

**Input for Secretary General  
Report related to General  
Assembly resolution 65/186,  
entitled “Realizing the  
Millennium Development Goals  
for persons with Disabilities towards 2015 and beyond”**



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## Introduction

IDDC – the International Disability & Development Consortium – is a network of 23 international Non-Governmental Organizations (NGOs) supporting the inclusion of persons with disabilities in development efforts in over 100 countries.<sup>1</sup> 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 by IDDC's member organizations are presented.

Inclusive development,<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

## Realization of the Millennium Development Goals for persons with disabilities: efforts and obstacles

The Outcome document of the High Level Summit on the Millennium Development Goals (A/RES/65/1) explicitly and implicitly discusses the need for increased accessibility and inclusion for persons with disabilities:

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.

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<sup>1</sup> See [www.iddcconsortium.net](http://www.iddcconsortium.net).

<sup>2</sup> Compare IDDC submission to the Study of OHCHR on Inclusive Development, <http://www.ohchr.org/EN/Issues/Disability/Pages/SubmissionsStudy.aspx>.

<sup>3</sup> "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.

<sup>4</sup> 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 references throughout the text ([Annex 2](#)) 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.”

IDDC collaborated with the **UN Millennium Campaign** to ensure the inclusion of disability in the MDGs. As a result, we launched the website [www.includeeverybody.org](http://www.includeeverybody.org) which acts as a portal for information about disability and the MDGs. A leaflet summarizing and promoting the website is also available. IDDC member CBM has launched an online resource kit to provide information for people with disabilities and their representative organisations to participate in the process leading up to 2015: [www.cbm.org/mdg-resource-kit](http://www.cbm.org/mdg-resource-kit) The website provides case studies, a position paper on the post-2015 framework and key events to engage in.

## 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.

The CRPD enshrines an obligation to “closely consult with and actively involve 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)).

Meaningful participation is required at all levels of international co-operation, in the creation of international cooperation policies, frameworks and strategies, as well as in the design, implementation, monitoring and evaluation of programs.

To ensure meaningful participation, awareness raising initiatives among staff members of international co-operation stakeholders must be scaled up significantly, as well as capacity development of disabled people’s organisations (DPOs).

## Implementing the CRPD at the national level

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.

As 112 countries have ratified the CRPD, including many developing countries, international co-operation has a great potential in contributing to the realization the rights of persons with disabilities in developing countries, including the work within the MDG framework, situations of risk with an emphasis on humanitarian emergencies (Article 11 CRPD), as well as social protection and poverty reduction programs, in particular women and girls with disabilities and older persons with disabilities (see Article 28 (2) (b) CRPD).

The implementation of the CRPD at the national level and the contribution of international cooperation towards it, should be an intrinsic part of the political dialogue between countries, including human rights dialogues.

### **Social Protection**

Social Protection frameworks are receiving higher attention in international cooperation. International organisations, international finance institutions and bi- and multilateral donors are shaping their policies and intervention strategies in this area, to support progress towards universal access to health, education and basic income.

It is of utmost importance, that the social protection frameworks, policies, and initiatives are inclusive of and accessible to persons with disabilities. Action needs to be taken to ensure that

- persons with disabilities can equally access social protection measures in order to benefit from education and employment,
- basic social security covers any additional costs persons with disabilities may incur,
- non-discriminatory access to social and health insurance is guaranteed,

and that appropriate instruments are in place to take care of the support needs of persons with disabilities.

### **Education**

The IDDC appreciates the upcoming United Nations Secretary General's Global Initiative on Education, turning the existing momentum for the realization of MDG 2 to spur a global movement to achieve quality, relevant and inclusive education for all by 2015, with linked gains for the broad development agenda, including the MDGs.

In a situation, where one third of children without access to primary education are children with disabilities, there is an urgent need to upscale measures to ensure their access to quality inclusive education, including removal of physical, communicative and attitudinal barriers, awareness raising in schools and communities, teacher training, and learning material in accessible formats, among others.

With increased investment of international co-operation in education, it must be assured, that this development support does not create new barriers.

### **New Global Partnership for Effective Development**

At the Fourth High Level Forum on Aid Effectiveness in Busan a new, inclusive and representative Global Partnership for Effective Development Co-operation was created to support and ensure accountability for the implementation of political commitments.

The Outcome document points to shared principles for achieving the common goals of this partnership, consistent with the agreed international commitments on human rights, including the rights of persons with disabilities.

This underlines, that all aid modalities applied in international cooperation - in line with the Paris Declaration principles of national ownership, alignment, harmonization, managing for results and mutual accountability - need to ensure the rights of persons with disabilities enshrined in the CRPD. The fact that the highest proportion of international aid is now delivered through direct budget and sector support, provides additional challenges for ensuring an inclusive and accessible development cooperation: 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)? As long, as persons with disabilities are not included in the OECD/DAC coding, the inclusion of persons with disabilities in international cooperation reporting and monitoring will require alternatives, particularly new tools and methods.

To ensure the inclusion of persons with disabilities in national strategies, their participation in the development, implementation and monitoring is essential, as well as a disability rights budgeting, which caters for the budgetary needs of inclusion of persons with disabilities across all sectors of government spending.

### **Data & Statistics**

Efforts to address the scarcity of comparable data are underway. Repeated calls to fill the void have now been heeded with commitments contained in A/RES/65/1 as well as the Busan Declaration, both of which specifically call for an increase in disaggregated data. The ongoing work by the UN Statistics Commission on comparable data on persons with disabilities needs to be brought into the fold of MDG data collection, particularly efforts such as unicef's MICS and related initiatives.

### **Post MDG development framework**

In its 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.

The Post-MDG development framework needs to adopt a human rights based approach, to contribute effectively to the implementation of the international agreed human rights treaties in international cooperation, including the CRPD. It is of utmost importance, that both the causes and effects of poverty and inequalities are addressed.

Across the world, due to societal barriers and exclusion, persons with disabilities have limited access to: basic healthcare, educational opportunities and employment and therefore experience higher rates of poverty and inequality than non-disabled people.

Inequality affects all countries, rich or poor, and arguably affects poverty to a greater extent than economic growth does. Intra-country inequalities – notably in middle-income countries where most of the world's poor live now - have widened, of which disabled people are disproportionately represented.

Meaningful participation of persons with disabilities and DPOs in the process for developing the Post-MDG framework must be assured.

### **High Level Meeting 2013**

The design of the High Level Meeting on “Strengthening efforts to ensure accessibility for and inclusion of persons with disabilities in all aspects of development efforts” needs to ensure the participation of persons with disabilities, particularly those from developing countries. Discussions need to be designed so as to ensure the highest possible contribution from persons with disabilities from developing countries, to

adequately reflect their experience and expertise in addressing barriers and obstacles in current development efforts.

In line with A/RES/HRC/16/15 it is important that the needs of all persons with disabilities be addressed (OP 6.a.) and that persons with high support needs are adequately taken into consideration. Factors such as multiple and aggravated forms of discrimination, including the connection between gender and disability, as well as discrimination based on the conjunction of socio-economic and disability related discrimination, need to be given highest attention.

Article 32 CRPD has some immediate effects, particularly in relation to discrimination: as a human rights treaty, the obligation not to discriminate and exclude persons with disabilities based on their (perceived) impairment, has instant implications for the design and implementation of international cooperation.

As efforts related to inclusion of persons with disabilities are increasing, it is vital that there be coordination between various actors (compare A/RES/HRC/16/15, OP 6.b.), the framework of which could also be addressed by the High Level Meeting.

As the OHCHR Study (A/HRC/16/38) and the subsequent HRC resolution (A/RES/HRC/16/15) reiterate, it is important to take into consideration the multi-directional aim of Article 32 and heed the call for South-South and triangular cooperation, among others (OP 12, 16/15).

Importantly, Article 32 offers opportunities to leave redundant modes of international cooperation behind and enable good practice for new approaches to development, also based on the examples provided in Article 32, such as transfer of technology, including assistive devices (see also A/RES/HRC/16/15, OP 10).

All of the CRPD's provisions apply to international development. Importantly, the area of humanitarian operations needs to be taken into account and all phases of humanitarian work need to be designed and implemented accessibly (OP 11 A/RES/HRC/16/15). Accordingly, synergies in the area of victim assistance in de-mining should also be utilized.

## ANNEX 1: 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:

### 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.

At a **lunchtime debate during the Human Rights Council's 16<sup>th</sup>** session the IDDC UN Task group hosted a lunch debate on the CRPD and international cooperation in conjunction with the 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 CRPD. Speakers 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”. 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 subsequently elaborated adopted by consensus.

### Community-Based Rehabilitation Guidelines

The IDDC supported WHO, ILO and UNESCO in developing 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. 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 runs a CBR project in several provinces of the Cusco Region. Arariwa applies the twin track approach: In addition to 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 supports the DPOs 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) garnered 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 donation of a bread oven makes the DPO the only bread maker in the area enabling profit through the 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.

### **IDDC supporting Inclusive Local Development Guidelines**

With the support of the EC, IDDC member Handicap International developed a manual on [Inclusive Local Development](#) which provides 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](http://www.make-development-inclusive.org). These guidelines include tools and recommendations on the implementation the CBR Guidelines with stronger involvement of local authorities and DPOs.

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. The DPO of Pikine has helped create a vocational and basic literature training centre; the launch of income generating activities and the schooling of children with disabilities. The Chairwoman of the woman's section of the DPO has now been appointed Technical Advisor for the mayor in relation to disability issues.

Examples of political participation in inclusive local governance in seven West African countries have been documented using the multi-stakeholder "Making it Work" methodology (<http://www.makingitwork-crpd.org/miw-projects/west-africa/>).

### **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. 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 also participated in the consultation process of the UN Human Rights Advisory Committee in drafting a resolution to *Eliminate discrimination against persons affected by leprosy and their families* and accompanying set of Principles Guidelines.

### **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 victim assistance based on the Cartagena Action Plan and the CRPD. 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: healthcare, social services, life-sustaining income, education and participation in the community.

### **‘Making it Work’**

Making It Work (MIW) is a global initiative involving IDDC members to **collect best practices on effective inclusion of people with disabilities** and use these evidence-based examples of what works for **stronger advocacy to influence positive changes** in policies, systems and practices for full inclusion of people with disabilities in-line with the principles of the CRPD. MIW uses a **multi-stakeholder approach** building alliances and collective collaboration around disability inclusion issues. The MIW methodology puts an emphasis on a **“learning by doing” process that empowers groups to work collectively** to document and promote change. The methodology aims to ensure people with disabilities are validating what works and using the evidence-based good practices to **influence change**.

More information on the MIW initiative is available at: <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 database, 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.

With the technical support from the Making it Work International Co-ordination team, Handicap International in West Africa is working together with Disabled People’s Organizations (DPOs) to carry out a regional Making it Work project on inclusive water and sanitation

### **Inclusion of disability indicators in the monitoring and reporting process of the UNCT North Korea (DPRK)**

In 2010, the UNCT, DPRK started to report on the MDGs for DPRK. Taking due advantage of the situation, HI and its national partner KFPD decided to advocate for inclusion of the disability indicators as developed by the Expert Group constituted by UNDESA and WHO in 2009.

HI along with the Korean Federation for the Protection of Disabled People (KFPD) conducted an analysis of the existing policies and programs of the UN agencies such as UNDP, WHO, UNICEF, WFP and UNFPA to identify the barriers and gaps in mainstreaming disability. On the basis of the findings of the study, ‘Guidance Note’ was developed for each of the agency to include disability within their programs. HI and KFPD enrolled as members in the UN Thematic Groups and aggressively advocated for UNCT to collect disaggregated data on persons with disabilities by ensuring that all surveys, data collection exercise includes information on persons with disabilities. UNDP opened negotiations with the national government to include disability indicators within the national monitoring and reporting process of the MDGs. The government of DPRK is now according importance to the issues concerning persons with disabilities. There is a growing awareness about disability within the UNCT and disability has been included in the UNSF for the period 2010-15.

### **Influencing for disability guidelines within HCR**

The development of the UNHCR Executive Committee Conclusion on Persons with Disabilities was also supported by IDDC member Handicap International. The resolution utilizes the social model of disability and recognizes challenges that persons with disabilities face in emergency situations, recalling 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".

### **Disability in the emergency cluster system**

At the annual debate on disabilities during the 16<sup>th</sup> session of the Human Rights Council Handicap International reaffirmed the importance of emergency preparedness and 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.

### **Inclusive emergency response, relief, rehabilitation and long term development**

IDDC members (Light for the World, CBM, Handicap International, LCD, SightSavers International and partners) have supported local DPOs advocating 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.

### **EU study on Disability and Development**

The European Commission has conducted a study on Disability in EC Development Cooperation. 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. The findings of this study are reflected in External Action Chapter of the EU Disability Strategy 2010-2020. IDDC collaborates with the European Commission in the implementation phase, including training of European Commission Staff and a web-based exchange forum for disability focal persons in EU delegations.

### **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](http://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 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 to support the implementation of the CRPD. Similar training has taken place in Cambodia and the EU is planning more systematic training of disability focal people.

### **End Exclusion – Let's enable the MDGs**

IDDC members LIGHT FOR THE WORLD and the Dutch Coalition for Disability and Development (DCDD) together with the Slovak NGDO eRko with financial support from the European Union have launched an initiative to raise the awareness of Young Europeans and Opinion Formers on the inclusion of persons with disabilities in international co-operation: [www.endexclusion.eu](http://www.endexclusion.eu)

The “END EXCLUSION – Let's Enable the MDGs” project sets out to change attitudes so that persons with disabilities are seen as equal and able individuals. Awareness and public support is created for the active inclusion of persons with disabilities in programmes designed to reduce poverty. In working towards more inclusive societies, young people can be a main driving force of change. That's why this project gives them the opportunity to stand up both for inclusion and for the eradication of poverty.

### **Public dialogue-peoples parliaments- including children with disabilities**

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.

### **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.<sup>5</sup>

### **Promoting the implementation of the CRPD in Burkina Faso**

IDDC member LIGHT FOR THE WORLD supports a multi stakeholder project in Burkina Faso to promote and to watch over the implementation of the UN-Convention for the Rights of Persons with Disabilities. Seven independent Disabled Peoples' Organisations (DPOs), the National Federation of DPOs and four International NGOs, including LIGHT FOR THE WORLD, joined forces to play an active and effective role in holding the government accountable. The DPOs formed an Advocacy Group (CAP) that watches over the developments and continues to push for concrete and structural implementation, while the NGOs provide technical and financial support. The Ministry of Social Affairs and the Ministry of Human Rights welcomed the initiative, and gave their full collaboration for a conference with all ministries, relevant civil society organisations, DPOs and international NGOs on the implementation of the UN CRPD.

This process offers learning in building coalitions and effective partnerships to monitor implementation of the UN CRPD. The spirit to push the agenda, together with respect for each other's role, has been outstanding. If the necessary resources are provided, Burkina Faso can become a model, for (French-speaking) sub-Saharan Africa, for the effective implementation of the UN CRPD, built on the strengths and potential of all the actors involved.

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<sup>5</sup> For more information, please see:

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

## ANNEX 2:

### References in the Outcome document of the High Level Summit on the Millennium Development Goals

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.<sup>6</sup> 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,<sup>8</sup> 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 fulfillment of their commitments, including through raising public awareness, and by providing **data on aid effectiveness** and demonstrating tangible results;