64/299) explicitly and implicitly discusses the need for increased accessibility and inclusion for persons with disabilities, *inter alia*:

3. We also reaffirm the importance of freedom, peace and security, respect **for all human rights, including the right to development**, the rule of law, gender equality and an overall commitment to just and democratic societies for development.

12. We recognize that gender equality, the empowerment of women, women's full enjoyment of **all human rights** and the eradication of poverty are essential to economic and social development, including the achievement of all the Millennium Development Goals. We reaffirm the need for the full and effective implementation of the Beijing Declaration and Platform for Action.⁶ Achieving gender equality and empowerment of women is both a key development goal and an important means for achieving all of the Millennium Development Goals. We welcome the establishment of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and pledge our full support for its operationalization.

13. We acknowledge that peace and security, **development and human rights** are the pillars of the United Nations system and the foundations for collective security and well-being. We recognize that development, peace and security and human rights are interlinked and mutually reinforcing. We reaffirm that our common fundamental values, including freedom, equality, solidarity, tolerance, respect for all human rights, respect for nature and shared responsibility, are essential for achieving the Millennium Development Goals.

23. (j) **Respecting, promoting and protecting all human rights, including the right to development;**

(s) Strengthening statistical capacity to produce reliable **disaggregated data** for better programmes and policy evaluation and formulation.

28. We also recognize that policies and actions must focus on the poor and those living in the most vulnerable situations, including **persons with disabilities**, so that they benefit from progress towards achieving the Millennium Development Goals. In this respect there is a particular need to provide more equitable access to economic opportunities and social services.

49. We resolve to take further effective measures and actions, in conformity with international law to **remove obstacles and constraints**, strengthen support and meet the special needs of the regions and countries struggling to achieve economic and social development, including least developed countries, landlocked developing countries, small island developing States, middle-income countries, Africa, and people living in areas affected by **complex humanitarian emergencies** and in areas affected by terrorism. In addition, we acknowledge the need to take concerted actions in conformity with international law to remove the obstacles to the full realization of the rights of peoples living under foreign occupation to promote the

53. We recognize that the respect for and promotion and protection of **human rights** is an integral part of effective work towards achieving the Millennium Development Goals.

68. We recognize that all countries require adequate, timely, reliable and **disaggregated data**, including demographic data, in order to design better programmes and policies for sustainable development. We commit to strengthening our national statistical systems, including for effectively monitoring progress towards the Millennium Development Goals. We also reiterate the need to increase efforts in support of statistical capacity-building in developing countries.

POVERTY #1

70. (d) Pursuing job-intensive, sustained, inclusive and equitable economic growth and sustainable development to promote full and productive employment and decent work for all, including for women, indigenous people, young people, **people with disabilities** and rural populations, and promoting small- and medium- sized enterprises through initiatives such as skills enhancement and technical training programmes, vocational training and entrepreneurial skills development. Employers and workers' representatives should be closely associated with these initiatives;

(h) Promoting inclusive financial services, particularly microfinance and including affordable and accessible credit, savings, insurance and payments products, for all segments of society, especially women, **people in vulnerable situations** and those who would not normally be served or are underserved by traditional financial institutions, as well as for micro-, small- and medium-sized enterprises;

(v) Making special efforts to meet the nutritional needs of women, children, older persons and **persons with disabilities**, as well as those living in vulnerable situations, through targeted and effective programming;

EDUCATION #2

71. (c) **Removing barriers**, outside and within education systems, so as to provide equitable educational and learning opportunities for all children, since knowledge and education are key factors for sustained, **inclusive** and equitable economic growth and for the achievement of all the Millennium Development Goals, through continued political emphasis on education and by promoting, with the support of the international community, civil society and the private sector, appropriate and targeted, evidence-based measures such as abolishing school fees, providing school meals, ensuring that schools have separate sanitation facilities for boys and girls and

in other ways making primary education for **all** children available, **accessible** and affordable;

(d) Addressing the root causes of the inequalities, disparities and diverse forms of exclusion and discrimination affecting children, particularly out-of-school children, including by enhancing enrolment, retention, participation and achievement of children, by developing and operationalizing an **inclusive education** and defining targeted, proactive strategies, policies and programmes, including cross-sectoral approaches, to promote **accessibility and inclusion**. In this regard, additional efforts should be undertaken to work across sectors to reduce drop-out, repetition and failure rates, especially for the poor, and to eliminate the gender gap in education;

(j) Strengthening efforts to ensure primary education as a fundamental element of the **response to and preparedness for humanitarian emergencies**, ensuring that affected countries are supported, at their request, in their efforts to restore their education systems by the international community

GENDER # 3

72. (b) **Ensuring access to education and successful schooling of girls by removing barriers** and expanding support for girls' education through measures such as providing free primary education, safe environment for schooling, financial assistance such as scholarships and cash transfer programmes, promoting supportive policies to end discrimination against women and girls in education, and tracking completion and attendance rates with a view to retaining girls in schools through secondary levels;

(g) Strengthening comprehensive national laws and policies and programmes to enhance accountability and raise awareness, prevent and combat all forms of violence against women and girls everywhere, which undermine their full enjoyment of all human rights, and ensure that women have access to justice and protection, and that all perpetrators of such violence are duly investigated, prosecuted and punished in order to end impunity, in conformity with national legislation, international **humanitarian law** and international human rights law;

(h) Improving national-level capacity to monitor and report on progress, gaps and opportunities through better generation and use of sex- and age- disaggregated **data**, including with the support of the international community;

HEALTH #4

73. (a) **Realizing the values and principles of primary healthcare including equity**, solidarity, social justice, **universal access to services**, multi-sectoral action, transparency, accountability community participation, and empowerment, as the basis for strengthening health systems, and recall in this regard the **Declaration of Alma-Ata**

(b) Strengthening the capacity of national health systems to deliver equitable and quality health-care services and promoting the widest possible access to health-care services at the point of use, especially to those in **vulnerable situations**, through

public policies that **remove barriers to access** and use of health-care services, complemented by the support of international programmes, measures and policies that align with national priorities;

(c) Providing and **strengthening comprehensive** and affordable **community based primary healthcare** services to ensure a **continuum from health promotion and disease prevention to care and rehabilitation** while paying **particular attention to poor people** and populations, especially in rural and remote areas, with a view to extending health protection to all those in need.

(f) Strengthening basic infrastructure, human and technical resources and the provision of health facilities so as to improve health systems and ensure the **accessibility**, affordability and quality, especially in rural and remote areas, of health-care services, as well as sustainable access to safe drinking water and basic sanitation, bearing in mind the commitment to halving, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting waterborne diseases;

(k) Strengthening the effectiveness of health systems and proven interventions to address evolving health challenges, including the increased incidence of **non-communicable diseases**, road traffic injuries and fatalities and environmental and occupational health hazards;

GENDER # 5

75. (d) Taking action at all levels to **address the interlinked root causes of maternal mortality and morbidity such as poverty, malnutrition, harmful practices, lack of accessible and appropriate healthcare services**, information and education, gender inequality and paying particular attention to eliminating all forms of violence against women and girls

HIV/AIDS #6

76. (b) Significantly intensifying prevention efforts and increasing access to treatment by scaling up strategically aligned programmes aimed at reducing the **vulnerability of persons more likely to be infected with HIV**, combining biomedical, behavioural and social and structural interventions and through the empowerment of women and adolescent girls so as to increase their capacity to protect themselves from the risk of HIV infection and the promotion and protection of all human rights. Prevention programmes should take into account local circumstances, ethics and cultural values, including information, education and communication in languages most understood by local communities and should be respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity, expanded access to essential commodities, including male and female condoms and sterile injecting equipment, harm-reduction efforts related to drug use, expanded access to voluntary and confidential counselling and testing, safe blood supplies and early and effective treatment of sexually transmitted infections, and should promote policies that ensure effective prevention and accelerate research and development into new tools for prevention, including microbicides and vaccines;

(d) Building new strategic partnerships to **strengthen and leverage the linkages between HIV and other health- and development-related initiatives**, expanding, to the greatest extent possible and with the support of international cooperation and partnerships, national capacity to deliver comprehensive HIV/AIDS programmes, as well as new and more effective antiretroviral treatments, in ways that strengthen existing national health and social systems, including using HIV platforms as a foundation for the expansion of service delivery. In this regard, expediting action to integrate HIV information and services into programmes for primary health care, sexual and reproductive health, including voluntary family planning and mother and child health, treatment for tuberculosis, hepatitis C and sexually transmitted infections and care for children affected, orphaned or **made vulnerable** by HIV/AIDS, as well as nutrition and formal and informal education;

(g) Sustaining national efforts and programmes, with the support of the international community, to address the challenges posed by malaria by strengthening effective prevention, diagnosis and treatment strategies, including through ensuring the **accessibility to and availability of** affordable, quality and effective medicines and generics, including artemisinin-combination therapy, as well as progress in the use of long-lasting, safe insecticide-treated bed nets to combat malaria and ongoing research for the prompt development of malaria vaccines;

(i) Undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by **non-communicable diseases**, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, working towards a successful **high-level meeting of the General Assembly in 2011**;

INTERNATIONAL COOPERATION #8

78. (f) The fulfilment of all ODA commitments is crucial, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national product (GNP) for ODA to developing countries by 2015 and to reach the level of at least 0.5 per cent of GNP for ODA by 2010, as well as a target of 0.15 to 0.20 per cent of GNP for ODA to least developed countries. To reach their agreed timetables, donor countries should take all necessary and appropriate measures to raise the rate of aid disbursements to meet their existing commitments. We urge those developed countries that have not yet done so to make additional concrete efforts towards the target of 0.7 per cent of GNP for ODA to developing countries, including the specific target of 0.15 to 0.20 per cent of GNP for ODA to least developed countries in line with the Brussels Programme of Action for the Least Developed Countries for the Decade 2001-2010,⁸ in accordance with their commitments. To build on progress achieved in ensuring that ODA is used effectively, we stress the importance of democratic governance, improved transparency and accountability, and managing for results. We strongly encourage all donors to establish, as soon as possible, rolling indicative timetables that illustrate how they aim to reach their goals, in accordance with their respective budget allocation process. We stress the importance of mobilizing greater domestic support in developed countries towards the fulfilment of their commitments, including through raising public awareness, and by providing **data on aid effectiveness** and demonstrating tangible results;

The references throughout the Millennium Development Goal Outcome Document

reinforce many of the specifics laid out in General Assembly Resolution A/RES/64/131 on “Realizing the Millennium Development Goals for Persons with Disabilities” by “including disability issues and persons with disabilities in reviewing progress to achieve the Millennium Development Goals.”

In its latest resolution, A/RES/65/186, the General Assembly has already laid the groundwork for ensuring that the post-2015 MDG agenda is accessible to and inclusive of persons with disabilities: Realizing the MDGs for persons with disabilities towards 2015 and beyond underscores the need “to enable persons with disabilities to participate as agents and beneficiaries of development, in particular in all efforts aimed at achieving the Millennium Development Goals, by ensuring that programmes and policies, namely on eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and the empowerment of women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability and developing a global partnership for development, are inclusive of and accessible to persons with disabilities.”

Importantly, the work of the UN agencies also is a focus in ensuring accessibility for and inclusion of persons with disabilities in development efforts, as has also been highlighted by the Commission for Social Development, e.g. their 2010 resolution on Mainstreaming Disability in the Development Agenda: “*Encourages* the United Nations system, including relevant agencies, funds and programmes, in accordance with their respective mandates: (a) to share their best practices, information, tools and methodologies on the mainstreaming of disability in their activities, through appropriate means, and review them periodically, in order to take a coherent and coordinated approach in disability issues in the United Nations operational framework; (b) to conduct disability education and awareness-raising campaigns, step up efforts to recruit persons with disabilities at all levels, including in field positions; (c) to enhance their accountability, including at the highest levels of decision-making, in the work of mainstreaming disability in the development agenda, including in the assessment of the impact of development efforts on the situation of persons with disabilities.”

Examples of current efforts of IDDC/members in International Cooperation

IDDC has been supporting the development of evidence-based tools to promote inclusive international cooperation policies and interventions at different levels, which are illustrated below:

INCLUSIVE GLOBAL DEVELOPMENT POLICY FRAMEWORK

Supporting International Cooperation Dialogue- working with partners to develop commitment towards Inclusive Development

IDDC regularly creates opportunities for, and supports multi-stakeholder dialogue around International Cooperation and the CRPD, at national, regional and International levels. The core principle across all dialogue supported is a particular emphasis on the role and the voice of DPOs from the South.

An example of this strand of action was the hosting of a **lunchtime debate at the Human Rights Council** on the 4th of March 2011. For the occasion of the Human Rights Council's annual debate on disability, the IDDC UN Task group hosted a lunch debate on the UNCRPD and international cooperation. The human Rights Council discussed a thematic study prepared by the OHCHR on enhancing awareness of the role played by International Cooperation in support of national efforts for the realisation of the purpose and objectives of the Convention of the Rights of Persons with Disabilities (UNCRPD). Speakers at the lunch debate included representatives of **OHCHR, the International Disability Alliance, and IDDC field partners**. William Rowland from the International Disability Alliance stated that "our work must be rights-based, and we need to put the charity approach behind us. We put the person in front, not the disability". This work contributed to influence the drafting of the resolution on "the role of international cooperation in support of national efforts for the realization of the rights of persons with disabilities" which was adopted by consensus on 21 March 2011.

Inclusive Community Development

Community-Based Rehabilitation Guidelines

The IDDC, in conjunction with WHO, ILO and UNESCO developed a new set of [CBR Guidelines](#), which were launched in Abuja, Nigeria in 2010, to support implementers of inclusive community development globally. IDDC implements CBR with its partner organisations in over 100 countries. Now that the Guidelines are launched IDDC will work together with key stakeholders - at the international and grass roots level to ensure that CBR is implemented globally as a community-based approach to making rights a reality for persons with disabilities globally.

IDDC members have been active to support the implementation of the CBR Guidelines, emphasizing a truly participatory and holistic approach.

In Peru, the rural development NGO Arariwa has been running a CBR project in several provinces of Cusco Region. Arariwa applies the twin track approach: Apart from specific services for children with disabilities, Arariwa mainstreams

disability, resulting in the inclusion of persons with disabilities and parents in all types of poverty reduction projects. The CBR project has been key in the formation and empowerment of at least five rural DPOs (who are linked to the regional umbrella Federation). The CBR team accompanies the DPO in the preparation of proposals and in the participation in the yearly participative budget allocation on district level. As a result, the DPO in Urubamba (a tourist destination in the Sacred Valley) gained some 4000€ for the implementation of massage units, training of persons with disabilities in massage techniques, equipment for artisans with disabilities.

In the four lake area, the DPO received a bread oven, which is now functioning on the premises of the municipality building. The only bread maker in the area the DPO has started to make money through its bread sales. In order to reach these successes, the CBR-Arariwa team closely coordinates with the 'OMAPED', or Disability offices, present in each of the municipalities where Arariwa works. Due to the lobby work of CBR-Arariwa, these offices were opened in the first place.

In 2004 the CBR team found a boy confined to the area around his house. After successful lobbying by the CBR team, his mother and the community joined forces during community working days and built a path from his house to the road. Subsequently he was able to attend school, continue to university and moved to the capital of the province, and earned money, landing a job in the labor ministry five years later. Arawira is working in collaboration with CBM.

IDDC supporting Inclusive Local Development Guidelines

With the support of the EC, IDDC member Handicap International developed a manual on [Inclusive Local Development](#) which gives a step by step approach on working with local development stakeholders to include the rights of persons with disabilities using the CRPD as a framework: www.make-development-inclusive.org. These guidelines include tools and recommendations which can guide the implementation the CBR Guidelines with stronger involvement of local authorities and DPOs. For example, interaction between local stakeholders (local authorities, local DPOs and local service providers) was facilitated to create the local development consultation framework of East Pikine, Senegal, to promote conditions for concerted and participatory development. This framework is composed of local networks and federations of organizations from the municipality. The DPO of Pikine joined the framework following its creation in 2001. As a result of this collaboration, different activities have been developed to respond to the needs of citizens with disabilities. These include: the creation of a vocational and basic literature training centre run by the DPO; launching income generating activities and the schooling of children with disabilities. Additionally the Chairwoman of the woman's section of the DPO has now been appointed to the position of Technical Advisor for the mayor in relation to disability issues.

Other examples of good practices in inclusive local development and inclusive local governance from 7 West African countries have been documented using the multi-stakeholder "Making it Work" methodology (<http://www.makingitwork-crpd.org/miw-projects/west-africa/>), and contribute to the knowledge base on implementation of article 29 of the UNCRPD in development context.

World Health Organization Collaboration- the Global Leprosy Programme

IILEP – the International Federation of Anti Leprosy Associations, an IDDC Member, has collaborated closely with the WHO's Global Leprosy Programme to ensure its Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy 2011-2015 has given a clear priority to:

- epidemiological indicators relating to the reduction of disability and
- to improving the quality of management of acute and chronic complications including prevention of disabilities/impairments and enhancing the provision of rehabilitation services through well organised referral systems.

The WHO strategy includes a strengthened section on equity, social justice and human rights and makes specific reference to the important role of the CRPD in the promotion of inclusive development and pursuit of the rights of persons with disabilities, including those affected by leprosy.

IILEP and its members agencies have also collaborated closely with WHO's Global Leprosy Programme and organisations of persons affected by leprosy in developing Guidelines to Strengthen Participation of Persons Affected by leprosy in leprosy services.

IILEP together with partner organisations of persons affected by leprosy was also proactive in a consultation process of the UN Human Rights Advisory Committee in the drafting of a resolution to *Eliminate discrimination against persons affected by leprosy and their families*. This resolution and its accompanying set of Principles Guidelines was ultimately adopted by the UN General Assembly in December 2010 and makes direct reference to the relevance of the UNCRPD for persons affected by leprosy.

Mine Ban Convention

In 2010 IDDC member organization Sightsavers were involved in training 26 States Parties at a parallel programme in Geneva on the links between issues outlined in the objectives that the States Parties to the Mine Ban Convention adopted in Cartagena in 2009 and the UN Convention on the Rights of Persons with Disabilities. They included: inclusive development, mainstreaming of disability in development initiatives, enhance the quality of life of people with disabilities and their families, empowerment, and promoting inclusion and participation. The Final Report of the Cartagena Summit on a Mine-Free World highlighted the concept of inclusive development as an appropriate mechanism to ensure that landmine victims and other persons with disabilities have access to the same opportunities in life — for healthcare, social services, a life-sustaining income, education and participation in the community — as every other sector of a society.

'Making it Work'

Making it Work is IDDC-initiated international-level, multi-stakeholder initiative aimed at capturing good practices to bring the UNCRPD to reality for persons with disabilities throughout the world, and in particular in developing countries. These good practices, reviewed and validated by multiple disability and development actors, are used as evidence and 'food' for advocacy and are available on the making it work website: <http://www.makingitwork-crpd.org/miw-projects/>

The MIW methodology has now been used to develop projects in several regions of the world. As such, it is now possible to envisage the potential multiplier effect of the global initiative. With an increasing number of publications, tools and good practice case studies generated, the MIW website increasingly offers the global disability community a shared platform for disseminating and exchanging their experiences of what has worked in their context and how it was achieved.

An example of how Making it Work projects will continue to impact people with disabilities - El Salvador:

With the technical support from the Making it Work International Co-ordination, a Making it Work project was implemented in El Salvador on the topic of 'employment of people with disabilities', with a specific focus on gender. Two disability organizations coordinated the project. One of the good practices collected was about the company Unilever, a global corporation. Unilever in El Salvador has been proactive on inclusion, complying with, and often exceeding, national regulations on hiring of people with disabilities. Upon learning about the Making it Work project, Unilever offered a 1-year consultancy to one of the women leading the Making it Work project, so that she may design a specific project to assist Unilever offices throughout Central America. As a result, this woman designed a consultancy project, utilizing the Making it Work methodology to collect and document specific examples of good practice within Unilever and generate recommendations as a basis for trainings that she will now give to staff. This small-scale DPO-led Making it Work project will now have impact on Unilever throughout Central America, and possibly globally.

INCLUSIVE HUMANITARIAN POLICIES

Influencing for disability guidelines within HCR

IDDC (through its member Handicap International) engaged in close work with the UNHCR which concluded in the adoption of the UNHCR Executive Committee Conclusion on Persons with Disabilities. The resolution uses the social model of disability from the CRPD; it recognizes challenges that people with disabilities face in emergency situations and recalls the primary responsibility of States to take measures to protect and assist persons with disabilities, in all situations. It calls for protection and assistance in a non-discriminatory manner and awareness raising. Following this, further work has been going on to develop UNHCR "Essential Guidance for Working with Persons with Disabilities in Displacement". An initial draft was done by a consultant selected by Handicap International and the UNHCR opened a consultation process on this document to get IDA's support.

Disability in the emergency cluster system

IDDC member Handicap International was invited to present in the annual interactive debate on the rights of persons with disabilities during the 16th session of the Human Rights Council on March 4th. This was the occasion to reaffirm that each person, including persons with disabilities should have an equal right to be included in emergency preparedness and benefit from a full access to relief services. International cooperation, based on the cluster system whereby disability is taken into account either in a health or protection cluster, provides opportunities to mobilise non disability stakeholders. However the lack of a specific disability cluster means

that there is an insufficient coordination of the inclusion of persons with disabilities into emergency response. IDDC recommended a better understanding of what disability means in the field to work towards real implementation of the Convention in emergency situations.

Inclusive emergency response, relief, rehabilitation and long term development

IDDC members (Light for the World, CBM, Handicap International, LCD, SightSavers International and partners) have joined hands with local DPOs to do joint advocacy for the inclusion of persons with disabilities in all relief and rehabilitation activities following the recent floods in Pakistan. This coalition (the Disability and Aging Taskforce) has raised awareness, developed capacity of local NGOs and other relevant stakeholders, and engaged in dialogue throughout the UN Clusters - in particular Protection, Education and Health Clusters - and government authorities to ensure that relief and rehabilitation work is inclusive of and accessible for persons with disabilities.

Results at this point include the inclusion of persons with disabilities in cluster strategies and increased capacities of humanitarian NGOs for inclusion. IDDC partners are committed to continuing to engage with and support this coordination mechanism as an approach to long term inclusive community development.

EUROPEAN POLICY FRAMEWORK

EU study on Disability and Development

The Council gave green light to the ratification by the European Community of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009. The rights recognised in the Convention cover almost all policy fields, including international development cooperation. In this context, the European Commission launched a study on Disability in EC Development Cooperation. The study examined how the concerns of persons with disabilities had been taken into account in the cooperation and provided a set of recommendations on measures to take in order to better reach persons with disabilities and comply with the UN Convention. IDDC partners provided on-going support and advice to the EC as part of a civil society steering committee for the study at all stages including the workshop the EC arranged to launch the study.

European Level Capacity Building

Inclusive Project Management Guidelines

With the support of the European Community, CBM led the development of a [Manual on Including the Rights of Persons with Disabilities in the Project Cycle Management Guidelines of the European Union](#). The manual includes examples of disability inclusive, projects, from IDDC partners in the fields of health, education, emergencies and the empowerment of disabled peoples organizations (DPOs). www.make-development-inclusive.org

Capacity building of development stakeholders- training of EU Delegation in India

The EU Delegation to India has been supporting both Government and Non-Governmental Organizations (NGOs) in facilitating developmental initiatives to improve the quality of life of marginalized and excluded communities through health, education, livelihoods and other human rights related components by way of engaging with them and funding their projects directly. IDDC member CBM, initiated a dialogue with the delegation to explore the possibility of working with them to mainstream the issue of disability in their agenda. A workshop on disability and inclusive development for the EU delegation was held to take the first steps in identifying ways for the EU Delegation in India to support the implementation of the CRPD in India, and in their work. Similar training has taken place in other countries with IDDC partners (eg Handicap International in Cambodia), and the EU itself plans to undertake more systematic training of disability focal people.

NATIONAL LEVEL EXPERIENCES

Public dialogue-peoples parliaments- including children with disabilities

This project, which has successfully included children with disabilities in Neighbourhood Children's Parliament in India highlights many principles and articles of the CRPD. It reflects Article 32, since the project is a collaboration between International NGO and a local partner. Article 4.3 (participation and active involvement of persons with disabilities in decision-making) and Article 7 (Children with Disabilities) are also specifically promoted in this case.

The Neighbourhood Community Network (NCN)'s, an organisation promoting the concept of Children Parliaments in South India for promoting children's participation in local development, initiated a partnership with CBM with the aim to work for the inclusion of children with disabilities in these Children Parliaments. One local CBO (Keelottivakkam Grama Sangam) in the network set up such Children Parliaments in Ottivakkam and surrounding villages. More than 450 children became involved, and in each Childrens Parliament children with disabilities were also represented. Direct outcomes were noted in the way that attitudes changed and children with disabilities became more accepted in their communities. All children also developed leadership skills. One example that points to that the voices of children with disabilities also were considered in this Children's Parliaments is that the opening of a library in a village saw the inclusion of books and material in Braille format.

Based on this experience, CBM is now supporting a large project of inclusive Children's Parliament in the States of Tamil Nadu and Kerate. It also respects the principles of the Convention for the full participation and respect of the evolving capacities of children with disabilities. This experience corresponds to the point 10 of the General Assembly resolution on inclusive MDGs.

Participation in PRSP development- Bangladesh

The process of establishing a Poverty Reduction Strategy (PRS) in Bangladesh started in 2001 and resulted in the publication of an interim PRSP (I-PRSP) in March 2003. In the beginning, only a few civil society organisations (e.g. ActionAid and WaterAid) were involved into the PRS-process. In early 2002 an NGO meeting took place, where these organisations presented the PRS process and the issues that needed to be addressed. The way the I-PRSP treated disability issues shocked

participants: only one part dealt with persons with disabilities, and this simply read “we will take care of difficult social cases, such as persons with disabilities”.

This prompted NFOWD, the “National Forum of Organisations Working with the Disabled” (comprised of 176 member organisations) and IDDC member Handicap International to publish a joint position paper taking the ILO paper (ILO, 2002) as a main source. The team added sections on human rights and an analysis of the national I-PRSP, selected parts that mentioned the term “disability”, and proposed improvements. NFOWD then made it possible to present the paper – and specifically a three-page summary in the national language, Bangla (the original was written in English) – to key persons in the Planning Commission of the PRS within the government and to donors. This summary was extremely useful as a large number of people read it. In 2004 the government organised one national and six regional consultations. NFOWD pushed its member organisations to participate in the regional consultations. All of them used the translated version of the position document as a reference, and advocated the same issues at the regional level. Due to this broad involvement, it became impossible to ignore the issue of disability.

However, NFOWD had to make a substantial effort to get itself invited to the national consultation. This was quite large (with more than 200 participants), and there was little time to present the issue. The government officially adopted the full version of the PRSP only in October 2005 even though not all ministries had accepted the content of the paper. The World Bank and IMF approved the paper in December 2006.

As a result of the joint efforts, the PRSP of Bangladesh includes now a fair number of aspects on disability. A separate chapter with two pages has been included under the heading “Ensuring Participation, Social Inclusion and Empowerment”. Unfortunately, most of the proposed actions have not yet been implemented.¹²

‘Inclusive Tanzania’

In a 5-year programme IDDC member Light for the World supported the disability movement in Tanzania to become united in their advocacy for inclusion, focusing on education for children with disabilities and the right of persons with disabilities to participate in political processes. The most important Disabled People's Organisations and disability NGOs joined hands in a consortium called “Inclusive Tanzania”.

Activity plans are designed and implemented by the network's own steering committee and working groups and contribute to the objective of an inclusive Tanzanian society where persons with disabilities have the same rights as everybody else.

The consortium identifies training needs and organises tailor-made workshops for its members and other stakeholders. Thereby the consortium's advocacy and organising skills are enhanced which leads to the network being recognised by the government and the public as expert body for inclusive education and disability rights. Media work

¹² For more information, please see:

<http://www.making-prsp-inclusive.org/en/4-case-studies/42-bangladesh.html>

and awareness campaigns as well as the establishment of local lobbying and advocacy groups and inclusive pilot schools contribute to increased understanding of disabled people's rights, needs and abilities.

Equipped with new lobbying skills the Inclusive Tanzania consortium participates in policy processes like the development of the new National Inclusive Education Strategy, Tanzania Disability Act (2010), Tanzania Child Act (2010) and successfully lobbied for an increased education budget on district level for the inclusion of children with disabilities. The right to political participation is another important focus whereby the network advocated for accessible elections and supported candidates and voters with disabilities. The network also advocated for inclusion of disability aspects in political party manifestos. As a result almost all political parties included issues regarding persons with disability in their election manifestos. Currently, the network participates in the ongoing review and making of a new Tanzanian Constitution to ensure that disability issues are included in the country's new constitution.

Overall Recommendations:

The following key points are essential to ensuring holistic inclusive development and international cooperation:

- International Cooperation policies, frameworks, strategies at all levels, from International frameworks, to local development plans, should specifically reference and adhere to the UN CRPD.
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- The inclusion of persons with disabilities in the development of program lifecycle: design, implementation, monitoring and evaluation
- Capacity needs to be built, of all key stakeholders- DPOs, Government, other development and humanitarian action partners
- The participation of persons with disabilities in all activities, which may include taking positive action and providing reasonable accommodation
- Accessible planning and design new development cooperation projects, including adequate budgeting

The CRPD applies equally in all International Cooperation efforts- whether this is multilateral or bilateral, development or humanitarian assistance, individual government initiatives, or global initiatives.

- Promoting rights based development and a multidirectional geopolitical understanding of “development”
- Supporting development initiatives that are accessible, therewith barrier-free and do not exclude persons with disabilities
- Establishment of the principles of accessibility and inclusion as cross-cutting obligations
- Clear criteria for development projects related to inclusiveness and accessibility
- A firm commitment to non-discrimination of persons with disabilities
- Application of national standards and laws related to accessibility, inclusion and persons with disabilities to international cooperation
- Ensuring data, statistics and the monitoring persons with disabilities in international development programs and international cooperation efforts
- Implementation of the Millennium Development Goals inclusive of and accessible to persons with disabilities

- Research into the most effective ways to plan, implement, monitor and evaluate inclusive development in the framework of new aid modalities- Global Budget Support and Sector Support

Lastly, accountability and transparency by all stakeholders in fulfilling Article 32 is *essential*.

Points of Consideration for the High Level Meeting:

Participation – the Meeting has to ensure that persons with disabilities, particularly from developing countries can speak themselves in the diversity that is represents the geographical spread and a variety of both the challenges faced and the best practices established around inclusive and accessible development programmes.

Immediate effects – the immediate effects of not discriminating against persons with disabilities through accessible and inclusive planning need to be underscored.

Human Rights Based Approach – clearly the discussion has to be based on human rights, including specifically the Convention on the Rights of Persons with Disabilities

Post 2015 Agenda – in line with the MDG Outcome Document and the General Assembly's Resolution 65/186, the discussion has to have a clear focus on how future development can be shaped, designed and planned to be accessible for and inclusive of all, particularly persons with disabilities

Documents – it is recommended that in line with A/HRC/RES/16/15 the Thematic Study by OHCHR on the role of international cooperation in support of national efforts for the realization of the rights of persons with disabilities be made available as well as the upcoming World Report of the World Health Organization.

IDDC would like to also recommend that synergies with the victim assistance program under the Mine Ban Convention are utilized.

Finally, it is suggested that the report provide clear linkages to the upcoming discussion of the Quadrennial Comprehensive Policy Review this fall as well as the next Statistics Commission in February 2012.