



**UNITED NATIONS  
DEVELOPMENT GROUP**

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# **Including the Rights of Persons with Disabilities in United Nations Programming at Country Level**

**A GUIDANCE NOTE FOR UNITED NATIONS  
COUNTRY TEAMS AND IMPLEMENTING PARTNERS**

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and Implementing Partners**



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## Note

The United Nations Development Group's guidance note on including the rights of persons with disabilities in United Nations programming at country level has been prepared by a team of the Inter-Agency Support Group on the Convention for the Rights of Persons with Disabilities composed of the United Nations Department for Economics and Social Affairs (UNDESA), Office of the High Commissioner for Human Rights (OHCHR), International Labour Organization (ILO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and the United Nations Development Operations Coordination Office (UNDOCO).

The IASG is composed of 25 UN agencies, funds and programmes.

## Executive Summary

UN Country teams can play a significant, influential role in supporting States to implement the UN Convention on the Rights of Persons with Disabilities, through the design and implementation of the UN Development Assistance Framework (UNDAF) and through the work of individual agencies in their areas of mandate.

This guidance note outlines four main areas for mainstreaming the rights of persons with disabilities:

- UN cooperation at country level;
- Country Analysis (preceding UNDAF development);
- Strategic Planning (development of the UNDAF and its results matrix);
- Monitoring and Evaluation (M&E).

### ■ The broad framework of UN cooperation at country level will be useful in order to:

- position disability rights in the UNDAF Roadmap thinking and process;
- map the national planning process, timelines, key actors, and their agendas, which can be influential in mainstreaming disability rights;
- lay out the steps and milestones for the UNCT's contribution to country analysis, UNDAF preparation, and M&E, where persons with disabilities should be included in a consultative process;
- decide how best to organize available resources and the work of the UNCT to mainstream the rights of persons with disabilities in the UNDAF process.

### ■ Country analysis will be instrumental in: positioning disability rights in the review of country analytic work;

- engaging with country partners to assess the UNCT's comparative advantages in promoting disability rights;
- reviewing the quality of country analytic work, in relation to the standards set in the Millennium Declaration and other internationally agreed development goals and treaty obligations, and its potential to include disability rights;
- including disability rights in a fully-fledged process to develop a Common Country Assessment (CCA), when the UNCT and partners decide that there are few existing high quality analysis and that planned exercises are not sufficiently analytical.

- **Strategic planning will make it possible to:**
  - highlight the disability dimensions of development problems, through the prioritization exercise, in order to determine if disability rights should become a priority and outcome in the UNDAF;
  - indicate how capacity development needs for action on disability rights will be addressed, including data collection and analysis, assessment and planning;
  - provide inputs on disability rights to the UNDAF preparation, including the draft UNDAF Results Matrix and M&E Framework;
  - influence the preparation of agency programmes and projects, and their work planning.
  
- **UNDAF monitoring and evaluation offers opportunities to:**
  - track progress, through monitoring, towards the results agreed in the UNDAF, and help to make mid-term corrections;
  - identify any new capacity development needs of partners in mainstreaming the rights of persons with disabilities into national or sectoral plans and policies;
  - take advantage of mainstreaming opportunities and move towards disability-inclusive programming, through the UNDAF annual review process.

By mainstreaming disability rights in their work at country level, UNCTs can respond to the request of persons with disabilities themselves, who have been calling for a new approach to disability, grounded on the conviction that all persons should be equally valued: an approach focusing on the need to adapt society so as to enable (rather than disable) people with impairments.

# Abbreviations

CCA	Common Country Assessment
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organizations
DPO	Disabled Peoples' Organization
IASG	Inter-Agency Support Group for the CRPD
ILO	International Labour Organization/International Labour Office
ITU	International Telecommunication Union
HRBA	Human Rights-Based Approach
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
OHCHR	Office of the High Commissioner for Human Rights
ODPEM	Office of Disaster Preparedness and Emergency Management (Jamaica)
OP	Optional Protocol
RBM	Results-Based Management
UNCT	United Nations Country Team
UNDAF	United Nations Development Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
WG	Working Group
WGPI	Working Group on Programming Issues



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# 1. Introduction and Purpose of the Guidance Note

Persons with disabilities make up an estimated 15 per cent of the world's population, over one billion—80% of whom live in developing countries. They frequently experience discrimination and face barriers to participation in all aspects of society – for example, in accessing education, employment, health care and transportation. Some persons with disabilities face multiple barriers to their participation, due to discrimination on the basis of other grounds, including race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth and age.<sup>1</sup> As a result, persons with disabilities are at a high risk of poverty, which in itself increases the likelihood of having a disability.

Given that persons with disabilities represent a significant portion of the world population, and are more likely to live in poverty than their non-disabled peers, their inclusion in all development activities is essential, if internationally agreed development goals, including the Millennium Development Goals (MDGs) are to be achieved in an equitable manner.

The Convention on the Rights of Persons with Disabilities (CRPD) and its *Optional Protocol* (OP)<sup>2</sup> provide the normative framework for Member States to address the rights of persons with disabilities and to ensure that they are included in all development efforts. The Convention is a legally-binding international treaty that comprehensively clarifies the human rights of persons with disabilities as well as the corresponding obligations on States Parties. It has an explicit, socio-economic development dimension that recognizes the importance of development to the full realization of the rights in the CRPD, and the role of international cooperation in support of national efforts to implement the CRPD (article 32). Its principles and provisions need to be translated into the everyday planning and implementation processes of the United Nations Country Teams (UNCTs) that should help Member States to implement their commitments.

Prior to the CRPD, several principles and policy guidelines on persons with disabilities had been adopted by the General Assembly of the United Nations. These include the World Programme of Action concerning Disabled Persons (1982) and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993).<sup>3</sup> These tools continue in operation for countries that have not ratified the CRPD, although some of the concepts and recommendations which they contain are now superseded.

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<sup>1</sup> Convention on the Rights of Persons with Disabilities, Preamble (p)

<sup>2</sup> See Appendix 4, Tools 9 and 10

<sup>3</sup> See Appendix 2

## 1.1. Purpose and Scope

This Guidance Note is intended to help UNCTs and country partners to better include or mainstream the rights of persons with disabilities in UN country programming, in implementing a Human Rights-Based Approach (HRBA). It should thus be used in conjunction with the more generic UNDAF Guidelines and UNDAF Technical Guidance for UNCTs and be considered as a sub-set of these broader guidelines. It is also intended to support collective UNCT action and coordination at country level in support of Member States, contribute to the coherence of UN work, and assist the UNDG members and individual agencies to provide more targeted support to UNCTs. Similarly, while it is aimed at UNCT work in the UNDAF framework, it is not intended to replace more specific agency guidelines and tools, which remain valid, and may respond better to specific agency mandates.<sup>4</sup>

The Guidance Note is structured according to the CCA/UNDAF timetable. It should be used flexibly, however, as some of the suggested entry points, actions, and tools for including consideration of the rights of persons with disabilities may be used in parallel or at different stages of the CCA. The Guidance Note has four appendices, providing further information:

Appendix 1: Persons with Disabilities and Development.

Appendix 2: International standards and initiatives regarding persons with disabilities.

Appendix 3: Strategies for promoting the inclusion of persons with disabilities.

Appendix 4: Toolkit.

## 1.2. Why is this guidance note important for UNCTs?

UNCTs should include consideration of the rights of persons with disabilities in their programming at country level for two key reasons.

### 1.2.1. To fulfil their mandate

Human rights are at the heart of the UN Charter and infuse every aspect of United Nations work. In the *UN Common Understanding on the Human Rights-Based Approach adopted in 2003*, the UN system has agreed that all development cooperation shall further the realization of human rights and that human rights standards and principles guide all development cooperation and programming.<sup>5</sup> This agreement is operationalized in the CCA/UNDAF Guidelines through the recognition of this approach as one of the five key UNDAF programming principles. As a result, CCA/UNDAFs should focus on supporting rights-holders to claim their rights and on building the capacity of duty-bearers to respect, protect and fulfil human rights.<sup>6</sup>

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<sup>4</sup> See, for example, *Children with Disabilities, Ending discrimination and Promoting Participation, Development and Inclusion*, UNICEF Programme Guidance, April 2007.

<sup>5</sup> For details on the five programming principles and other key cross-cutting issues, refer to Chapter II of Technical Guidance; for guidance on their practical application, see the Guidance Note: *Application of the Programming Principles to the UNDAF*.

<sup>6</sup> Update information on the CRPD, including ratification status, is available at: <http://www.un.org/disabilities/> and [www.ohchr.org](http://www.ohchr.org)

With the adoption of the CRPD and its Optional Protocol, the issues faced by persons with disabilities are clearly recognized as human rights issues. Thus, they need to be reflected in UNDAF programming in application of the HRBA, and addressed in line with the CRPD.

### 1.2.2. To achieve development goals

While the need to mainstream disability in development has been on the United Nations agenda for more than a quarter of a century, activities to address this have often taken place in a compartmentalized and limited manner, focusing, for example, on specific sectors, such as employment, health, rehabilitation and social welfare.<sup>7</sup> With the entry into force of the CRPD, this should be seen as “an integral part of relevant strategies of sustainable development.”<sup>8</sup>

Sustainable, equitable progress in the agreed global development agenda cannot be achieved without the inclusion of persons with disabilities. If they are not included, progress in development will further their marginalization. The high number of persons with disabilities amongst the most marginalized groups may signify that the Millennium Development Goals (MDGs) will remain unmet unless persons with disabilities are included in efforts to achieve them.<sup>9</sup> The goal of halving poverty (MDG 1), for example, cannot be met in line with the HRBA, if the exclusion of persons with disabilities is not tackled. Universal primary education (MDG 2) cannot be achieved unless the 25 million children with disabilities of school age who are out of school are included in primary education.<sup>10</sup> On a similar basis, persons with disabilities must be taken into account when planning action to achieve each of the other goals: women and girls with disabilities experience double discrimination, due to gender and disability (MDG 3); when it comes to reducing child mortality (MDG 4), children with disabilities in poor developing countries often have little or no access to health care; and regarding improving maternal health (MDG 5), women with disabilities have less access to general information on sexual and reproductive health, to family planning and to prenatal, labour, delivery and post natal services.<sup>11</sup> (See Tool 7: persons with disabilities and the MDGs).

The inclusion of persons with disabilities in development programming also makes sense from an economic perspective. Excluding persons with disabilities from the world of work has costs for societies, in terms of their productive potential, the cost of disability benefits or pensions, where these exist, and the implications for their families. This exclusion may cost countries between 1 and 7 per cent of Gross Domestic Product.<sup>12</sup> These costs to society can be minimized by dismantling barriers to participation of persons with disabilities, in education, skills development, enterprise development and employment, as well as poverty reduction and development programmes.

Overall, therefore, inclusion of persons with disabilities in development programming is the right thing for UNCTs to do.

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<sup>7</sup> See A/HRC/4/75

<sup>8</sup> Convention, Preamble (g)

<sup>9</sup> See Note by the Secretariat, Mainstreaming disability in the development agenda, E/CN.5/2008/6, para 5

<sup>10</sup> <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>

<sup>11</sup> UNFPA Sexual and Reproductive Health of Persons with Disabilities, [http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/srh\\_for\\_disabilities.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/srh_for_disabilities.pdf)

<sup>12</sup> Backup, S. The price of exclusion: the economic consequences of excluding persons with disabilities from the world of work. ILO, Geneva 2009.



## 2. The UN Convention on the Rights of Persons with Disabilities

All the core international human rights treaties protect the human rights of persons with disabilities. It is the Convention on the Rights of Persons with Disabilities (CRPD), however, that defines with greater clarity and detail how human rights apply to persons with disabilities and sets out the obligations of States to promote their enjoyment of all human rights. The Convention is complemented by an Optional Protocol that establishes procedures that strengthen the implementation and monitoring of the Convention, namely the individual communication and the inquiry procedure.

The CRPD standards and principles should guide all aspects of UN programming. As a human rights treaty, it has normative authority and provides a framework for accountability, through which attention is paid to the responsibility of government in realizing the human rights of persons with disabilities. It clearly lays out obligations and procedures for engagement with human rights mechanisms, in particular the Committee on the Rights of Persons with Disabilities.

### 2.1. Key Features of the CRPD

Through its 50 articles, the Convention establishes a comprehensive framework to protect and promote the rights of persons with disabilities. Some aspects, in particular, stand out.

The Convention represents a shift in approach to persons with disabilities at the international policy level. Rather than perceiving persons with disabilities as objects of charity, medical treatment and social protection, it recognizes them as “holders” of rights, able to claim these rights and to live their lives in dignity and autonomy as active members of society. Given the long history of marginalization and segregation of persons with disabilities, UN programmes should further national efforts to promote their inclusion, empowerment and enablement in every sphere of life, in consultation with persons with disabilities and their representative organizations.<sup>13</sup> Rehabilitation, for instance, can maximize functioning. Inclusive education and training can improve participation.

- The Convention recognizes that persons with disabilities hold every civil, cultural, economic, political and social right, on an equal basis with others; forbids discrimination on the basis of disability, whether in laws, regulations, customs and practices; and requires States Parties to ensure the full realization of all human rights and fundamental freedoms for persons with disabilities by taking all appropriate measures.

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<sup>13</sup> Note that representative organizations of persons with disabilities sometimes self-identify as “disabled peoples’ organizations” and use the abbreviation “DPOs”.



The CRPD is informed by an understanding of equality referred to as “substantive equality” or “equality of results.” To promote the equality of persons with disabilities in all areas of life and eliminate discrimination, States are required to: provide reasonable accommodation, which consists of the modifications or adjustments that are necessary and reasonable in a particular case to ensure that a person with a disability is able to exercise a certain right;<sup>14</sup> and take the specific measures that are necessary to advance equality.<sup>15</sup> These measures include positive action, preferential treatment or quota systems, for example, to advance the inclusion of persons with disabilities in areas such as education, the economy, politics and employment.

- The CRPD recognizes disability as an evolving concept that “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”<sup>16</sup> Furthermore, it does not provide a closed definition of persons with disabilities but clarifies that they include “those who have long term physical, mental, intellectual and sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society with others.”<sup>17</sup> This means that national definitions of disability should not only focus on the existence of an impairment resulting from a health situation, but should reflect the role of external barriers and focus on participation. Secondly, the openness of the definition implies that States may broaden the range of persons protected to include, for example, persons with short-term disabilities. Thus, UN programming should reflect a flexible approach to persons with disabilities, in recognition that the range of subjects it includes may vary in accordance with socio-economic contexts and cultural environments.
- The CRPD is informed by eight fundamental principles: respect for inherent dignity, individual autonomy and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference; equality of opportunity; accessibility; equality between men and women; and respect for the evolving capacity of children with disabilities.<sup>18</sup> These principles must guide the interpretation and implementation of the Convention, and the UN must reflect them in all programmes across all sectors.
- The CRPD requires States Parties to incorporate disability-sensitive measures into mainstream service delivery, and to provide disability-specific services that are necessary to support the inclusion and participation of persons with disabilities.<sup>19</sup> Article 24 of the CRPD, for example, requires States Parties to develop an inclusive education system at all levels, to provide for reasonable accommodation of the individual’s requirements and ensure that persons with disabilities are provided with “effective individualized support measures” to maximize their academic and social development. On similar grounds, access to justice by persons with disabilities, in line with article 13, requires the removal of barriers to their participation through the provision of procedural and age-appropriate accommodations. UN

<sup>14</sup> CRPD, article 2 “Definitions”

<sup>15</sup> CRPD, article 5 “Equality and Non-Discrimination”

<sup>16</sup> CRPD, preamble

<sup>17</sup> CRPD article 1

<sup>18</sup> CRPD, article 3

<sup>19</sup> This is also referred to as the “twin-track approach”

programmes that support national efforts for the inclusion of persons with disabilities should be informed by both approaches.

- The CRPD recognizes accessibility to the physical environment, to transportation, to information and communications, including information and communication technologies and systems, as essential to enabling persons with disabilities to live independently and fully participate in all aspects of life (article 9). This is an area where developing countries have often sought the support of international cooperation. UN programming could, for example, support States Parties by promoting the development and implementation of accessibility standards and guidelines, promoting the dissemination of accessible and assistive technologies, and supporting capacity building at national level through exchange and sharing of technical information.
- The CRPD sets out arrangements for its implementation and monitoring at both the national and international level. At international level, it foresees a *Committee on the Rights of Persons with Disabilities*, with monitoring functions, that consists of independent experts. Furthermore, it establishes a *Conference of States Parties* to consider matters related to the implementation of the Convention. At national level, article 33 requires States Parties to establish or design national implementation and monitoring mechanisms. UN programmes could support national efforts in all these areas, as it has been the practice with other human rights conventions, such as the Convention on the Rights of the Child.

## 2.2. Optional Protocol to the CRDP

An Optional Protocol (OP) is annexed to the Convention on the Rights of Persons with Disabilities. Only States Parties to the Convention can ratify the OP, which introduces two procedures to strengthen the implementation of the Convention.

1. The **individual communication** procedure permits individuals and groups of individuals (the petitioner) in a State Party to complain to the Committee on the Rights of Persons with Disabilities that the State has breached one of its obligations under the Convention. The complaint is known as “communication.” For it to be examined, a communication must be considered to be admissible, in accordance with article 2 of the OP. In such cases, the Committee will examine the complaint’s merit, also taking into account information provided by the State concerned, formulate its views and recommendations, if any, and share them with the State and the petitioner. The communication procedure takes place in writing.
2. If the Committee receives reliable information indicating grave or systematic violations of the Convention by a State, an **enquiry** can be opened. The Committee examines the information received, observations submitted by the State and other reliable information. If warranted and with the consent of the State, a country visit can also be conducted. The findings of the inquiry are transmitted to the State concerned, together with the Committee’s comments and recommendations. After a six-month period during which the State may submit its own observations, the Committee can request the State to provide details of the measures taken in response.

Both the communication and the inquiry procedures are confidential. However, information on the procedures undertaken is contained in the periodic reports of the Committee of the Rights of Persons with Disabilities to the General Assembly. Recourse to these two procedures is available only to States that have ratified the Optional Protocol.



## 3. Towards an UNDAF that includes persons with disabilities

On the basis of the four main steps identified in the CCA/UNDAF Guidelines, this section describes specific entry points and actions for promoting the rights of persons with disabilities in the UNDAF. The steps are:

Roadmap (3.1);

- a. Country Analysis (3.2);
- b. Strategic Planning (3.3);
- c. Monitoring and Evaluation (3.4).

For each step, the Guidance Note follows the following structure:

- a brief description of the specific UNDAF step;
- a description of relevant entry points and actions;
- a list of selected reference tools, examples and sources of information;
- a checklist of key questions.

### 3.1. Roadmap

#### 3.1.1. Purpose and expected results

The Roadmap involves work-planning that lays out the steps and milestones for the UNCT's contribution to the country analysis and the UNDAF preparation. As part of the Roadmap, the UNCT and national stakeholders agree on a consultative process, of their choice, for conducting the country analysis and for validating and reviewing the draft UNDAF.

#### 3.1.2. Entry points in developing the Roadmap

While this is not the main area for mainstreaming the rights of persons with disabilities, two entry points can be identified.

#### 3.1.3. *Entry point 1: Ensuring the participation of persons with disabilities and their representative organizations*

Close consultation and involvement of persons with disabilities in any planning process that concerns them is a right recognized in the CRPD, as well as one of its key principles. Thus, it is important, early in the process, for UNCTs to facilitate the participation of men,

women and youth with all types of disabilities – physical, mental, intellectual and sensory – and their representative organizations in the UNDAF process. This early involvement will facilitate better and more inclusive national participation during the implementation phase, and will enhance the effectiveness, impact and sustainability of UNDAF outcomes and outputs.<sup>20</sup> Active engagement of persons with disabilities is also a way to build on local expertise and support empowerment strategies.

#### ■ Actions to enhance participation of persons with disabilities and their representative organizations

- Identify key actors, at both governmental and civil society level.
- Involve organizations that represent men, women and children with all types of disabilities, including groups representing people with a single impairment, advocacy groups as well as umbrella organizations and those in remote and rural areas, so as to ensure that consultations are representative.
- Facilitate the participation of persons with disabilities who may be marginalized in their own communities, such as women and children with disabilities, persons with mental or intellectual disabilities, persons with disabilities from ethnic minorities, and refugees with disabilities.
- Provide the support, accommodation and capacity building that may be required to facilitate the participation of persons with all types of disabilities – physical, sensory, intellectual and mental - in consultation and decision-making processes.
- Promote the participation of representative organizations of persons with disabilities in wider civil society consultations.
- Choose venues for consultations that are accessible and easily reached and ensure that relevant information on the UNDAF process is made available to persons with disabilities, including in alternative formats and languages.

#### 3.1.4. *Entry point 2: Organizing the work of the UNCT on disability rights*

Based on the country context, the UNCT and government coordinating body will decide how best to organize available resources to include consideration of the rights of persons with disabilities in the UNDAF process. Whatever the decision, UNCTs should aim to create environments that encourage participation of persons with disabilities.

#### ■ Actions to organize the work of the UNCT on disability rights

Examples of possible activities include the following:

- The release by the Resident Coordinator of an official policy statement on the inclusion of persons with disabilities.
- Issuing periodic statements on progress on the occasion of relevant dates (International Day of Persons with Disabilities, Human Rights Day, International Women's Day, World Refugee Day, World Mental Health Day etc).
- Conduct a disability audit of existing UNDAF and UNCT agency official documents, to provide a baseline.

<sup>20</sup> *We the Peoples: Civil Society, the United Nations and Global Governance* (New York: UN, 2004), also available as UN Doc. A/58/817 (11 June 2004). Referred to as the Carduso Report

- Establishment of a thematic group on persons with disabilities, to help maintain the focus on their rights during all stages of CCA/UNDAF preparation, and influence national planning processes. If such a Thematic Group is established, it should work closely with civil society and the government coordinating body on disability rights.
- Explicit inclusion of questions concerning persons with disabilities in the terms of reference of other Working Groups (WG)—such as those on human rights, HIV/AIDS, environment or gender equality.
- Designation of a focal point in each WG to ensure that disability rights remain on the agenda.
- Designation of a lead agency to support inter-agency strategic planning, policy and programmatic work on the rights of persons with disabilities, and the development of a joint action plan.
- Appointment, in each agency, of one or preferably two focal points on disability with the authority to bring about change, or with full support of senior staff who has this authority.
- Arranging disability awareness training and capacity building on disability rights for agency staff.
- Including information on persons with disabilities in all UNCT reporting, on the basis of the Monitoring and Evaluation plan that lays the basis for reporting and accountability.
- Periodic production of a specific report on the work of the UNCT in support of the inclusion of persons with disabilities.
- Over time, introduction of disability score cards (following the *UNCT Performance Indicators for Gender Equality model*) to monitor implementation.

When thinking about using thematic groups, UNCTs need firstly to determine how issues of disability rights can best be tackled: through the establishment of a thematic group on this topic, or by their integration into an existing group dealing with cross-cutting themes, or a combination of both. The most likely existing groups for the inclusion of disability issues are human rights thematic groups, which should work on the rights of persons with disabilities, as a highly marginalized group in most societies. In addition, gender equality thematic groups and groups on HIV/AIDS may also include a disability component. The country-level thematic groups should coordinate closely with the *Inter-Agency Group for the UN CRPD* and any regional thematic groups on disability rights to enhance their effectiveness.

When it comes to appointing focal points, it is important to avoid a situation where the focal points assume or are allocated responsibility for all activities relating to the rights of persons with disabilities. Adequate training should thus be provided, with an emphasis on facilitating others to include consideration of disability rights in their areas of work.

### 3.1.5. Tools, Examples and Sources of Information

- Cardoso report: *We the Peoples: Civil Society, the United Nations and Global Governance* (New York: UN, 2004), also available as UN Doc. A/58/817 (11 June 2004).

- WHO 2010. Mental health and development: targeting people with mental health conditions as a vulnerable group.
- UNDP's internal on-line disability sensitization package can be tested at <http://www.undp.org/disability-course-demo/>
- Illustrations on how certain UNCTs have promoted the participation of persons with disabilities and DPOs in UN planning are provided in Boxes 3.1 and 3.2 below. Box 3.1 contains an example of consultation with civil society in Tanzania that included DPOs. Box 3.2 briefly summarizes findings on consultation with civil society and implications for consulting with DPOs.
- The importance of disability sensitization for integrating disability rights into development planning is discussed in Mainstreaming disability in the development agenda, Note by the Secretariat, E/CN.5/2008/6.
- UNESCAP *Promotion of Non-Handicapping Physical Environments for Disabled Persons:—Guidelines UN, New York 1995.*
- Checklist of Accessibility considerations (Box 3.3).
- The Zambia disability audit highlighted in Box 3.4 below shows how one UNCT initiated its work on disability rights. UNCTs might also consider using a methodology similar to the ILO Participatory Gender Audit, which is increasingly being used at country level.

#### Box 3.1

##### Ensuring participation—UNCT in Tanzania

In an effort to further engage civil society in the UN reform process, a workshop on the role of Civil Society Organizations (CSOs) in the Delivering as One reform was held in Zanzibar in November 2008. The workshop was a follow-up to a similar event held on the mainland in July to create better understanding about UN reform and to strengthen the partnership between the UN and civil society. The workshop was attended by over 65 participants, representing various CSOs, among them faith-based, human rights, education, disability and gender organizations. The participants were given an opportunity to provide recommendations to the Joint Programme, which focuses on delivering capacity building support to Zanzibar, and were encouraged to become more involved in the future implementing phase of the programme.

#### Box 3.2

##### Findings on civil society participation in UNCT processes

A UNDP review of national civil society advisory committees to UNCTs found that thirteen advisory committees comprising representatives of civil society were set up by UNCTs between 2006 and 2008. The committees were established under terms of reference developed by individual Country Teams. Committee members were selected by participating UN agencies or chosen by civil society. They represented a wide civil society community and were prominent leaders and experts in their field of work. The results achieved by the advisory committees suggest that the concept of UN-civil society policy dialogue is still an unfamiliar one for most UNCTs, as well as for civil society at the country level. Given the predominance of contractual relationships, a number of UNCTs do not seem to fully understand how to interact with civil society in an advisory or dialogue forum.

Source: UNDP (2009) National Civil Society Advisory Committees to UNCTs: Assessment Report.

## Box 3.3

**Checklist of accessibility considerations**

Consult closely with organizations of persons with disabilities to identify accessibility requirements. Whenever possible, consult directly with the person(s) participating in the activity to ensure that their particular requirements are met. The following general considerations should be taken into account, bearing in mind that they are not exhaustive and that accessibility requirements should be addressed, case by case.

1. *Printed materials:*

Ensure that materials are made available in the formats and languages that are required to ensure full participation—for example, documents in electronic format, Braille, large print, easy-to-read-and-understand formats.

2. *Visual aids:*

When using slide presentations, photographs, diagrams, maps, videotapes and other visual aids, ensure that information conveyed is communicated clearly, so that blind or visually impaired participants can follow, and in alternative formats—for example by providing text and descriptions of images displayed.

3. *Verbal communications:*

In conducting face-to-face and telephone meetings or training sessions, ensure that adequate time is allocated, and that persons who are deaf, deaf-blind, and those with intellectual disabilities understand what is being said by others and can communicate their own ideas, through arranging for sign-language interpretation, real-time captioning or communications assistants.

4. *Locations:*

In selecting venues for meetings, training sessions or other events, ensure that accessibility requirements are met.

- To ensure access by those using mobility devices, choose a venue which does not require going up stairs or through narrow passages, and which has rooms with sufficient space.
- Ensure that the venue has accessible toilets.
- Ensure that participants can reach the venue using cost-effective and accessible transport.
- Arrange for the display of adequate signs in multiple formats and/or the availability of people to assist participants to reach the location.

## Box 3.4:

**Thematic Group on disability in Zambia**

In 2008, as a contribution to the mid-term review of the UNDAF, the Zambia UNCT undertook a disability audit of the UNDAF to determine how the rights of persons with disabilities were currently being promoted and to recommend ways in which this be enhanced. The audit involved a review of relevant documentation relating to the UNDAF and the work of individual agencies, consultations with these agencies, and a debriefing meeting with all agencies to present and discuss results to date and options for future action. One recommendation was to establish a theme group to take responsibility for the mainstreaming of disability rights, whose task would be to identify activities directly targeting disability issues or with strong links to disability; areas within the UNDAF where disability issues might be mainstreamed; and potential areas for further joint programming and activities on disability from a rights-based perspective. Acting on this, the UNCT established a Disability Theme Group, with the aim of ensuring that disability issues are included in all the pillars of the UNDAF. While participatory gender audits are increasingly common, this was perhaps the first disability audit of an UNDAF.

Source: Gilbert, M. (2008) *Disability Audit of the Zambia UNDAF*



### 3.1.6. Checklist

UN cooperation at country level: Roadmap	Yes	No
Have disability rights been positioned in the UNDAF Roadmap thinking and process?		
Has there been a mapping of the national planning process, timelines, key actors, and their agendas, which can be influential to the mainstreaming of disability rights?		
Have the steps and milestones been laid out for the UNCT's contribution to country analysis and UNDAF preparation, where persons with disabilities may be included in a consultative process?		

## 3.2. Country Analysis

### 3.2.1. Purpose and expected results

The purpose of the UNCT's contribution to the national country analysis concerning persons with disabilities is to strengthen national analytical capacities in relation to this topic. In this way, it can contribute to the articulation of high quality development objectives and priorities that reflect the rights of persons with disabilities in the UNDAF and the national development plan.

A good country analysis should uncover and highlight development trends and disparities between persons with disabilities and other persons in the country. These trends and patterns and their underlying causes should be analysed in light of human rights standards and principles. The capacity development that may be required at national level to address these problems should be highlighted.

### 3.2.2. Entry points in conducting a Country Analysis

There are two complementary entry points for working on persons with disabilities during the UNCT's support to Country Analysis.

- Map the work of the UNCT and agencies on persons with disabilities and determine UNCT's comparative advantage.
- Support consideration of disability rights in national level analysis.

Under any of the options for country analysis, it is strongly recommended to work with partners to develop or strengthen the indicator framework within the overall national development framework. UNCT efforts build on what already exists in the country to help establish baselines, identify trends and data gaps, and highlight constraints in country statistical systems. Particular attention is paid to disaggregation of data (by sex and other key socio-economic variables) and to any research that reflects the situation and views of people who experience discrimination.

### 3.2.3. *Entry point 1: Map UNCT and agencies work on persons with disabilities and determine UNCT's comparative advantage*

The experience of UN agencies and the comparative advantage of the UNCT on issues concerning the rights of persons with disabilities represent important resources for strengthening country analysis. A mapping exercise should be carried out in sufficient time to inform strategic planning. Various methodologies can be used, including an assessment of UNCT's Strengths and Weaknesses, and the Opportunities and Threats in the country (SWOT analysis). Comparative advantage is interpreted to mean a realistic assessment of expertise of the UN system as a whole in the country, and its value-added in contributing to the achievement of national and international development goals, as part of a HRBA, rather than of the expertise of individual agencies. Examples of UN comparative advantage are its neutrality, legitimacy, multi-sectoral human resources, and strong presence in post-conflict countries.

Based on an internal review of UNDAFs conducted by DESA in 2009, almost two-thirds of current work on UNCTs on disability rights involves improving access to employment, education or other services, while a further ten per cent each involves advocacy, attitude change, national planning and policy development. UNCTs appear to be carrying out limited work in capacity development, data gathering, improving access of persons with disabilities to the physical environment and to information.

#### ■ **Actions to map UNCT and agency work**

- Prepare an overview of all normative and operational work carried out by agencies at the country level.
- Identify expertise at country level and within the wider UN system that could become relevant in the particular or emerging country context, with regard to various areas of intervention that have been prioritized in the national development plan.
- Assess the UNCT's capacity to provide support to government, civil society organizations, national human rights institutions and other counterparts on issues relating to disability rights, including its capacity to provide impartial policy advice, gather statistics on persons with disabilities, and provide training and/or assist in the development of national and sectoral action plans.
- Where gaps in expertise are identified, take steps to build capacity, particularly among focal points.
- If the UNDAF is already being implemented, undertake a disability review or "audit" (a term more commonly used in gender issues).

### 3.2.4. *Entry point 2: Promote inclusion of disability rights in national level analysis*

Country analysis informs the strategic planning phase of the UNDAF. It is therefore important to work with national partners, including social partners and civil society, to highlight areas where UNCT support can bring added depth and quality of analysis on issues concerning disability rights. This should include human rights treaties and instru-

ments as well as relevant conference resolutions, programmes of action and other UN documents (See Appendix 2).

UNCTs can contribute to country analysis by:

- (i) infusing disability rights into government-led analytical work;
- (ii) undertaking complementary UN-supported analytical work, with a focus on filling gaps in the existing analysis;
- (iii) undertaking a full Common Country Assessment (CCA) that reflects issues concerning the rights of persons with disabilities.

Whatever option is adopted in mapping and analysing the country situation concerning persons with disabilities, the approach taken should go beyond disability-specific provisions and also examine general provisions in laws, policies, programmes and services. The same applies when it comes to statistical data.

### ■ Actions to map the country situation

The following steps should be taken, whether the analysis is undertaken by the government with UNCT support, or the UNCT in the framework of a CCA.

- Review the quality of information available on the main development and human rights challenges faced by persons with disabilities in the country in realizing their civil, cultural, economic, political and social rights, highlighting any differences in experience depending on other factors such as gender, age, the level of support required, place of residence, and the extent to which people are affected due to discrimination on multiple grounds.
- Assess the quality of existing statistical data on persons with disabilities, to determine if they are reliable, comprehensive, and appropriately disaggregated, by sex, age, geographic area, ethnicity, disability type, refugee status and other criteria, and whether they come from a variety of sources, including the *Committee on the Rights of Persons with Disabilities*, regional and national human rights mechanisms, and other reliable sources.
- Assess national capacity to compile and analyze such data, and identify knowledge and data gaps for consideration in allocating further programme support, so as to ensure better data during the forthcoming programme cycle.
- Identify disparities that suggest unequal treatment of or discrimination against persons with disabilities, and identify trends in data on persons with disabilities which may have been overlooked.
- Compile a country report on laws and policies, looking at both disability-specific and general provisions, reviewing these for compliance with the CRPD, and assessing their implementation through programmes, services and projects.
- Undertake an objective review of the national development framework as it relates to persons with disabilities.
- Assess the situation from a human rights and gender perspective, on the basis of the information gathered, to determine the main problems and challenges faced. This assessment should include a review of trends in development indicators and an examination of the commitments of the State to respect, protect and fulfil human rights. The HRBA adds value to the assessment by relating the situation to the human rights obligations in the international instruments ratified by each country, including the CRPD. This data-driven assessment will help to identify

patterns of discrimination and inequality, and describe the situation of groups excluded, including persons with disabilities made vulnerable due to the denial of their rights.

- Analyze selected problems and challenges to identify root causes, bearing in mind that the quality of the CCA depends on the depth and quality of this analysis. A causality analysis should be guided by human rights principles and standards. It is important to understand the problems and their causes as human rights are not yet fulfilled for persons with disabilities. The analysis should organize the main data, trends and findings into relationships of cause and effect. It should identify how the problem affects people, and its underlying and root causes. Immediate causes determine the current status of the problem; underlying causes are the consequence of policies, laws and availability of resources; while root causes concern attitudes and behaviour at different levels, including those of the family, communities, and governments (See Appendix 4. Tool 1).
- Identify the institutional framework established to promote, protect and monitor the rights of persons with disabilities. Possible arrangements include the appointment of a Disability Commissioner or an Ombudsman or assigning the national human rights institution authority to examine the situation of persons with disabilities. Further questions include whether national human rights institutions and Courts may receive complaints from persons with disabilities alleging breach of rights, whether persons with disabilities use these mechanisms, whether these are decisions respected, and how many complaints are received annually.
- Identify rights-holders and duty-bearers in relation to persons with disabilities and assess their capacity to promote the full realization of disability rights. A HRBA recognizes people—in this case persons with disabilities—as rights-holders (also referred to as claim-holders or subjects of rights) and as key actors in their own development. They are not passive recipients of benefits. At the same time, it recognizes the corresponding human rights obligations of the duty-bearers, including both state and non-state actors, to respect, protect and fulfill the human rights of persons with disabilities. Thus, it is important to link the results of the analysis of the extent to which persons with disabilities are enjoying their rights, to the obligations of States outlined in the specific provisions of the CRPD. The analysis helps examine the relationship between rights-holders and duty-bearers. Once all the relevant actors have been identified, the next step is to assess the capacity gaps of rights-holders and duty-bearers in terms of skills, resources, responsibility, motivation and authority.
- If research and surveys are carried out as part of developing the UNDAF, ensure they include questions on persons with disabilities, and where required, that questionnaires are available in accessible formats.

#### ■ Option 1. Infusing disability rights into government-led analysis

Under this option, the main challenge for the UNCT is to ensure that government-led analytical work includes adequate attention to disability rights, whether it is the convenor of working groups or consultations on disability rights, or an active participant in already-established processes. Building on the analysis carried out in mapping the country situation, the following steps should be taken:

- Share relevant information on the CRPD with government authorities.
  - Support partners to conduct more detailed causality analysis of identified problems so as to identify the root causes that contribute to the exclusion and the violation of the human rights of persons with disabilities—for example, sectoral approaches that have focused on the impairments rather than on the rights of persons with disabilities.
  - Encourage a comprehensive review of the situation of persons with disabilities, against the background of the CRPD, including an examination of the situation in relation to economic, social and cultural rights (education, employment, health, cultural participation, etc.) and also in relation to civil and political rights (guarantees of legal capacity, freedom from deprivation of liberty, political participation, etc.).
  - Assist partners to undertake a role analysis to identify rights-holders and duty-bearers with respect to the identified problems.
  - Help partners to undertake a capacity gap analysis for rights-holders and duty-bearers and integrate this into the national development process or help to interpret the results of capacity assessments to inform the national development framework and UNDAF.
  - Encourage partners to further examine the risks faced by persons with disabilities, including those associated with natural disasters and humanitarian emergencies and those faced, in particular, by women and girls with disabilities.
  - Advocate priorities in the national development framework that reflect the country analysis on the rights of persons with disabilities.
- **Option 2. Undertaking complementary UN-supported analytical work**

If there are notable gaps in country analysis, the UNCT can use its analytical resources to fill these gaps. The complementary research agenda will arise from the mapping of the country situation and some may already be covered by studies and evaluations planned in the M&E calendar for years 4 and 5 of the current cycle.

Building on the mapping exercise, the following specific activities may be included:

- Conduct targeted surveys and studies on persons with disabilities to generate additional data, disaggregated by sex, age, geographic area, ethnicity, refugee status and disability type, as well as other relevant criteria.
- Encourage and advise on the inclusion of questions on persons with disabilities in government reviews and surveys, such as surveys on poverty.
- Convene and facilitate national or sub-national consultations with a wide range of stakeholders, to analyze trends on issues concerning the rights of persons with disabilities and identify obstacles and disparities relating to persons with disabilities which may have been overlooked.
- Support more detailed studies about the risks for persons with disabilities, associated with natural disasters and humanitarian crises, to gauge the readiness of state and non-state actors to respond.
- Highlight the results of these activities, in formulating priorities on the rights of persons with disabilities for the national development framework and UNDAF.

- Provide formal training and support to UNCT focal points and partners on conducting causal analysis, role analysis and capacity gap analysis with particular consideration of disability rights.

### ■ Option 3. Undertaking a disability-inclusive CCA

Where the UNCT and partners decide that there are few high quality documents and that planned exercises are not sufficiently analytical, a fully-fledged process to develop a Common Country Assessment (CCA) may be needed.

In addition to the steps listed in Section 3.2, entry point 1 above, the following steps will be involved:

- Develop a framework of indicators to establish a baseline and identify trends, data gaps, and constraints in the capacity of national statistical systems.
- Analyze selected challenges related to the rights of persons with disabilities to help the UNCT and national partners to identify particular problems or challenges for deeper analysis.
- Identify priority development problems and their common root causes. On the basis of the previous analysis, the UNCT and partners can identify a limited number of priority problems on disability rights, where programme cooperation can produce the greatest results. Prioritization should be guided by a consideration of where the UNCT can bring its comparative advantages to make the biggest difference.

### 3.2.5. Tools, examples and sources of information

- For more details on this option, see Appendix 4, Tool 1: A disability-sensitive and -inclusive CCA process.
- For detailed guidance on a SWOT analysis, refer to *Chapter III of UNDAF Technical Guidance*.
- A checklist to check the quality of the country analysis and to assess whether the analytical options chosen are disability-sensitive and address the human rights of persons with disabilities can be found in *Chapter III of the UNDAF Technical Guidance*.
- OHCHR (2009a). Thematic Study on enhancing awareness and understanding of the Convention on the Rights of Persons with Disabilities (A/HRC/10/48).
- ILO 2007. The employment situation of persons with disabilities. Towards better statistical information.
- The work of the Washington Group on Disability Statistics is outlined in Table 3.5.
- An example of a comprehensive view of laws and policies carried out by the OHCHR in Uganda is contained in Table 3.6.
- An approach used to include questions on persons with disabilities in a national survey in Montenegro is provided in Table 3.7.
- Box 3.8 outlines how the UNCT in the Russian Federation supported a survey on persons with disabilities in the education and employment sectors.
- Box 3.9 below provides examples of analytical work supported by UNFPA, UNICEF and the ILO.
- Box 3.10 below provides an example of questions that may arise for the UNCT in relation to educational opportunities for children with disabilities and access to healthcare for women with disabilities.

Table 3.5

**Asking the right questions**

In 2001, the Washington Group on Disability Statistics was set up by the United Nations Statistical Commission to address the problem posed by the lack of comprehensive, reliable statistical information on the situation of persons with disabilities. It aims to coordinate international cooperation in the area of health statistics through the development of disability measures suitable for censuses and national surveys, to inform policy on equalization of opportunities. The Group has developed a short and an extended set of survey questions, to be used in population surveys or as supplements to specialty surveys. The WHO International Classification of Functioning, Disability and Health forms the basic framework for these sets.

The short set includes the following core questions, with answers listed as No–no difficulty; Yes – some difficulty; Yes – a lot of difficulty; and Cannot do at all, in each case.

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?

Additional questions which may be asked are:

Do you have difficulty (with self-care such as) washing all over or dressing?

Using your usual (customary) language, do you have difficulty communicating, for example understanding others or others understanding you?

Standardized pre-testing of the short set was completed in 17 countries, primarily in Africa, Asia and South America, and many countries have agreed to include these in forthcoming censuses. Testing of the extended set of questions has been carried out in six Asian countries: Cambodia, Kazakhstan, Maldives, Mongolia, Sri Lanka and Philippines.

Source: <http://unstats.un.org/unsd/methods/citygroup/washington.htm>

Table 3.6

**Disability review of laws and policies**

In Uganda, OHCHR conducted a review of the national legislative framework for compliance with the CRPD. The review went beyond disability-specific legislation to include general criminal and civil laws such as laws regulating accessibility, elections, immigration and citizenship, administration of justice, detention and prisons, insurance, education, employment, health, mental health and compulsory assessment and treatment, guardianship and legal personality, welfare and pensions regulations.

**Box 3.7:****Integrating questions on disability into a national level survey – case of Montenegro**

The 2009 Montenegro Human Development Report included a survey of 2,000 households representing all regions of the country to obtain data on social exclusion, poverty, and quality of life. The sampling plan included “booster” samples – a focus on specific social groups – including persons with disabilities in receipt of a personal disability benefit and other disability-related benefits. The use of a booster sample made it possible to obtain information on a larger population of persons with disabilities than would be available from analysis of the main sample, which contains them only in proportion to their representation in the total



population. Using booster samples can be a cost-effective way of improving data on persons with disabilities, although care should be taken to ensure that persons with disabilities in all types of situations are included, as many are not in receipt of benefits, acknowledged, or registered.

Source: UNDP (2009) *National Human Development Report 2009. Montenegro: Society for All*. Podgorica: UNDP

Box 3.8:

### Tracking disability data in the Russian Federation

In 2009, the UNCT in the Russian Federation supported the government in the publication of “Russia: on the path to equal opportunities, a survey of the situation of persons with disabilities.” The publication reviews international data and focuses on education and employment sectors in Russia. It concludes that one in eleven Russians have some form of disability and recommends that Russia should focus more on inclusive education and that proper conditions should be put in place, in both the open and sheltered labour markets to ensure the employment of disabled persons. Priority should be focused on expanding employment in the open labour market.

Source: <http://europeandcis.undp.org/home/show/CE3BA736-F203-1EE9-BE3061336FDD3697>

Box 3.9:

### Examples of UN-supported analytical work

In Vietnam, UNFPA supported the General Statistics Office to collect data on disabilities, and in 2009, the Population and Housing Census included a question on disability for the first time. Full analysis of the data is expected in 2010 with the release of the major findings of the 2009 Census Sample Results. UNFPA is also supporting capacity building in Sri Lanka and the introduction of new technologies for data collection, capture and processing, leading up to the 2010 census in Sri Lanka, and, in India, has contributed to the development of survey instruments in the forthcoming Annual Health Survey (AHS) that includes questions on disability.

In Guatemala, UNICEF carried out a Survey on Disability, based on 800 interviews. Its objective was to find out about people’s knowledge of disability, types of disabilities, programmes that provide care, support from the government or private institutions, and the perception they have of persons with disabilities, as well as their integration into society. The survey also addressed the link between malnutrition (early childhood) and disability. This survey provided the information necessary to undertake an information campaign on disability. UNICEF has also carried out studies concerning children with disabilities in Georgia and Kyrgyzstan.

In Zambia, the ILO supported a disability audit of national legislation relating to the training and employment of persons with disabilities and of general legislation which impacts on their full participation in the labour market. In China, ILO provided technical advice and funding support to a survey of situation of people with intellectual disabilities, focusing on technical vocational training and employment, which led to the launch in 2009 of a 3-year programme throughout China, funded by the Ministry of Finance, to provide employment opportunities for people with this type of disability.

Box 3.10

### Unfulfilled rights

Children with disabilities not attending school

It is frequently found that children with disabilities do not attend school. In the HRBA approach, the primary responsibility to respect, protect and fulfil the right of children to education lies with the State. A series of duty-bearers can be identified, with various responsibilities, at central and



Box 3.10 (continued)

### Unfulfilled rights

local level. At central level, key duty-bearers include governmental ministries and parliament, with responsibilities mainly related to policy development. Authorities at local level, on the other hand, will have responsibilities connected to implementation of policies. Implementation of the right to education may also result, for programmatic reasons, in the identification of other duty-bearers beside the State, such as parents or a non-governmental organization (NGO) delivering services.

Questions that will arise include whether the State and its authorities are ensuring that children with disabilities, rights-holders in this case, are protected against discrimination in the school system?; what cultural values and practices need to be addressed to protect persons with disabilities from being excluded from work opportunities due to lack of educational opportunities?; and where will capacity building activities produce the greatest results and impact?

Women with disabilities have limited access to health care

Women and girls with disabilities frequently do not have access to adequate health care, including sexual and reproductive rights and are less likely to have access to family planning services. Should they become pregnant, they are also less likely than their non-disabled peers to have access to prenatal, labour and delivery and post-natal services. Physical, attitudinal and information barriers frequently exist.

In this case, medical and para-medical personnel and health centre boards are duty-bearers, along with local authorities, ministries of health, parliamentarians and other elected leaders.

These duty-bearers, in particular medical and para-medical personnel and health centre boards, may not be able to fulfil their obligations and responsibilities due to their own lack of capacity. The question also arises in this case as to where capacity building will produce the greatest results and impact.

## 3.2.6 Checklist

Country Analysis	Yes	No
Has it been possible to map the UNCT's comparative advantages on promoting disability rights?		
Have disability rights been positioned in government-led analysis and UN-supported analytical work?		
If not, have disability rights been integrated into a fully-fledged process to develop a CCA?		
Has a review of the quality of country analytic work been undertaken to assess its potential to include disability rights, in relation to the standards set down in the CRPD, the Millennium Declaration and other internationally agreed development goals and treaty obligations?		

## 3.3. Strategic Planning

### 3.3.1. Purpose and expected results

Based on the country analysis findings, disability rights should be reflected in the UNDAF and its Results Matrix, which offer very significant opportunities to place the rights of persons with disabilities and their contribution to national development at the centre of

policy and planning work. It is also important to ensure that programmes implemented or supported by the UNCT do not directly or indirectly discriminate against persons with disabilities, in particular by creating new barriers.

### 3.3.2. Entry points in Strategic Planning

There are three entry points for UNCTs in Strategic Planning:

- Participate in and influence the prioritization exercise for the UNDAF;
- Provide inputs regarding persons with disabilities to the UNDAF preparation, including the draft UNDAF Results Matrix;
- Support agencies' programme and project preparation.

### 3.3.3. *Entry point 1: Participate in and influence the prioritization exercise for the UNDAF*

Where the results from UNCT-supported country analysis reveal important disability-development linkages, and show a comparative advantage of the UN system in this area, it is critical that these are included and addressed during the prioritization exercise. In preparation for the prioritization exercise, account should be taken of the points recommended in Sections 3.1 and 3.2 above. Government duties in relation to the CRPD should be underscored. Disability dimensions of development in the country identified through relevant reports should be highlighted, and the implications of these for the achievement of national priorities and the MDGs spelled out. UNCT members who can speak to the importance of disability-inclusive development cooperation, and who are aware of existing UN expertise and capacity in this area should be involved in the process, along with key country partners. In identifying how issues regarding the rights of persons with disabilities might be included in the UNDAF outcomes and outputs, consideration should be given to developing a joint programme on disability rights, linked to the HRBA, and to including reference to these rights in other outcomes, as well as to adopting a specific UNDAF outcome on disability rights. This will provide an opportunity to ensure that actions associated with these other outcomes do not lead to the reinforcement or creation of barriers to the participation of persons with disabilities.

### 3.3.4. *Entry point 2: Provide inputs regarding disability rights in the UNDAF preparation*

Despite the best of intentions, it is possible that disability-development linkages may not be communicated clearly enough during the prioritization exercise. The process of preparing the UNDAF offers the opportunity to engage further within the UNCT and with country partners to aim at disability-inclusive development, and ensure that programming responds to the rights of persons with disabilities. Following the prioritization exercise, working to integrate disability rights into the Results Matrix makes it possible to influence the priorities chosen by the UNCT. A meeting of concerned programme staff and implementing partners can assist in providing the UNCT with arguments and tools to secure government commitment to criteria for prioritizing actions and understanding vulnerability within agency specific mandates.

### ■ Developing a disability-inclusive Results Matrix

The UNDAF comprises a narrative and a Results Matrix, which form the core of the document and should be the main focus in terms of mainstreaming disability rights. The narrative should describe the contributions that the UNCT is planning to make to promote social inclusion and the human rights of persons with disabilities. Given the importance of disability rights to the UN's mandate, the achievement of the MDGs and the focus of the UNCT on vulnerable groups, it is the responsibility of the UNCT to proactively include disability programming. If this is not included in the UNDAF, the document should explain why – for example, due to limited UNCT capacity and/or lack of comparative advantage. If this is the case, the UNCT should develop a plan of action to increase its own capacity. An UNDAF action plan, “one plan” or a similar common operational plan may also be prepared. These will guide the development of more detailed agency programmes and projects. Inter-agency groups should work with country partners to prepare the draft Results Matrix and Monitoring and Evaluation framework for each UNDAF outcome.

During the preparation of the Matrix, it is important to:

- flag potential opportunities or constraints on disability rights in the UNDAF narrative;
- suggest, change or improve outcomes or outputs in the Results Matrix, either by including disability rights in general outcomes or outputs, or by including disability-specific outcomes or outputs, or a combination of both;
- stimulate additional dialogue with country partners, and better align UNDAF expected results with the country's commitments to promoting disability rights;
- indicate the need for more detailed screening regarding disability rights during agency programme and project preparation, including an emphasis on avoiding the reinforcement or creation of barriers to the participation of persons with disabilities;
- identify areas where action on disability will be important for the UNDAF success;

As mentioned earlier, the UNDAF may or may not have an outcome related to disability. UNDAF outcomes for other sectors or themes may or may not address disability-related factors or include disability rights. To date, most references to disability rights in UNDAFs have been by including persons with disabilities in a list of “vulnerable” groups, or as an “add-on” (see examples from selected UNDAFs in Box 3.11 below). Whatever the situation, it is not too late to consider outputs on disability rights that will contribute to the achievement of UNDAF outcomes, or to examine the implications of the planned UNDAF strategy and expected results, on disability rights. As also mentioned earlier, it is particularly important to ensure that the achievement of UNDAF outcomes will not contribute to reinforcing or creating barriers to participation.

Whether or not there is a specific outcome on disability, it would be useful to mainstream disability rights more fully into UNDAF outcomes. References to persons with disabilities in the narrative and results framework should be strategic, focusing on the highest priority areas and populations. A central focus should be on capacity development of rights-holders and duty-bearers.

### ■ Developing the M&E Framework

Monitoring and evaluation are dealt with in greater detail in Section 3.4 below. The preparation of the monitoring and evaluation (M&E) framework is part of Strategic Planning, however, and should not be considered as an “after thought.” It is important to ensure that

Results-Based Management (RBM) concepts are used during the Results Matrix preparation, to ensure future outcomes can be evaluated.

The development of the M&E framework provides an opportunity to ensure the systematic tracking of the UNCT's contributions to capacity development and programming regarding disability rights. This is the time to return to the CCA or its equivalent and review the available databases on persons with disabilities, to see how these can be used to track results. Even where UNDAF results statements do not reflect disability rights, it is still possible to include these in baselines and indicators (see example of Tanzania UNDAF, Box 3.12).

To ensure that the framework is disability-inclusive, it is important to:

- strengthen the M&E Framework regarding disability rights, through RBM principles;
- change, improve and fine-tune indicators, including disability-specific indicators and ensure that general indicators are disaggregated by disability;
- strengthen country capacity to integrate disability indicators into sectoral policies and plans, and monitor and report on international commitments and CRPD reporting obligations on disability rights;
- make sure that baselines and targets concerning persons with disabilities are defined with the greatest attention possible, and data identified, together with the exact sources;
- strengthen national capacity for targeted and disaggregated data-gathering activities, and to integrate disability indicators, baselines and targets into sectoral plans, conduct monitoring and reporting, and use results for sectoral and regional planning.

### 3.3.5. *Entry point 3: Support agencies' programme and project preparation*

Following the approval of the UNDAF, and based on the results for which they are accountable, agencies prepare their detailed programmes and projects of cooperation. Some agencies prepare a Country Programme Action Plan (CPAP), while others prepare programming documents. This provides another opportunity to be disability-inclusive, particularly where the preliminary review of UNDAF results identified opportunities to mainstream the rights of persons with disabilities or to work towards the achievement of specific UNDAF outcomes or outputs on disability rights in concrete programmes, services, projects or activities. This process is central in terms of translating broad objectives into action through programmes, projects and other initiatives.

The UNCT can support the preparation of disability-inclusive programmes and projects by:

- identifying opportunities for mainstreaming the rights of persons with disabilities in programmes, services and projects, in compliance with the principles and provisions of the CRPD, including through the development of a joint programme on disability rights;
- screening existing agency programmes, services and projects to make their outcomes more disability-sensitive, and to shape programmes, services and projects that may deal directly with disability;
- arranging capacity-building for agency staff relating to the rights of persons with disabilities;

- undertaking an analysis of challenges and opportunities, including in national and local laws, regulations and customs, and encouraging partners' engagement throughout the process;
- including disability issues in the Annual Work Plan, and determining how the agencies will engage with relevant stakeholders and with persons with disabilities themselves.

### 3.3.6. Tools, examples and sources of information

- For details of guidance on strategic priority setting for UNCTs, SMART results, risks and assumptions, outcome and output definitions, criteria for determining areas of UNCT support and complementary guidance on selection of indicators, refer to Chapter IV of *UNDAF Technical Guidance*.
- For examples of indicators, see Appendix 4, Tool 6.
- See also *Guidance on joint programmes and joint programming in general* and the *UNDG Position Statement on Capacity Development*.
- For a discussion of Results-Based Management, see Results-Based Management in UNDAFs, Issues Note: October 2007, UNDG Working Group on Programming Policies (WGPI) – Task Team 1. See also: Results Based Management at country level: Systemic issues that prevent good UNDAF results and the use of UNDAF results information, Paper presented to the WGPI, Alexander MacKenzie, Consultant, 20 March 2008.
- The Tanzania UNDAF 2007-2010, highlighted in Box 3.12, demonstrates how the narrative can lead to formulation of country programme outcomes and indicators. Having identified the problem – exclusion of children with disabilities from school – it sets up a measure to track change.
- The Armenia UNDAF 2010-2015 includes detailed information on disability rights in the narrative (Box 3.13). The narrative includes reference to the CRPD, as well as ways in which persons with disability are excluded.
- The Jamaica UNDAF 2007-2011 (Table 3.14) mainstreams disability throughout the Results Matrix across four UNDAF outcomes of: education; health; justice; peace and security; and environment and poverty. It also includes one outcome on capacity development. While the UNDAF outcome, country programme outcomes and outputs do not include reference to persons with disabilities, the indicators are specific about tracking disability issues, and data will be collected on persons with disabilities.
- An example of joint- programming by the UNCT in Egypt is provided in Table 3.15 below.

#### Box 3.11:

#### Examples of outputs in UNDAFs

Strengthened human rights institutions to respond to the rights of vulnerable groups including youth, children, women, people living with HIV and AIDS, refugees and disabled (persons). Policies for the protection of orphans and other vulnerable children, including disabled (persons) and minorities, are elaborated by 2008. These include children in difficult circumstances, women, pregnant teenagers, adolescent girls, people living with disabilities, school dropouts and vulnerable unemployed people.

Box 3.12:

### Disability issues reflected in the UNDAF narrative and results framework: Tanzania

Narrative: There is a marked difference in years of schooling between disabled and non-disabled children. At the age of 17, children with disabilities have missed 4 years of primary education compared to 1.7 years among children without disabilities.

Country Programme Outcome: Increased and equitable access to quality formal and non-formal education.

Indicator: Proportion of children with disability attending primary school.

Box 3.13:

### Narrative on disability issues in the Armenia UNDAF 2010-2015

Narrative on Government's commitment to inclusive education is particularly significant given that Armenia signed the Convention on the Rights of Persons with Disabilities and its Optional Protocol on 30 March 2007 and as a consequence, making education accessible with provision of the equal opportunities to all learners (including persons with disabilities) should be included into the national strategy.

Several vulnerable groups including the poor, disabled and refugees are being hardest hit by the gaps in economic and human development, and may continue to be hardest hit by the impact of the global economic crisis. Despite legal provision guaranteeing the social protection and additional warranties for people who have disabilities, in practice this does not take place and they constitute one of the most vulnerable group in terms of access to education, health, and protection, as well as facing difficulties in finding jobs due to inability to compete equally in the labour market (92% of persons with disabilities are unemployed).

Table 3.14:

### Reflection of disability issues in the 2007-2011 Jamaica UNDAF

UNDAF Outcome 3:

By 2011, national capacity to ensure equity and equality strengthened, and the population of targeted vulnerable communities enabled to reduce poverty, improve their livelihoods and better manage hazards and the environment

Country Programme Outcomes	Country Programme Outputs	Indicators	Source of Verification
National capacity enhanced to reduce the risk of natural and human made hazards	Targeted communities and vulnerable groups practicing disaster risk reduction measures and emergency management	# of shelters that make provision for persons with disabilities # of emergency response plans that take into consideration the needs of persons living with disabilities	ODPEM/UNIFEM reports

## Box 3.15

**Developing a joint programme on disability – the case of Egypt**

The Egypt UNCT has developed a joint Integrated Programme to Promote the Rights of Persons with Disabilities, which runs from 2009 to 2013, with a budget of US \$1.15 million. The Ministry of Social Solidarity, UNDP (Lead Agency), UNICEF, ILO, and WHO are joint partners. The aim of the proposed joint programme is to help Egypt fully realize the rights of persons with disabilities, in light of the CRPD. The joint programme has four outcomes clearly linked to one of the UNDAF outcomes, and which follow directly from the CRPD:

Support the capacities of law-makers (duty-bearers) to incorporate the CRPD into the Egyptian legal framework. The Joint Programme will facilitate the establishment of a Working Group of law makers, including Members of Parliament, and officers from relevant government departments, to build a dialogue aimed at translating the CRPD into the Egyptian legal framework, with a focus on the Disability Act under development.

Support the Government of Egypt in the formulation of a National Disability Action Plan that will serve as an overarching policy statement setting the national view, direction and priorities to tackle the needs of persons with disabilities and their careers. The Action Plan is intended to adopt an implementation-oriented approach and be the product of a process of consultation with all relevant stakeholders.

Implement a pilot project targeting persons with disabilities (rights-holders) at the community level, through a selected NGO, or a group of NGOs.

Promote awareness on the rights of persons with disabilities among media, and at the community level. An awareness-raising workshop will be organized for media professionals to promote change in the media sector to improve its portrayal of persons with disabilities, and encourage media coverage of disability issues. A communication strategy raising awareness at the community level will also be developed.

The Joint Programme document includes:

- A detailed situation analysis pointing out the importance of the poverty-disability nexus to poverty reduction and achieving the MDGs, and noting the lack of data.
- The move to a rights-based approach to disability, and an explanation of the ways in which persons with disabilities are subject to marginalization and discrimination.
- Lessons learned from past programming on persons with disabilities.
- A clear results table setting out outcomes, outputs and responsibilities of the different partners.
- A programme monitoring framework including indicators to be tracked and base-line studies to be anticipated.

The coordination mechanism of the Joint Programme consists of:

- A Programme Management Committee (officials from UN agencies and national partners, NGOs to be invited on ad hoc basis), and
- A National Steering Committee chaired by the Minister of Social Solidarity.

For the project document, which could be used as a template for other Joint Programmes, see: [http://www.undp.org/Portals/0/Project%20Docs/Gov\\_Pro%20Doc\\_Disabilities%20JP.pdf](http://www.undp.org/Portals/0/Project%20Docs/Gov_Pro%20Doc_Disabilities%20JP.pdf)

### 3.3.7. Checklist

#### Strategic Planning

Yes No

Have the disability dimensions of development problems been highlighted through the prioritization exercise, in order to determine if disability rights should become a priority and outcome in the UNDAF?

Have UNDAF priorities, outcomes and Results Matrix been screened to identify risks of reinforcement or creation of barriers to the participation of persons with disabilities, and have related mitigating measures been proposed?



Strategic Planning (continued)	Yes	No
How capacity development needs for action on disability rights will be addressed, including data collection and analysis, assessment and planning?		
Have inputs on disability rights been provided to the UNDAF preparation, including the draft UNDAF Results Matrix and M&E Framework?		
Has the preparation of agency programmes and projects, and their work planning been influenced?		

## 3.4. Monitoring & Evaluation of UNDAF Implementation

### 3.4.1. Purpose and expected results

On the basis of disability-inclusive strategic planning and the reflection of the rights of persons with disabilities in the UNDAF, its Results Matrix, and its M&E Framework, the UNDAF implementation can be monitored and evaluated, taking disability rights into account. M&E provide additional opportunities to place the rights of persons with disabilities and their contribution to national development at the centre of the UN system work in a country.

### 3.4.2. Entry points in Monitoring and Evaluation

The identification of the UN comparative advantage in M&E and its specific contribution to these in national development, policy and planning work, offers three entry points to enhance the rights of persons with disabilities in UN work.

- Support to UNDAF Monitoring
- Support to UNDAF Evaluation
- Support to agencies' Monitoring & Evaluation

UNDAF Monitoring and UNDAF Evaluation are linked but are distinct processes. In line with the principles of Managing for Development Results, UNCTs ensure that they (i) capitalize on existing national M&E systems whenever possible and feasible, and (ii) provide support to areas where further strengthening of national systems is required, while avoiding an excessive burden on partner countries with UNDAF-specific M&E requirements.

### 3.4.3. *Entry point 1: Support to UNDAF Monitoring*

UNDAF monitoring tracks progress towards the results agreed in the UNDAF, and helps the UNCT and implementing partners to make mid-course corrections. It checks that the assumptions made and risks identified at the design stage are still valid. Because it makes



an essential contribution to managing for results, monitoring provides an important entry point for mainstreaming.

- Routine monitoring is key to: (i) regularly assessing changes in the programme environment that may enhance or impede the achievement of results on disability rights; (ii) identifying challenges and opportunities in programmes and projects; and (iii) supporting capacity development of implementing partners to successfully mainstream or include disability concerns in the monitoring of national, sub-national or sectoral plans and policies.
- The Annual Review, as the main monitoring tool, provides an opportunity to make possible changes to the UNDAF results matrix and M&E plan. This makes it possible to assess progress and preliminary results, and to analyze how, and how well have disability-development linkages been included during UNDAF implementation.
- In preparing the annual review, UNDAF outcome groups can reflect on the changes in the programme environment for persons with disabilities, the assumptions and risks. This could result in proposed changes to UNDAF results and indicators to better integrate disability opportunities, and address national disability priorities and commitments. Findings of specific surveys or studies on persons with disabilities can also be very useful at this juncture.
- During M&E activities, including field studies, persons with disabilities and their representative organizations should be systematically consulted.
- Data should be systematically disaggregated and analysed by disability, in comparison to other groups.

#### 3.4.4. *Entry point 2: Support UNDAF Evaluation*

The UNDAF mid-term review and/or evaluation will assess the relevance of the UNDAF outcomes, the effectiveness by which UNDAF and agency outcomes are being achieved, their sustainability and contribution to national priorities and goals. While they feed into decision-making processes for the next UNDAF cycle, they are separate from programme management in order to ensure a certain degree of independence.

- The UNDAF evaluation provides an important opportunity to assess: (i) whether, and how well, information about disability-development linkages was used in the planning process and integrated into UNDAF results; (ii) how disability rights were actually promoted in programmes and projects, (iii) if UNCT cooperation strengthened national capacities to address major problems associated with the realization of disability rights; (iv) what results were achieved; (v) how sustainable they are; and (vi) what impact they have.
- The evaluation will normally take place in year 4 of the UNDAF cycle, which is also the year in which the new UNDAF is prepared. Evaluation findings on persons with disabilities and disability rights can help to position these more prominently during country analysis and UNDAF preparation.
- Some UNCTs undertake mid-term reviews of the UNDAF in year 3, instead of an annual review. This also provides a very good opportunity to assess how disability rights have been taken into account during implementation, learn from experi-

ence, analyze results achieved regarding the rights of persons with disabilities, and recommend specific attention to issues concerning the realization of these rights.

The guidelines for the *UNDAF evaluation* (generic terms of reference) suggest a methodology for preparing the terms of reference for the evaluation or mid-term review. These guidelines propose questions related to the standard OECD/ DAC evaluation criteria. Evaluation is also guided by the United Nations Evaluation Group (UNEG) Norms and Standards for evaluation in the UN System, which place a strong emphasis on disaggregation of data and a strong focus on marginalized groups. One of these Standards states that: “Evaluators should be aware of differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity, and be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations.”

When developing the UNDAF evaluation, the following are minimum requirements.

- There is adequate capacity on the evaluation team to assess disability rights from both human rights and development perspectives.
- The methodology is disability-sensitive, e.g. in terms of consulting with marginalized groups of persons with disabilities.
- Data is appropriately disaggregated by disability.
- Recommendations address the key issues related to disability rights.

### 3.4.5. *Entry point 3: Support agencies’ Monitoring & Evaluation*

Studies, surveys and evaluations conducted by UN agencies and by their partners during the cycle feed into the UNDAF evaluation or the UNDAF evaluation component of a larger development evaluation.

- During implementation, periodic field visits are necessary to review the extent to which activities and facilities are accessible to persons with disabilities, how activities are being conducted, and how they improve the lives of persons with disabilities. This will facilitate regular monitoring and reporting on progress.
- Other opportunities for monitoring disability-related activities include specific surveys or studies conducted by agencies and partners.
- Agency annual reviews, when conducted, feed directly into the UNDAF review, and can include the review of strategies, activities, projects, and programmes on disability rights.
- Some agencies undertake mid-term reviews and evaluations of their country programme, services or projects. These provide good opportunities to assess how disability rights have been taken into account during implementation, learn from experience, analyze results achieved regarding the rights of persons with disabilities and the effectiveness and efficiency in reaching these results, and in the case of evaluation, assess sustainability and impact.

### 3.4.6. *Tools, examples and sources of information*

- The Standard Operational Format and Guidance for Reporting Progress on UNDAF, in the UNDAF Guidance and Support Package provides details on M&E reporting.

- For examples of agency surveys and studies, see section on Country Analysis.
- For guidance on M&E, refer to Chapter V of *UNDAF Technical Guidance*.

### 3.4.7. Checklist

Monitoring & Evaluation	Yes	No
Has the UNDAF monitoring helped to identify changes in the programme environment that may enhance or impede the achievement of results, opportunities and challenges in implementation, and any new capacity development needs of partners to mainstream the rights of persons with disabilities into national or sectoral plans and policies?		
Has the UNDAF annual review process been utilized as an opportunity to track progress in the realization of disability rights and move towards disability-inclusive programming?		
Has the UNDAF mid-term review or evaluation been used to assess how disability rights have been taken into account during implementation, promote learning from experience, analyze results achieved regarding the rights of persons with disabilities, determine whether the UNDAF strengthened national capacities to address major challenges in the disability area, and finally recommend specific attention to disability issues and strategies?		

# Appendices and Toolkit

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## Appendix 1

# Persons with Disabilities and Development

As noted in Section 1 of the Guidance Note, persons with disabilities, who make up an estimated 15% of the world's population (WHO/World Bank estimate), are disproportionately excluded from participating in and benefiting from development, are at high risk of living in poverty and of having their human rights unfulfilled. Disability is both a cause and consequence of poverty: poor people are more likely to have disabilities, and persons with disabilities are more likely to be poor.

Research illustrates that:

- In Uganda, households headed by disabled persons are 38 percent more likely to be poor than their nondisabled counterparts; in Georgia, that figure is 30 percent;
- In Guyana, the unemployment rate for adults with disabilities is 67 percent;
- In Serbia, 70 percent of persons with disabilities are poor and only 13 percent have access to employment;
- In Sri Lanka, 90 percent of persons with disabilities are poor and unemployed;
- In the United States, 51 percent of people in long term poverty have a disability;
- In India, persons with disabilities are more likely to be poor, hold fewer assets, and incur greater debts;<sup>1</sup>
- In Brazil, Chile, India and Zimbabwe, national surveys have shown that mental health conditions are twice as frequent among the lowest income groups compared with the highest;<sup>2</sup>
- Mental health conditions are associated with the highest rates of unemployment: commonly between 70% and 90%;<sup>3</sup>
- In Malawi and the United Republic of Tanzania, having disabilities doubles the probability of children never having attended school. In Bulgaria and Romania, net enrollment rates for children aged 7 to 15 were over 90% but only 58% for children with disabilities. There are often marked variations according to impairment. In Burkina Faso, for example, just 10% of children with a hearing or speech

<sup>1</sup> World Bank (2007) *Social Analysis and Disability: A Guidance Note*. Washington D.C.: World Bank.

<sup>2</sup> Patel V et al. Women, poverty and common mental disorders in four restructuring societies. *Social Science & Medicine*, 1999, 49:1461-1471.

<sup>3</sup> Harnois G, Gabriel P. *Mental health and work: impact issues and good practices*. Geneva, World Health Organization and International Labour Organization, 2000 ([http://whqlibdoc.who.int/hq/2000/WHO\\_MSD\\_MPS\\_00.2.pdf](http://whqlibdoc.who.int/hq/2000/WHO_MSD_MPS_00.2.pdf); accessed 29 December 2009).

impairment were in school in 2006, compared to slightly over 40% for non-disabled children<sup>4</sup>

The UN Convention on the Rights of Persons with Disabilities (CRPD) recognizes the importance of international cooperation, including international development cooperation programmes, and its promotion for the realization of the rights of persons with disabilities and their full inclusion into all aspects of life (article 32). The CRPD stipulates that international cooperation measures should be:

- inclusive of and accessible to persons with disabilities;
- facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programmes and good practices;
- facilitate cooperation in research and access to scientific and technical knowledge;
- provide technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Inclusion of persons with disabilities in development programming makes sense also from a purely economic perspective. There is a vicious cycle between poverty and disability, at the individual, family and community level. These costs to society do not result from the disability in itself; rather, they are the result of barriers that exclude persons with disabilities, from education or from work by way of example, and make them dependent instead of independent. The short-term costs of education and inclusion of persons with disabilities should therefore be estimated against long-term savings to families and societies.

Social welfare-oriented legal and policy responses to persons with disabilities have been shaped by an understanding of ‘disability’ which has become known as the ‘medical’ or ‘individual’ model. In this perspective, people with physical, sensory or mental impairments that cause some loss of function are prevented or ‘disabled’ from leading normal lives. Disability is seen as a problem located within the individual. Unless that individual can be cured or somehow rehabilitated, they will not be able to participate in the life of mainstream society. It is that they must change or be changed in order to fit within a society designed for persons without disabilities. Consequently, in many countries a separate or parallel track was established for persons with disabilities who were thereby segregated from the mainstream of society. At its most extreme, this parallel track resulted in persons with disabilities living in institutions that have been specially adapted for their needs. The distress and humiliation associated with such enforced segregation is sometimes intensified by neglect and a disturbing lack of care.

A further example of the segregating effect of this parallel track for persons with disabilities is special education. Many countries have invested in the provision of schools in which the teaching and the extra-curricular activities are organized specifically to cater for the needs of children with particular impairments. While these schools may enable children with disabilities to attain a standard of education higher than that which they would have attained in a mainstream school not adapted to meet their needs, academic achievement is often not given a high priority.

This type of segregation has also been evident in the employment field. Policies have frequently been developed on the assumption that persons with disabilities are not capable

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<sup>4</sup> UNESCO, 2010 Reaching the marginalized, Education for All Global Monitoring Report, Oxford University Press

of working in mainstream environments and should therefore be catered for through sheltered employment schemes or other segregated arrangements. Persons with disabilities, if fortunate enough to secure employment at all, would generally find themselves in positions with very low wages and poor opportunities for career advancement.

Given the historical pattern of exclusion and segregation that they have experienced in the past and continue to experience to this day, persons with disabilities and their representative organizations will require capacity building to enable them to take part effectively in development processes.

Linked to their role in promoting inclusion of persons with disabilities in development, this guidance note may encourage UNCTs to think about ways to facilitate the access of persons with disabilities to programmes, services and opportunities at every sector of society, as this is both a means and a goal in terms of their advancement. The promotion of accessibility has been one of the major policy goals to address the barriers faced by persons with disabilities in a country context.

### Accessibility

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The principle of accessibility aims to dismantle the barriers that hinder the enjoyment of rights by persons with disabilities. The issue concerns not just physical access to places, but also access to information, technologies, such as the Internet, communication, and economic and social life. The provision of ramps, sufficiently large and unblocked corridors and doors, the placement of door handles, the availability of information in Braille and easy-to-read formats, the use of sign interpretation/interpreters, and the availability of assistance and support can ensure that a person with a disability has access to a workplace, a place of entertainment, a voting booth, transport, a court of law, etc. Without access to information or the ability to move freely, other rights of persons with disabilities are also restricted.





## Appendix 2

# International standards and high-level initiatives concerning persons with disabilities 1955 – 2006

Complementing the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child, the following texts and international events specifically address the rights of persons with disabilities.

1955	ILO Recommendation concerning Vocational Rehabilitation of the Disabled (No 99), 1955 ( <a href="http://www.ilo.org/ilolex/english/recdisp1.htm">http://www.ilo.org/ilolex/english/recdisp1.htm</a> ) served for almost 30 years as the basis for national legislation and practice concerning vocational guidance, vocational training and placement of persons with disabilities
1971	<b>Declaration on the Rights of Mentally Retarded Persons</b> stipulates that a person with an intellectual impairment is accorded the same rights as any other person
1975	<b>Declaration on the Rights of Disabled Persons</b> proclaims the equal civil and political rights of all disabled persons, and sets standards for equal treatment and access to services
1981	International Year of Disabled Persons (United Nations)
1982	World Programme of Action concerning Disabled Persons ( <a href="http://www.un.org/disabilities/default.asp?id=23">http://www.un.org/disabilities/default.asp?id=23</a> )
1983-1992	International Decade of Disabled Persons (United Nations)
1983	Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159). Adopted by the International Labour Organization in 1983, this Convention, based on the principles of equal opportunity, equal treatment of women and men, and mainstreaming where possible, is now ratified by 81 countries. ( <a href="http://www.ilo.org/ilolex/english/convdisp1.htm">http://www.ilo.org/ilolex/english/convdisp1.htm</a> ) It is accompanied by Recommendation No. 168, providing guidance on its implementation ( <a href="http://www.ilo.org/ilolex/english/recdisp1.htm">http://www.ilo.org/ilolex/english/recdisp1.htm</a> ).
1990	<b>World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs</b> adopted at the World Conference on Education for All, in Jomtien, Thailand in March 1990, promotes “equal access to education to every category of disabled persons as an integral part of the education system”
1992	Council of Europe Coherent Policy for the Rehabilitation of Persons with Disabilities
1993	<b>United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities</b> provide detailed guidelines for policy development and implementation ( <a href="http://www.un.org/disabilities/default.asp?id=26">http://www.un.org/disabilities/default.asp?id=26</a> )

1993-2002	Asian and Pacific Decade of Disabled Persons
2003-2012	Asian and Pacific Decade of Disabled Persons
1994	<b>Salamanca Statement and the Framework for Action on Special Needs Education.</b> Adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994. Adopted by 92 governments and over 25 international organizations, putting the principle of inclusion on the educational agenda worldwide
1995	<b>World Summit for Social Development, Copenhagen Declaration and Programme of Action</b> calls upon governments to ensure equal educational opportunities at all levels for disabled children, youth and adults, in integrated settings
1998	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 1998/31
1999	Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities
2000	<b>World Education Forum, Dakar, Statement and Framework for Action</b> established attainable and affordable educational goals, including the goals of ensuring that by 2015 all children of primary age have better access to complete free schooling of an acceptable quality, that gender disparities in schooling are eliminated and that all aspects of educational quality are improved
2000	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 2000/51
2001-2009	African Decade of Disabled Persons
2010-2019	African Decade of Disabled Persons
2002	UN General Assembly <b>Resolution on The Rights of the Child</b> , following the World Summit on Children, calls upon States to take all necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by children with disabilities, and to develop and enforce legislation against their discrimination, so as to ensure dignity, promote self-reliance and facilitate the child
2002	' <b>A World Fit for Children,</b> ' outcome document of the UN General Assembly Special Session on Children makes clear reference to the rights of children with disabilities, especially regarding protection from discrimination, full access to services, and access to proper treatment and care, as well as the promotion of family – based care and appropriate support systems for families
2003	European Year of Persons with disabilities
2004-2013	Arab Decade of Disabled Persons
2006	UN Convention on the Rights of Persons with Disabilities
2006-2016	Inter-American Decade of Disabled Persons
2009	General Assembly resolution 63/150 of February 2009 : Realizing the Millennium Development Goals for Persons with Disabilities (A/RES/64/131)

In addition to these initiatives, the following international initiatives make explicit reference to persons with disabilities.

- ILO Employment (Transition from War to Peace) Recommendation No. 71 1944
- ILO Social Security Convention 1952
- European Social Charter 1961

- ILO Human Resources Development Convention (No 142) and Recommendation 150, 1975
- African Charter on Human and Peoples' Rights 1981
- Additional Protocol on the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights 1988
- UN Convention on the Rights of the Child 1989
- Vienna Declaration and Programme of Action, World Conference on Human Rights 1993
- The Copenhagen Declaration and Programme of Action, World Summit for Social Development, 1995
- The International Conference on Population and Development and its Programme of Action, 1994
- The Beijing Platform for Action, Fourth World Conference on Women, 1995
- EU initiatives
  - Treaty of Amsterdam 1997
  - EU Charter of Fundamental Rights 2000
  - EU Directive on Discrimination 2000



## Appendix 3

# Strategies for promoting the inclusion of persons with disabilities

Using a typical CCA/UNDAF programming cycle as its basis, this Section provides guidance as to how disability issues can be mainstreamed through the CCA/UNDAF programme cycle. As the CCA/UNDAF Guidelines note, capacity development is the central thrust and main purpose of UNCT cooperation, and is therefore a central focus of this Section.

## Twin-track approach to disability

The UNCT can make use of different methodologies to ensure that the issues concerning persons with disabilities are addressed by the UN system at country level. The use of a “twin-track approach” is particularly important, that consists of both, namely: (i) mainstreaming disability throughout United Nations’ operational activities for development and (ii) providing disability-specific programming in cases where particular supports are required. The balance between mainstreaming strategies and targeted disability-specific approaches will be determined in full consultation with the programme countries and in alignment with national development priorities. Both approaches should be discussed during the CCA/UNDAF process. However, all interventions should be guided by the overall goal of integrating and including persons with disabilities in all aspects of development programming.

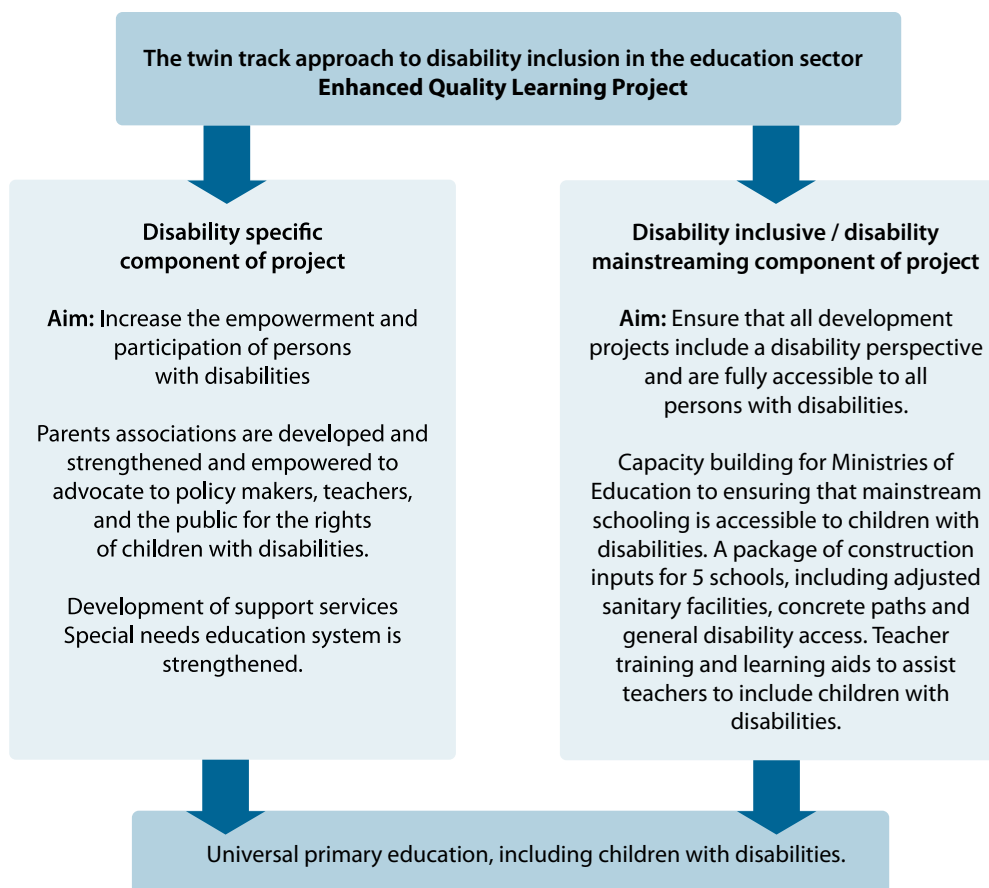
- ▶ Figure A3.1 on next page demonstrates what the dual focus on mainstreaming and targeted action means in practice in the education sector.

For an overview of how well UNCTs have done on mainstreaming disability issues to date, see Box A3.1 overleaf on next page, which indicates that they are some distance from providing adequate capacity development support to government and other counterparts so that they can meet their requirements under the CRPD.

Mainstreaming is first of all about country-specific engagement and partnership. If progress is to be made in including persons with disabilities in all sectors of society, this must involve beyond the ministry with responsibility for disability issues, and extend to all government ministries. All these Government entities need to recognize the importance of disability in poverty reduction and in reaching Internationally Agreed Goals, and the human rights principles and standards included, among others, in the Convention on the Rights of Persons with Disabilities. UNDAF is only a means to achieve this wider objective.

Mainstreaming also implies that UNCT and partners understand how persons with disabilities participate and enjoy development, and the critical challenges they face in all areas of their lives.

Figure: A3.1.

**Example of mainstreaming and targeted action in the education sector<sup>5</sup>**

## Box A3.1

**The twin-track approach in CCA/UNDAFs**

A review of CCA/UNDAFs from 2005-2010 undertaken by the Inter-Agency Support Group for the CRPD Task Team suggests that about one in ten UNDAFs include stand alone references to persons with disabilities as part of UNDAF results statements or indicators. This can be viewed as a positive base on which to build strengthened mainstreaming. Further, about 50 per cent of UNDAFs for this period include references to persons with disabilities as part of a list of “vulnerable” groups, such as women, children, minorities etc. About one third of UNDAFs for this period contained no reference to disability.

Source: DESA 2010, [http://www.un.org/disabilities/documents/reports/baseline\\_study\\_2010.doc](http://www.un.org/disabilities/documents/reports/baseline_study_2010.doc)

‘Mainstreaming is about disabled people participating at all levels of society according to his/her choice without facing any barrier. Disabled people will live with dignity in the society where there would be no obstacle, and walls for inclusion and... will able to establish/enjoy their rights and give their opinions.’<sup>5</sup> DPOs in Bangladesh at workshop on mainstreaming.<sup>6</sup>

<sup>5</sup> Enhanced Quality Learning Project implemented by International Aid Services (IAS) in Somaliland and Puntland, described in *Making Development Inclusive*. CBM and International Disability and Development Consortium.

<sup>6</sup> Bill Albert, Andrew K. Dube, Mosharraf Hossain, Rachel Hurst, Research gap analysis report for DFID (June 2005).

Mainstreaming disability in the development agenda is a strategy for achieving equality for persons with disabilities.<sup>7</sup> The **UN Common Learning Package on a HRBA** makes reference to established methodologies for human rights mainstreaming. For development practitioners, Programming is the process through which development interventions produce necessary change to achieve development goals. As explained in the **Common Understanding**, a HRBA to programming means using human rights principles and standards as key guidance in all sectors and phases of the programming process.

Mainstreaming is not a one-size fits all set of results or activities. It will always be country-specific, depending on the challenges facing each country, and the capacities of partners and the UNCT. It does not necessarily mean a specific disability UNDAF outcome.

Mainstreaming the human rights of persons with disabilities in the UNDAF process can also contribute to development effectiveness. By helping stakeholders to focus on reducing disparities and enhancing equality and non-discrimination factors, which often underlie development problems, including for persons with disabilities. It helps to direct UN capacity-development efforts to better respond to supporting Governments in meeting the obligations under international treaties they voluntarily ratified and accepted, putting people at the centre of the national development debate. Mainstreaming can also help achieve more sustainable development outcomes.

## Strategies for mainstreaming

Given the wide scope of contexts, actors and activities required to fully mainstream disability issues in the development agenda, it may be helpful to consider the process in the light of the “no-gap policy.” The no-gap policy is a concept which illustrates that no entity, whether it be part of the UN system, a Government ministry or a non-governmental organization, can achieve the goal of equality for persons with disabilities on its own. Rather, an interconnected network of actors is required to reach this goal.<sup>8</sup>

There is extensive experience on gender mainstreaming and why this has or has not worked.<sup>9</sup>

From a political angle mainstreaming is known to work where there is senior manager support, adequate resources devoted, and strong institutional mechanisms in place that support mainstreaming. Conversely when these factors are not present mainstreaming is likely to be weak.

Both HIV/AIDS and gender mainstreaming experience reveals the importance of developing plans and concrete, measurable actions within specific sectors and contexts. Achieving mainstreaming requires measurable concrete steps taken by individuals such as Government ministers, departmental heads, directors of organizations, and team leaders. For this to happen, disability issues need to be incorporated into organizational policy and practice in the form of job descriptions, mission and vision statements, and budget allocations.

<sup>7</sup> ECOSOC (2008) *Mainstreaming disability in the development agenda, Note by the Secretariat*, E/CN.5/2008/6.

<sup>8</sup> This section draws on ECOSOC (2008) *Mainstreaming disability in the development agenda, Note by the Secretariat*, E/CN.5/2008/6.

<sup>9</sup> There is a useful summary of this in a publication by NORAD at <http://www.norad.no/en/Tools+and+publications/Publications/Publication+Page?key=109584>



- Box A3.2 provides further lessons on mainstreaming from the gender equality experience that are applicable to the mainstreaming of disability issues.

#### Box A3.2

##### Lessons from gender mainstreaming

The basic principles of mainstreaming efforts include the following:

- (a) Responsibility for implementing the mainstreaming strategy is system-wide, and rests at the highest levels within agencies;
- (b) Adequate accountability mechanisms for monitoring progress need to be established; which includes both setting up gender-based indicators and gender budgeting;
- (c) Initial identification of issues and problems across all areas of activity should be such that differences and disparities between persons with and without disabilities can be diagnosed;
- (d) Clear political will and allocation of adequate resources for mainstreaming — including additional financial and human resources, if necessary — are important for translation of the concept into practice;
- (e) Disability mainstreaming requires that in “process” efforts be made to broaden the equitable participation of persons with disabilities at all levels of decision-making;
- (f) Mainstreaming does not replace the need for targeted, disability-specific policies and programmes, and positive legislation; nor does it do away with the need for disability units or focal points.

**Source:** As described by the Division for the Advancement of Women of the Department of Economic and Social Affairs, and adapted here for disability<sup>10</sup>

As mentioned earlier, “mainstreaming” is however not the only approach to address the rights of persons with disabilities. In the UNDAF context, it can however help articulate how to include persons with disabilities in the planning process.<sup>11</sup>

Another approach consists in undertaking disability-specific programming, in cases where particular support is required, for replicability purposes, or when the mainstreaming approach would not be useful. There are a number of examples of stand-alone projects on disability issues, which are taking place in many countries, as illustrated in Box 8.

#### Box A3.3

##### Examples of support programmes and projects

In Croatia, activities related to persons with disabilities are being undertaken in Croatia since 2007 within a UNDP project entitled “The Right to Live in the Community – Social Inclusion of Persons with Disabilities.” The project has the following components: Development of and support to specialised foster care for children with intellectual disabilities; Development and implementation of the model of educational inclusion; Improving employability and employment opportunities for persons with disabilities in the private/public sector; Legislation review; Increasing sensitivity for diversity; De-institutionalisation.

In Belize, UNFPA supports programmes aimed at providing sexual and reproductive health education for adolescents and adults with disabilities. Activities include training facilitators,

<sup>10</sup> <http://www2.ilo.org/public/english/bureau/gender/newsite2002/about/defn.htm>, quoted in ECOSOC (2008) Mainstreaming disability in the development agenda, Note by the Secretariat, E/CN.5/2008/6.

<sup>11</sup> It might be beneficial for UNCTs to look at AusAid’s new strategy on disability “Development for All – Towards a disability inclusive Australian aid program 2009-2014” for other ideas:

[http://www.ausaid.gov.au/publications/pubout.cfm?ID=8131\\_1629\\_9578\\_8310\\_297&Type](http://www.ausaid.gov.au/publications/pubout.cfm?ID=8131_1629_9578_8310_297&Type)

In its development there were also extensive consultations with different organizations, who, for example, challenged the idea of “mainstreaming”, which as a result is not referred to in AusAid policy. There is a complementary book detailing these consultations.

Box A3.3 (continued)

### Examples of support programmes and projects

conducting countrywide sexual and reproductive health sessions with adolescents and adults with disabilities, and conducting the “Knowledge, Attitudes, Behaviour and Practices” survey in the area of sexual and reproductive health, including HIV and AIDS, and among persons with disabilities.

In China, UNICEF has several activities under the Child Protection programme related to children with disabilities. The UNICEF project on children with disabilities focuses on 3 main areas of intervention: development and strengthening of policies and legislation related to children with disabilities in line with the international legal framework on disability and improved access to family and community-based services for children with disabilities and their families; national/ local communication campaigns for the promotion of the rights of children with disabilities and a barrier-free non-discriminative environment, empowerment and equal opportunities for children with disabilities in China; Strengthening of data collection and monitoring on the situation of children with disabilities in China.

In Kosovo, UNICEF addressed the issue of disability mainly through different projects within education programme. Most of the projects /activities’ approach has been on inclusiveness of children with special needs in the education system, and acceptance of community. The interventions target policy development, capacity building of central local authorities, school and community.

In Vietnam, UNICEF initiated a cross-sectoral programme on children with disabilities. The objective is to strengthen policies and legislation, and ensure accessibility of quality services for children with disabilities and their families. Interventions are planned at national and sub-national levels, and cover all UNICEF programme areas, including protection, education, health and nutrition, policy and planning, water and sanitation, with five components: Knowledge base; Advocacy and communications; Law, policy and standards; Capacity building; and Community-based interventions.

In China, Ethiopia, United Republic of Tanzania, Uganda, Viet Nam and Zambia, the ILO supports the review and reform of disability-related training and employment laws and policies, and their effective implementation. Governments, social partners and organizations of persons with disabilities are involved in activities and events linked to the review or development of disability laws and policies. Collaboration takes place with national training agencies, employment services and university law faculties to ensure a commitment to catering to persons with disabilities and to including a disability perspective in their programmes and services and curricula.

## Four main areas for mainstreaming

Following the CCA/UNFAF Guidelines, there are four main areas for mainstreaming, each of them with some entry points and related actions that will enable UNCTs and country partners to better mainstream disability concerns during country analysis, preparation and implementation of the UNDAF are:

- Roadmap, issues of participation and representativeness, access to information
- Country Analysis (analysis preceding UNDAF development)
- Strategic Planning (development of the UNDAF and its results matrix)
- Monitoring & Evaluation.

While these steps are mandatory in the UNDAF Guidelines, UNCTs can undertake each of them in a flexible manner, in response to the national context. The same applies for disability issues.

These four main areas are explained in detail in Section 3 of the Guidance Note.



## Tool 1

# A disability-sensitive and -inclusive CCA process

The structure and content of the CCA document, as well as the steps for preparation can facilitate a disability-sensitive process. This tool, inspired from the UNDAF Technical Guidelines, shows where disability issues or persons with disabilities can be considered when preparing a Common Country Assessment.

Several figures have been added to illustrate how the Human Rights-based Approach feeds into the CCA steps, which can all be used to make the CCA more disability-sensitive.

## 1. Structure and content of the CCA document

### Section 1: Introduction

The introduction explains how the CCA will add value to country analytic work and to the national development framework.

### Section 2: The Analysis

This section contains a focused analysis of the national development situation. Major problems or challenges are analyzed to identify trends, disparities and the most affected population groups, including persons with disabilities. It will highlight progress made towards national priorities, with a clear focus on the MD/MDGs and other internationally agreed development goals and treaty obligations, such as those under the CRPD. It uses a HRBA and mainstream gender equality concerns to:

- Identify priority development problems and state them as interrelated, and unfulfilled, human rights;
- Provide a greater understanding of their causes; and
- Identify the individuals and groups in society who are obligated to take action, and the capacities they need to be able to take action.

In line with the principles of UNCT cooperation, the analytical process encourages government ownership and leadership, and it involves non-government stakeholders, and ensures the active and meaningful participation of groups subject to discrimination, including persons with disabilities.

The *Common Learning Package on HRBA* (2007) entitled “UN Common Learning Draft Resource Guide” is available at the UNDG website. The CCA largely follows Part IV of the draft package which contains detailed information about the steps involved in conducting human rights-based analysis at country level.

### a) *Gather information*

A HRBA depends on the quality of information available. The information covers the civil, cultural, economic, political and social context that will lead to the identification of the main development and human rights challenges in the country, their severity, the most affected and where they live, including persons with disabilities. Development of an indicator framework may help to establish a baseline and identify trends, data gaps, and also constraints in the capacity of national statistical systems. The information on persons with disabilities is disaggregated as much as possible by sex, age, geographic area, ethnicity, disability, HIV/AIDS and other status. The information comes from a variety of sources including government and official data, civil society, observations and recommendations of international human rights mechanisms (including the *Committee on the Rights of Persons with Disabilities*, regional and national human rights mechanisms, and other reliable sources.)

### b) *Assess the situation*

Based on the information gathered, the assessment from a human rights and gender perspective helps to determine whether, and where, a problem or challenge exists, its intensity and who is affected, including persons with disabilities. It reviews the trends in development indicators using sex-disaggregated data and it highlights disparities: where these occur, who are most affected and how many are affected. It examines the commitments of the State to respect, protect and fulfill human rights. The HRBA adds value to this assessment by relating the situation to the human rights obligations in the international instruments ratified by each country, including the CRPD. This data-driven assessment will help to identify patterns of discrimination and inequality, and describe the situation of groups excluded, including persons with disabilities made vulnerable due to the denial of their rights.

Because persons with disabilities are particularly vulnerable, the assessment also addresses risks for potential natural and man-made disasters, and discusses the country's *disaster preparedness*, including the availability of early warning and crisis monitoring indicators. Particular attention should be paid to the risks faced by women and girls with disabilities in time of crisis, including the risk of systematic rape. Refugees with disabilities should also be included in the assessment as this is a group that is often forgotten.

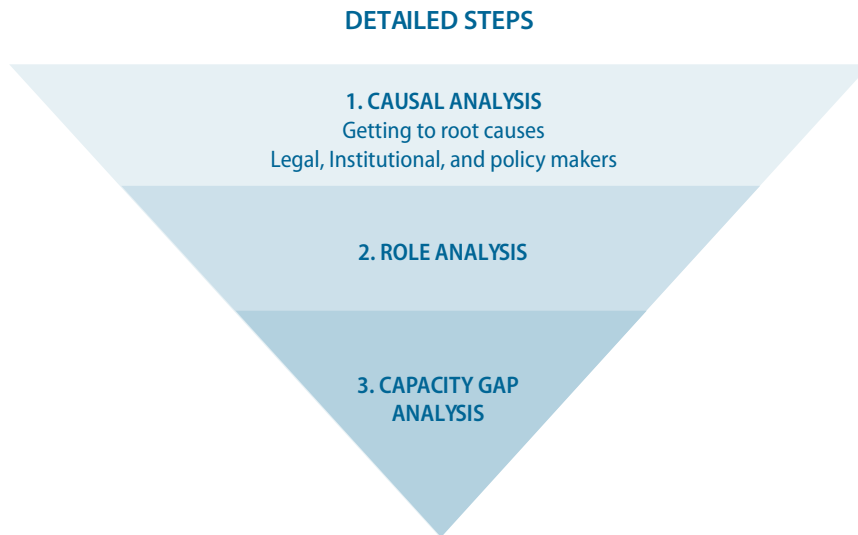
### c) *Select challenges for deeper analysis*

Using the assessment, the UNCT and national partners will identify particular problems or challenges for deeper analysis. Persons with disabilities can be considered in all the following criteria for the selection of these problems:

- The persistence, severity and scope of the problem as evidenced by relevant reports (e.g. National MDG Report, CEDAW Concluding Comments, CRPD Observations and Recommendations, etc);
- Negative trends involving persons with disabilities;
- Trends that might lead to man-made crises or natural disasters and have an impact on persons with disabilities;
- Disparities suggesting unequal treatment and discrimination of persons with disabilities;
- Particular opportunities for UNCT advocacy and programme cooperation on issues concerning persons with disabilities; and

- Opportunities for multiple impacts on persons with disabilities, where problems are closely linked or have a causal relationship.

Figure: 1.  
The key HRBA steps



d) *Analyze selected problems and challenges to identify root causes*

The quality of the CCA depends on the depth and quality of the analysis. The analysis organizes the main data, trends and findings into relationships of cause and effect. It identifies the manifestation of the problem – or its effect on people, and its underlying and root causes. Again these are disaggregated as much as possible by sex, age, geographic area, ethnicity, disability, HIV/AIDS and other status among others. A graphic representation of this causality analysis is called a problem tree (figure below).

Figure: 2.  
Causal analysis and causal trees

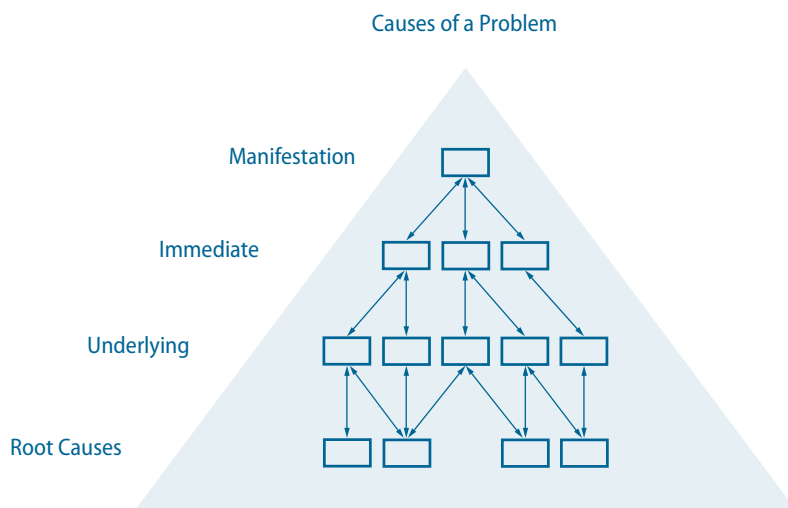
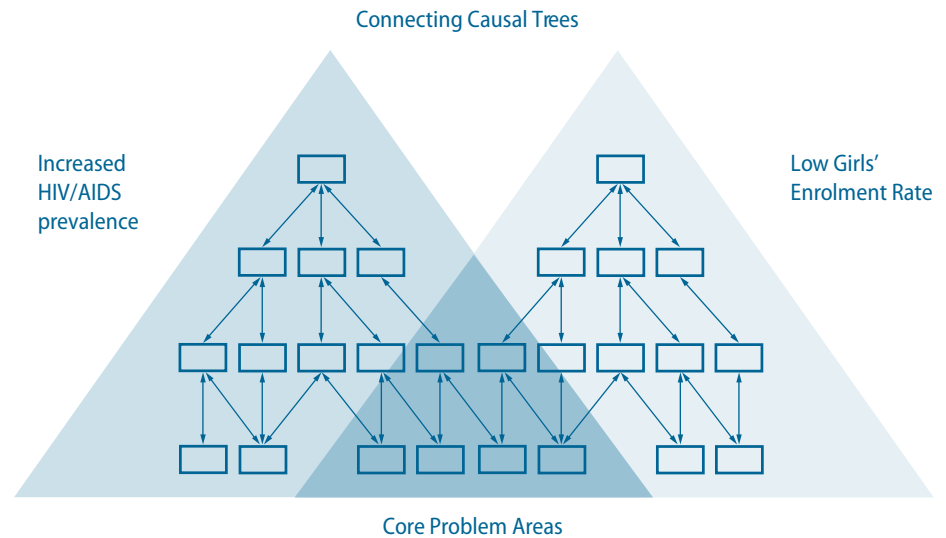


Figure 2. (continued)  
**Causal analysis and causal trees**



Normally,

- Immediate causes determine the current status of the problem.
- Underlying causes are the consequence of policies, laws and availability of resources.
- Root causes concern attitudes and behaviour at different levels, including the family, communities, and governments.

A causality analysis is guided by human rights principles and standards. It is important to understand the problem and its causes as human rights not yet fulfilled for persons with disabilities.

For example, do the State and its authorities ensure that children with disabilities are protected against discrimination in the school system? What cultural values and practices need to be addressed to protect persons with disabilities from being excluded from work opportunities?

Human rights-based analysis reveals gaps in norms, institutions, and legal and policy frameworks, as they apply to persons with disabilities. It describes how laws, social norms, traditional practices and institutional responses affect the fulfillment of the human rights of persons with disabilities. Most importantly, the analysis considers the implementation – both in legislation and in practice - of international human rights treaties, including the recommendations of the Committee on the Rights of Persons with Disabilities.

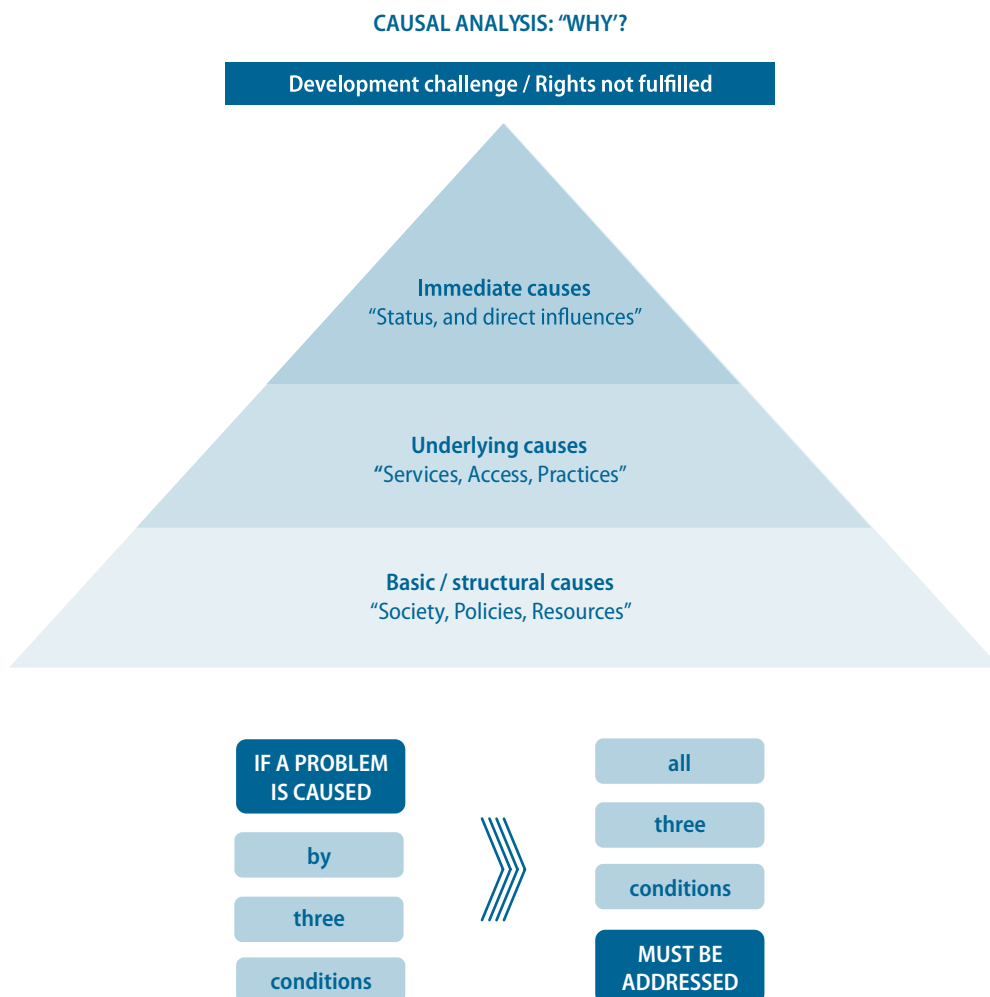
Some underlying or root causes for different development challenges faced by persons with disabilities may be the same (See the overlapping triangles on the right in the figure above). Identification of these common underlying or root causes of multiple problems will increase the likelihood that policy or programmatic responses yield multiple impacts.

**Unfulfilled right: Children with disabilities are not attending school**

**Rights-Holders:** children with disabilities, their parents (both rights-holders and duty-bearers), their teachers (also rights-holders and duty-bearers), the community school board or equivalent body (as rights-holders and duty-bearers). While the parents, teachers, and school board are also duty-bearers, they are not able to fulfill their responsibilities due to their own lack of capacity.

**Duty-Bearers:** parents, teachers, school board, local authorities, ministry of education, parliamentarians and other elected leaders. The question then arises as to where capacity building will produce the greatest results and impact?

Figure 3.  
Key Reasons for a causality analysis



e) *Identify rights holders and duty bearers, and their capacity needs*

Once the causal analysis is completed, the next step is to identify rights-holders, and duty-bearers. A HRBA recognizes people as rights-holders (also referred to as claim-holders, or subjects of rights), in this case persons with disabilities, and as key actors in their own development. They are not passive recipients of benefits. At the same time, it recognizes the



corresponding human rights obligations of the duty-bearers, which include both state and non-state actors, to respect, protect and fulfill the human rights of persons with disabilities. The role analysis helps examine the relationship between rights-holders and duty-bearers. This part simply calls for making a list of the rights-holders on the one hand and a list of the corresponding duty-bearers on the other, in relation to a specific human right of persons with disabilities and to compare the relationships.

Once all the relevant actors have been identified, the next step is to assess the capacity gaps of rights-holders and duty bearers in terms of skills, resources, responsibility, motivation and authority. At this stage of the analysis it is important to ask:

- What capacities are lacking for persons with disabilities as rights-holders to claim their rights?
- What capacities are lacking for these institutions or individuals to carry out their duties?

Figure 4  
Rights holders and duty bearers in HRBA

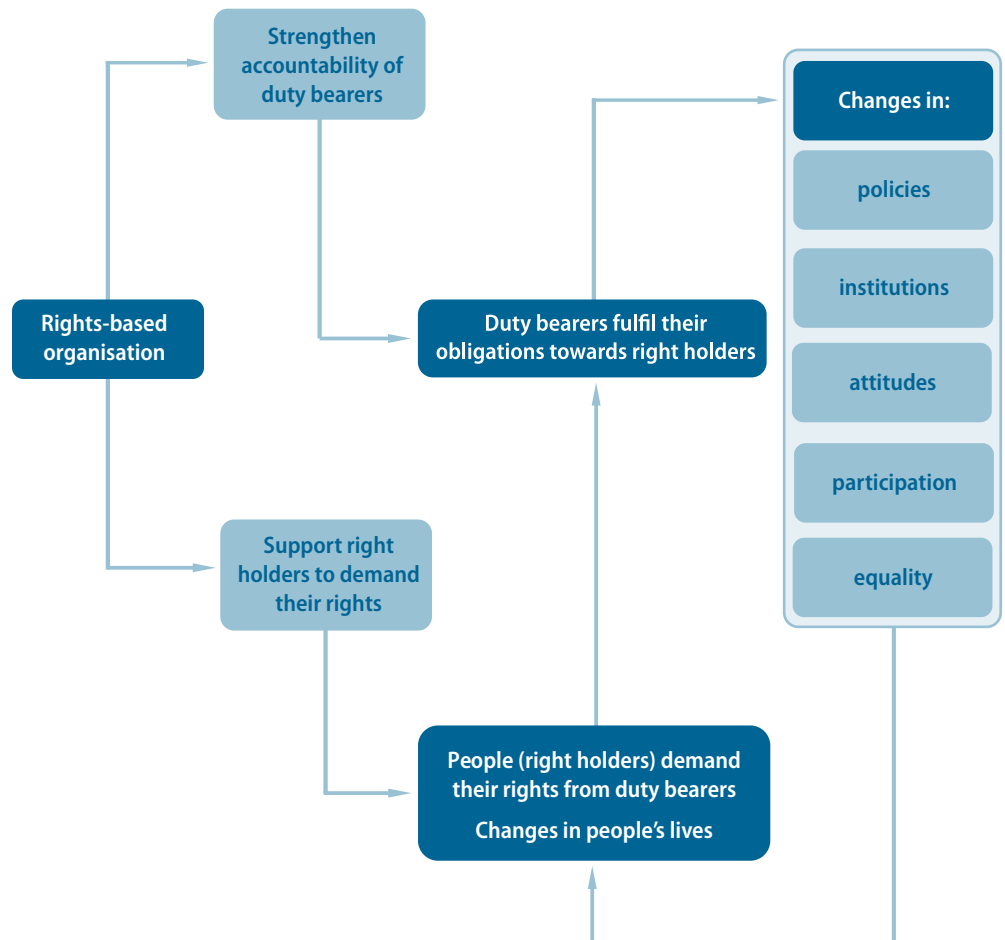


Figure 5  
Rights holders and duty bearers in HRBA; Right-Responsibility-Claim

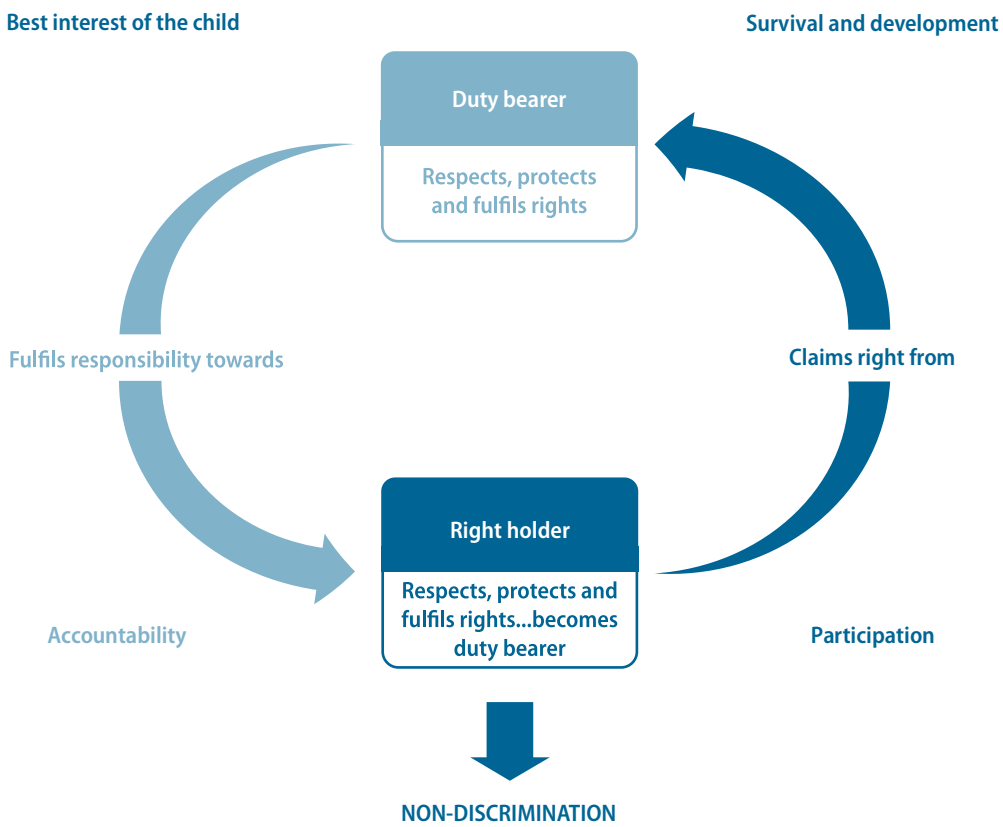
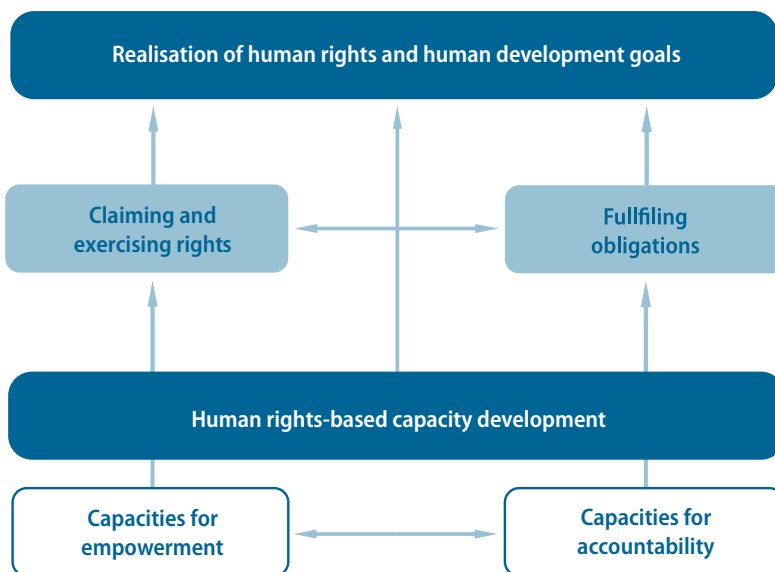


Figure 6  
Role analysis and capacity development



### Section 3: Priority development problems and their common root causes

On the basis of this analysis, the UNCT and partners will identify a limited number of priority problems on disability, where programme cooperation can produce the greatest results. The final section of the CCA identifies the priority problems, from those analyzed in Section 2. Prioritization is guided by where the UNCT can bring its comparative advantages to bear to make the biggest difference.

The following criteria may be helpful in establishing priorities among the analyzed problems:

- The magnitude and growth of the problem as it relates to persons with disabilities, and the level of national commitment;
- Problems with common underlying or root causes where programmatic responses may yield multiple impacts;
- Whether the UNCT has the comparative advantages to address the problem and develop lasting in-country capacities;
- Sufficient human resources and funds are available, or can be mobilized; and
- The potential for alignment with key actors within government and civil society who have decision-making power or can influence national priorities and support UNCT action in the area of disability.

## 2. Stages in the CCA process

**Theme groups:** The UNCT, in consultation with partners, decides which existing theme groups are useful to help with the CCA, or creates new ad hoc theme groups to make the best use of available analytical resources. A theme group on disability issues may be created or else staff and partners with specific knowledge on disability can participate in other groups. Country databases of relevant, up-to-date information are used to conduct the analysis. Where relevant data are not available or reliable, the theme group ensures that appropriate actions for data collection and capacity building are proposed. Theme groups use a HRBA and mainstream gender equality concerns in the analytical process. Theme groups will typically consult Government, civil society, including worker and employers' organizations, indigenous organizations and institutions, organizations of persons with disabilities, people living with HIV/AIDS, the private sector and external partners, as well as social service providers. The theme groups use any relevant national poverty analyses, sectoral studies and/or any other work completed or underway, especially those relating to persons with disabilities.

When the theme groups have completed their work, a drafting committee will prepare a first draft of the CCA which is then distributed by the individuals leading the UNCT to all partners, including to non-resident United Nations agencies and to the Peer Support Group. Country teams, together with all partners may want to organize a final consultation to reach consensus on the major findings of the CCA, the priority problems identified for development cooperation, and the possible roles of development partners. These are all opportunities to strengthen a disability-sensitive CCA process. Partner participation and endorsement of the document ensures its wider use in the country. The impact of the CCA

will be much greater if, as a result of wide “ownership,” it influences national policy and resource allocation, than if it only influences UN policy and resource allocations.

**Strengthen the indicator framework:** Under any of the options of country analysis, it is strongly recommended to work with partners to develop or strengthen the indicator framework within the overall national development framework. UNCT efforts build on what already exists in the country to help establish baselines, identify trends and data gaps, and highlight constraints in country statistical systems. Particular attention is paid to disaggregation of data (by sex and other key socio-economic variables) and to any research that reflects the situation and views of people who suffer from discrimination due to handicap. The Box below presents information on disaggregation of data. Further details about the indicator framework are in Chapter V of the UNDAF Technical Guidelines.

**Disaggregating data:**

Disaggregation of data by key socio-economic variables is a must because it will help uncover patterns of marginalization and exclusion central to UN planning. There is sometimes confusion about what data needs to be disaggregated and how it is to be used. Here are some rules of thumb:

- Always disaggregate data by sex, and if this is not possible (e.g. because data does not exist or is too expensive to gather), note this.
- Another variable to consider is disability, along with age, geographic area, ethnicity, disability type and socio-economic status.
- Think about how the data on persons with disabilities will be analyzed ahead of time, and the uses to which it will be put. There is sometimes a tendency to collect too much data, or not to analyze what is collected. Data should help determine the key national needs in relation to the MDGs and how the UN can best support national efforts to meet MDG targets.

*DevInfo* is a user-friendly, customizable database system used by UNDG to support national monitoring of human development. It can be customized by the UNCT to link data to the national development framework, the World Summit outcome document, MDGs and the UNDAF as well as other plans of high national priority. This is a key tool for a disability-sensitive analysis.



## Tool 2

# Glossary of terms and concepts<sup>11</sup>

## Accessibility

An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.

Accessibility can be defined on three levels:

1. Accessibility of the built environment, which includes housing and private buildings, as well as public spaces or buildings, and to the social environment, particularly in services and government offices.
2. “Geographic accessibility,” which looks at the ability to circulate: everybody should have the right and the opportunity to choose their means of transport, to go from one place to another according to their needs, abilities and budget (this dimension is usually included within the previous one – as in the CRPD Art. 9 - but HI field experience shows that in many cases free movement has to be addressed *per se* in addition to the settings and buildings themselves. This is why it can be useful to make it a distinct point).
3. Access to information and communication (accessible media, accessible dissemination of information and accessible outlets).

## Child disability (including developmental disability)

Child disabilities become apparent prenatally, perinatally or during infancy, childhood, or adolescence. They can affect one or more functional domains including: cognition, movement, consciousness, language, speech, vision and hearing. Developmental disabilities encompass a range of disabilities including genetic and acquired disabilities (such as those resulting from an injury).

## Community / Community Participation

The close environment of an individual, including the population and all different stakeholders (public or private), within a confined geographical area, who share a feeling of common belonging and experience common constraints and benefits. With regards to par-

<sup>12</sup> This Glossary has been put together, using three main sources: (i) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation To Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union; (ii) Promoting the rights of children with disabilities, UNICEF, Innocenti Research Center, Innocenti Digest No 13; and (iii) Monitoring Child Disability in Developing Countries, Results from the Multiple Indicator Cluster Surveys, UNICEF, University of Wisconsin, School of Medicine and Public Health.

ticipation, community can apply to spatial communities (a body of people living and/or working in the same locality); for example a neighbourhood or a district.

## Decentralisation

A transfer of certain responsibilities and corresponding resources from the central State to local authorities, usually in the field of managing local taxes, city planning, infrastructure, and construction, as well as social services such as water and sanitation, housing, transport, education, primary health care, culture and sports, etc. Local level authorities enjoy decision-making autonomy within the boundaries of the legislation and national strategies and policies, and manage their allocated budget for the transferred responsibilities. This makes them accountable to the citizens that live within the territory and boundaries of the local authority's mandate.

## Disability

Disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others, as defined in the UN Convention on the Rights of Persons with Disabilities (CRPD). This Guidance Note recognises that disability has various definitions in the social and legislative frameworks of different countries but proposes this definition as a possible reference.

Under the International Classification of Functioning, Disability and Health (ICF) adopted by the World Health Organization (WHO) in 2001, disability is conceived as the outcome of the interaction between impairments and negative environmental impacts. WHO emphasizes that most people will experience some degree of disability at some point in their lives. Accordingly, the ICF classification focuses on a persons' abilities and strengths and not just impairments and limitations. It also grades functioning on a scale from not impairment to complete impairment. By shifting the focus from cause to impact, ICF places all the health conditions on an equal footing.<sup>13</sup>

## Disabled Peoples' Organisation (DPO) / Organisations of persons with disabilities

A DPO is an organisation representing persons with disabilities focused on the promotion of their rights. These organisations have to be mainly composed of and led by persons with disabilities. In the case of people with significant intellectual or multiple disabilities, they can also be family-based organisations advocating for the human rights of persons with disabilities.

## Empowerment

The empowerment of a group or community increases its strengths and improves its capacity to accomplish its goals. Empowerment is the expansion to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives.

<sup>13</sup> For more on the International Classification, see [www.who.int/icidh](http://www.who.int/icidh) or contact the Classification, Assessment, Surveys and Terminology Unit, WHO (see 'Links' section).

## Impairment

The term 'impairment' is used to refer to the loss or limitation of physical, mental, intellectual or sensory function on a long – term or permanent basis.

## Incidence

The rate at which new cases of a condition occur in a defined population during a specific timeframe.

## Inclusive Development

Inclusive development is a rights-based process that promotes equality and the participation of the largest possible section of society, especially groups that face discrimination and exclusion. Inclusive development ensures that persons with disabilities are recognized as rights-holding equal members of society, who are engaged and contributing to a development process for all. Inclusive development can be implemented at the national and local level.

## Local Governance

Local governance refers to the interactions between different actors at the local level, ranging from local governments and representatives of civil society to the private sector. Effective or 'good' local governance is brought about by a set of institutions, mechanisms and processes through which citizens and groups can articulate their interests and needs, mediate their differences and exercise their rights and obligations at the local level. It involves effective citizen participation, transparent flows of information, and functioning accountability mechanisms.

## Participatory Process

A participatory process is defined as involving relevant stakeholders in the policy making or planning, each stakeholder contributing to the end result, having a stake in the outcome and a role in the monitoring and implementation of the final output. A participatory process allows for full and meaningful consultation of all stakeholders involved and should be representative of the different actors concerned, giving particular weight to the contributions of those whose human rights are directly affected.

## Persons with Disabilities

Person with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (article 1).<sup>14</sup>

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<sup>14</sup> United Nations, Convention on the Rights of Persons with Disabilities, United Nations, New York, 2006. See [www.un.org/esa/socdev/enable](http://www.un.org/esa/socdev/enable)



## Prevalence

The proportion of a population, per 1000 people, with a condition at a given time. For example, the prevalence of child disability is the proportion of children in a population that are found to have a disability.

## Reasonable Accommodation

The necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

## Social Services

Social services cover a large and diversified range of services, which are intended to improve standards of living, especially of marginalised individuals and groups, those discriminated against or in vulnerable situations. Social services are linked to national welfare schemes and are important tools for the implementation of public policies in the field of social protection, non-discrimination, the fight against poverty and exclusion. They are not conditioned by the contribution of the users and should enhance capacities of individuals for full inclusion and participation in society. They respond to social needs and social deficits, which “the market” cannot manage, or which can even be generated by the market. States are responsible for ensuring the access of all citizens to social services but do not necessarily have to be the providers of them. In a narrow definition, social services address strictly social needs, such as housing, social care for children and the elderly, social security or other types of social protection. In a wider sense, social services cover a wider range of services such as education, basic health care, vocational training, access to employment, etc.

## Universal Design

Universal Design is a strategy which aims to make the design and composition of different environments, products, communication, information technology and services accessible and understandable to, as well as usable by, everyone, as far as possible in the most independent and natural manner possible, preferably without the need for adaptation or specialized solutions. It promotes a shift towards user-centred design by following a holistic approach and aiming to accommodate the needs of persons with disabilities, regardless of any changes they might experience in the course of their lives. Consequently, Universal Design is a concept that extends beyond the issues of mere accessibility of buildings for persons with disabilities and should become an integrated part of policies and planning in all aspects of society.

### Tool 3

## The obligations to respect, protect and fulfil the rights of persons with disabilities – How they might be translated into action

### Freedom from Torture (Art 15)

**Respect:** the State must not subject a person with a disability to torture and other cruel, inhuman or degrading treatment, including medical experimentation or interventions without the free and informed consent of the person concerned in a State-run prison or psychiatric institution.

**Protect:** the State must ensure that privately run prisons or psychiatric institutions do not practise torture and similar practices on persons with disabilities.

**Fulfil:** the State must ensure that prison officers and health professionals are given adequate training and information so that the human rights of persons with disabilities are respected.

### The Right to Health (Art 25)

**Respect:** the authorities must not undertake medical treatment of a person with a disability without his/her free and informed consent or enforce treatment against a person's will.

**Protect:** the Government must ensure that private health-service providers do not discriminate against or withhold health care from someone on the basis of disability.

**Fulfil:** the Government must increase the availability of quality and affordable health care for persons with disabilities.

### Freedom of Expression (Art 21)

**Respect:** the State must not withhold information or stop a person with a disability from freely expressing his/her views.

**Protect:** the State must prevent private entities from prohibiting a person with a disability from freely expressing his/her views.

**Fulfil:** the State must facilitate the use of sign languages, plain language, Braille, and augmentative and alternative communication in official interactions.

### The Right to Education (Art 24)

**Respect:** authorities must not exclude a student with a disability from education on the basis of disability, whether the education takes place in formal or non-formal educational institutions, at primary, secondary or higher levels, or involves vocational and technical education.

**Protect:** the State must ensure that private schools do not discriminate against a person with a disability in their education programmes.

**Fulfil:** the State must ensure that free secondary education is progressively available to all, including persons with disabilities.

### The Right to Work and Employment (Art 27)

**Respect:** the State must respect the right of persons with disabilities to form trade unions.

**Protect:** the State must ensure that the private sector respects the right to work of persons with disabilities.

**Fulfil:** the State must provide technical and vocational training, with available resources, to persons with disabilities, and employ persons with disabilities in the public sector.

## Tool 4

# Examples of indicators<sup>15</sup>

### REMINDER - INPUT / OUTPUT / OUTCOME / IMPACT

While different classifications for indicators exist, the guidance note refers here to the typology suggested by the European Commission.<sup>16</sup>



**Input indicators** measure the financial, administrative and regulatory resources provided by government and donors, dedicated to achieving our disability sensitive targets (within the overall goal of disability inclusive project management).

E.g., Training of officials, service providers etc, on disability inclusion

**Output indicators** measure the immediate and concrete consequences of the measures taken and the resources used.

E.g., Number of accessible infrastructures

**Outcome indicators** measure the results at the level of beneficiaries- access to, use of and satisfaction with the above outputs; this is not an actual measurement of quality of life as such, but gives a strong indication.

E.g., Number of persons with disabilities having access to infrastructure

**Impact indicators** determine the consequences of the outcomes or measure key dimensions of well being- for example, good health, literacy, etc.

E.g., Increased quality of life for persons with disabilities (health, nutrition, hygiene etc.)

In general, if the goal of the UN system is to include disability in development cooperation, we need to establish disability sensitive indicators. Disability sensitive indicators will be used in combination with:

#### Disability sensitive targets

Disability disaggregated data/ sources of information which are disability sensitive.

This tool gives a selection of possible indicators that could be adapted for individual situations depending on the sector and the context. The lack of qualitative indicators is a shortcoming. Development practitioners are therefore strongly encouraged to pay attention to developing qualitative indicators.

These indicators are presented as a list of options to be used or adapted as and when necessary as disability components and targets are introduced to various projects and sectors.

<sup>15</sup> The source used for this tool is: Make Development Inclusive, How to include the perspectives of persons with disabilities in the project cycle management guidelines of the European Commission, CBM (Together we can do more) and International Disability and Development Consortium (IDDC). This manual is part of the project "Disability mainstreaming in Development Cooperation", supported by DG Employment and Social Affairs of the European Commission. See <http://www.make-development-inclusive.org/> and in particular the toolbox for the indicators: <http://www.inclusive-development.org/cbmttools/part3/index.htm>

<sup>16</sup> Guideline for the use of indicators in country performance assessment, December 2002.

### Sample disability sensitive indicators for the Education sector

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Expenditure on development of an inclusive education system</li> <li>• Expenditure to support the education of school children and students with disabilities (training of special educators, development of adapted materials, physical improvements to schools to make them accessible, etc.)</li> <li>• Development of policies to support the inclusion of school children and students with disability in the education sector</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number of teachers trained in inclusive practices (e.g. training in Braille, in Sign Language, in disability awareness, in the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities)</li> <li>• Number of teachers trained in special education</li> <li>• Number of accessible classrooms built/ adapted, as a percentage of all classrooms built</li> <li>• Number of accessible latrines built/ adapted, as a percentage of all built</li> <li>• Training materials and curricula adapted for school children and students with disabilities</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Primary/ gross or net enrolment rate (%) school children with disabilities</li> <li>• Primary completion rate (%) school children with disabilities</li> <li>• Secondary gross or net enrolment rate (%) school children with disabilities</li> <li>• Participation in tertiary education (%) of students with disabilities</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Literacy level of school children and students with disabilities</li> <li>• Literacy level of girl children/ women with disabilities</li> <li>• Positive attitude of school teachers towards including school children and students with disabilities</li> <li>• Positive attitude of policy makers towards including school children and students with disabilities</li> <li>• Positive attitude of school children towards including children with disabilities</li> <li>• School children and students with disabilities receive the support they need to facilitate their effective education</li> <li>• Increased demand for education from children and parents of children with disabilities</li> <li>• Parents of children with disabilities are aware of the right of their children to education</li> <li>• Children with disabilities are aware of their right to education</li> <li>• Teachers are aware of the rights of children with disabilities to education</li> </ul>

### Sample disability sensitive indicators for the Health and rehabilitation sector\*

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Expenditure on making health services accessible to persons with disabilities</li> <li>• Expenditure on health, employment, education and social rehabilitation services for persons with disabilities</li> <li>• Expenditure on training for health professionals at all levels in disability related healthcare and rehabilitation</li> <li>• Investment in disability-inclusive health information systems</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number or % of health facilities accessible to person with disabilities, as a percentage of all health facilities</li> <li>• Health information systems inclusive of disability disaggregated data</li> <li>• National health related rehabilitation service in place</li> <li>• Services for development of assistive devices and technologies designed for persons with disabilities in place</li> <li>• Number of staff trained (both initial and continuous training) in rehabilitation</li> <li>• Number of health professionals trained in disability awareness and ethical standards of care for persons with disabilities</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Health information collected, analysed and reported is disability disaggregated</li> <li>• % of persons with disabilities with access to health care and programmes</li> <li>• % of women with disabilities with access to health care and services in the field of sexual and reproductive health</li> <li>• % of persons with disabilities with access to health-related rehabilitation services</li> <li>• % of persons with disabilities with access to assistive devices and technology</li> <li>• % of persons with disabilities with access to population based health programmes</li> <li>• Number of children with disabilities with access to early identification, as appropriate and relevant services</li> <li>• Health and health related rehabilitation services are reachable to all population groups (including people living in rural areas)</li> <li>• Health and health related rehabilitation services are affordable to all population groups (including people living in rural areas)</li> <li>• Health and health related rehabilitation services are physically accessible to all population groups (including people living in rural areas)</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Information is available on access for persons with disabilities to the health sector enabling better planning of inclusive health services</li> <li>• Persons with disabilities have the same health status as others in the population</li> </ul>

\* This does not take health insurance issues into consideration

## Sample disability sensitive indicators HIV&amp;AIDS

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Spending on physical accessibility of buildings and services as a % of the Health budget</li> <li>• Spending on adaptation of messages to ensure they are accessible for persons with disabilities as a % of the HIV&amp;AIDS budgets</li> <li>• Spending on training of Health and VCT staff on disability awareness as a % of the Health budget</li> <li>• Existence of objectives targeting vulnerable groups like persons with disabilities in the updated plan and budget</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number of physically accessible VCT services and buildings, as a percentage of all VCT services and buildings</li> <li>• Number of health services accessible to /providing anti-retroviral treatments to persons with disabilities, as a percentage of all such services</li> <li>• Number of health staff trained on disability awareness and HIV and AIDS</li> <li>• Existence of adapted information and materials</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• HIV prevalence among pregnant women with disabilities aged 15-24 years</li> <li>• Percentage of population of persons with disabilities with comprehensive correct knowledge of HIV&amp;AIDS</li> <li>• Percentage of health staff with comprehensive correct knowledge on disability and HIV&amp;AIDS</li> <li>• Percentage of patients with disabilities with sexually transmitted infections at health-care facilities who are appropriately diagnosed, treated and counselled</li> <li>• Percentage of HIV-infected pregnant women with disabilities receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission</li> <li>• Percentage of persons with disabilities with advanced HIV infection receiving antiretroviral combination therapy</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Reduction of the spread of HIV&amp;AIDS epidemic among persons with disabilities</li> <li>• Persons with disabilities living with HIV and AIDS have equal access to treatment leading to prolonged/ improved quality of life</li> </ul>

### Sample disability sensitive indicators for the Water and Sanitation sector

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Development of policy/ project/ program on inclusion of persons with disabilities in water and sanitation services</li> <li>Or</li> <li>• Development of policy/ project/ program for disability specific water and sanitation services</li> <li>• Expenditure on development of policy/ project/ program on inclusion of persons with disabilities in water and sanitation services</li> <li>Or</li> <li>• Expenditure on development of policy/ project/ program for disability specific water and sanitation services</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number of water facilities adapted or constructed that are accessible for persons with disabilities, as a percentage of all water facilities</li> <li>• Number of sanitation facilities adapted or constructed that are accessible for persons with disabilities, as a percentage of all sanitation facilities</li> <li>• Number of public services (schools, health facilities etc.) adapted or constructed that are accessible to persons with disabilities, as a percentage of all public services</li> <li>• Number of officials, services providers, water and sanitation managers trained on disability inclusion in the water and sanitation sector</li> <li>• Involvement of persons with disabilities and disabled peoples' organisations in decision making processes</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Number of households with persons with disability with access to safe water</li> <li>• Number of households with persons with disability with access to safe sanitation</li> <li>• Number of persons with disabilities using services that they did not use before the program was implemented because of non- accessibility</li> <li>• Number of people suffering from water and hygiene related diseases causing disabilities before and after the program implementation (e.g. diarrhoea and infectious diseases)</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Persons with disabilities have equal access to water and sanitation services as other people in their community, which results, as for others, in an improved quality of life, and improved state of health</li> <li>• The number of people infected by water and hygiene-related diseases is reduced</li> </ul>



### Disability sensitive indicators for the Urban Development Sector

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Participation of persons with disabilities and NGOs in decision-making and implementation process</li> <li>• Evaluation and data collection on persons with disabilities living in the concerned area</li> <li>• Development of national/ regional Urban Sector Profile Study including persons with disabilities</li> <li>• Expenditure on development of policy/ project/ program on inclusion of persons with disabilities in urban development (such as infrastructure, transport, housing, services etc.)</li> <li>• Training of officials, service providers etc; on disability inclusion</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• Number of persons with disabilities included in decision-making process</li> <li>• As a percentage of the total, number of accessible: <ul style="list-style-type: none"> <li>▪ Infrastructure (ex. Roads, footpaths, public building)</li> <li>▪ Transport (busses, trains etc.)</li> <li>▪ Services and facilities (water, sanitation, electricity, health, education etc.)</li> <li>▪ Housing schemes</li> <li>▪ Economic centres (markets, shopping centres)</li> <li>▪ Recreation places (parks, sport facilities)</li> </ul> </li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Number of persons with disabilities having access to infrastructure, transport, services provision, housing schemes, economic centres, recreation places etc.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Increased quality of life for persons with disabilities (health, nutrition, hygiene etc.)</li> <li>• Reduced physical and attitudinal barriers for integration and thus more opportunities for participating in social and economic life of community</li> <li>• Less dependence from outside world</li> <li>• Improved access in urban environment benefits community as a whole</li> </ul>

**Sample disability sensitive indicators for the support to Non-state actors**  
*(Disabled Persons Organizations (DPOs) and Disability-related non-state actors)*

Type/level of indicator	Sample disability sensitive indicators
<b>Input</b>	<ul style="list-style-type: none"> <li>• Spending on organisational and operational capacity building of the non state actors. In terms of:               <ul style="list-style-type: none"> <li>▪ Human resources and technical assistance and trainings</li> <li>▪ Material means</li> </ul> </li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>• In case of organisational capacity building:               <ul style="list-style-type: none"> <li>▪ Number of DPOs/DNSA reinforced (technically; financially)</li> <li>▪ Number of staff of DPOs / DNSA reinforced (technically; financially)</li> </ul> </li> <li>• In case of operational capacity building:               <ul style="list-style-type: none"> <li>▪ Number of projects (or activities) implemented by DPOs/ DNSA which were reinforced</li> <li>▪ Number of staff trained for the specific implementation of the funded projects</li> </ul> </li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• In case of operational capacity building:               <ul style="list-style-type: none"> <li>▪ Results of development programmes where DPOs / DNSA, as service providers, implemented specific components</li> <li>▪ Management capacity of the DPOs/DNSA to handle the budget for the action</li> <li>▪ Level of sustainability of the projects funded</li> </ul> </li> <li>• In case of organisational capacity building:               <ul style="list-style-type: none"> <li>▪ Partnerships with DPOs/DNSA and other actors and networking</li> <li>▪ Long-term and/or structural impact is the project implemented by DPOs/DNSA</li> <li>▪ Management capacity of the DPOs/DNSA - including staff, equipment and ability to develop activities</li> <li>▪ Accountability and level of involvement of target groups</li> <li>▪ Ability to provide a clear organisational structure which reflects the basic principles of democracy and transparency</li> </ul> </li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Added value/relevance of policies/ initiatives for which DPOs, in their role of advocates, have lobbied for</li> <li>• Quality of DPOs/DNSA inputs to policy discussion</li> <li>• Capacity of DPOs to give voice to their constituencies, on their ability to set up new dialogue structures, communication and information strategies for civil society, etc.</li> <li>• NSA ability to address the priorities of poverty reduction, excluded social groups.</li> </ul>



## Tool 5

# The International Classification of Functioning, Disability and Health

In 2001, the World Health Organization (WHO) adopted the International Classification of Functioning, Disability and Health (ICF), which has been endorsed by 191 Member States. The ICF uses a definition of disability that is based on activity limitation and participation restrictions rather than on physical attributes. It is the revision of the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), first published by WHO for trial purposes in 1980.<sup>17</sup>

The classification structures information on human functioning and its restrictions: functioning serves as an umbrella term for all body functions, activities and participation, whereas disability is used to refer to impairments, activity limitations and participation restrictions. The ICF is composed of health and health-related domains, which are described in two basic lists: Body Functions and Structures; and Activities and Participation. A second part of the classification contains components of contextual factors in the form of a list of environmental factors. Personal factors are also part of these contextual factors, but are not classified in the ICF due to the considerable variations in social and cultural background.

Health domains include seeing, hearing, speaking and mental functions and health-related domains comprise transportation, education and social interactions. The list of environmental factors includes domains such as characteristics of the natural environment, specific support and relationships, special services and systems.

The functioning of an individual in a specific domain is an interaction between the health condition and contextual factors. “The unit of classification in ICF is categories within health and health-related domains. It is important to note, therefore, that in ICF, persons are not the units of classification; that is, ICF does not classify people, but describes the situation of each person within an array of health or health-related domains. Moreover, the description is always made within the context of environmental and personal factors” (WHO 2001, p. 8).

The full version of ICF provides classification at different levels of detail:

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<sup>17</sup> The ICF is contested by the World Network of Users and Survivors of Psychiatry which does not agree that the ICF in its current form is recommended to be used to collect data on disability. The ICF takes the view that diversity in mental functioning is pathological (i.e. all the parameters for mental functioning correspond to psychiatric diagnoses) and also states incorrectly that such diversity in functioning is a manifestation of physical pathology.

- The highest level is represented by 30 chapter headings for body functions, body structures, activities and participation and environmental factors; for example, voice and speech functions, structures related to movement, communication and attitudes.
- The second level of the classification expands these chapters into subheadings at the first branching level; for example, voice functions, articulation functions, fluency and rhythm of speech functions.
- The lowest level contains all basic categories within the classification with their definitions, inclusions and exclusions; for example, production of voice and quality of voice. The detailed version of the ICF is recommended for use in specialist services, whereas the classification at the second level can be used for surveys.

The ICF is recommended as standard classification for the collection of data on functioning and disability. It provides a unified and standard language and framework for the description of health and health-related states. It is employed in many national surveys for disability data collection.

## Tool 6

# Disability and MDGs<sup>18</sup>

## A challenge of vital importance

Most disability organisations and several development NGOs, agree on the fact that the UN Millennium Development Goals (MDG) will never be reached by 2015 if the rights of persons with disabilities are not specifically addressed in the goals and the policies being defined for their implementation.<sup>19</sup> Persons with disabilities and their families have to be part of the indicators in each of the goals. For example, MDG 2 of achieving universal primary education will not be reached if it does not equally target children with disabilities. 98% of children with disabilities are not enrolled in schools, which represent 5-8% of all children in developing countries.<sup>20</sup> Another example is in relation to MDG 4, to halve the rate of child mortality. Mortality rates for children with disabilities under the age of five are approximately 80%.

## The Millennium Development Goals and their links with disability

The development policies designed to reach the MDGs have been criticised for not being inclusive in their design. Disability is not specifically mentioned in any of the eight MDGs, in the 18 targets, nor in any of the 48 indicators. Below describes how each of the eight goals directly relates to persons with disabilities and their families.<sup>21</sup>

### MDG 1: Eradicate extreme poverty and hunger

Disability can lead to poverty because of increased living costs and diminished income-earning opportunities. Poverty can lead to disability because of increased vulnerability to illness, injury and other avoidable causes of health conditions. While concrete evidence is lacking, it is widely assumed that persons with disabilities and their families represent a substantial proportion of the poor, especially the extremely poor. (Relevant CRPD articles: 5, 27 and 28).

<sup>18</sup> The main sources used for this tool are: (i) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation to Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union; and (ii) Lessons from the Disability Knowledge and Research Programme, Disability KAR, Knowledge and Research.

<sup>19</sup> <http://www.un.org/millenniumgoals/>

<sup>20</sup> UN Enable. Factsheet on Persons with disabilities. <http://www.un.org/disabilities/default.asp?navid=34&pid=18>

<sup>21</sup> The information is adapted from Disability KaR and DCDD, and a more in-depth discussion on disability and its absence from the MDGs can be found on the Dutch Coalition on Disability and Development (DCDD): <http://www.dcdd.nl/?2812>

## MDG 2: Achieve universal primary education

This is the only absolute goal. With over 90% of children with disabilities in developing countries not in school,<sup>22</sup> it will be impossible to achieve unless they are specifically targeted within educational programmes, in an inclusive approach. Since the responsibility for education is increasingly being decentralized to local level, this goal needs to be dealt with within community planning. (Relevant CRPD articles: 7 and 24).

## MDG 3: Promote gender equality and empower women

Women and girls with disabilities face complex and layered experience of discrimination and the denial of rights. The target of eliminating gender inequality in all levels by 2015 will not be reached without considering disability. (Relevant CRPD article 6).

## MDG 4: Reduce child mortality

In the developing world, mortality for children with disabilities under five can be as high as 80%, even in countries where the average child mortality rate has been reduced to 20%. Children with disabilities can be at higher risk of dying because of medical conditions, but also because of lack of access to public services and intense stigma – even within their own homes<sup>23</sup> (Relevant CRPD articles: 7, 10 and 25).

## MDG 5: Improve maternal health

Disabling impairments associated with pregnancy and childbirth affect up to 20 million women a year. Women with disabilities are often counselled by their doctors and subsequently deterred from having children. Persons with disabilities should be able to access information and counselling on the effects of pregnancy and childbirth on their bodies, appropriate medical care during pregnancy and delivery, and care for the child. Policies are necessary to ensure that persons with disabilities have access to sexual and reproductive health information and services, including family planning and maternal health. (Relevant CRPD articles: 23 and 25).

## MDG 6: Combat HIV/AIDS, malaria and other diseases

Persons with disabilities are particularly vulnerable to these diseases, and have the right to benefit equally from prevention and treatment programmes. (Relevant CRPD article: 25).

## MDG 7: Ensure environmental sustainability

Poor environmental quality is directly responsible for about 25% of all preventable illnesses in the world, with diarrhoeal diseases being the leading cause. (Relevant CRPD article: 28).

<sup>22</sup> <http://www.unesco.org/en/inclusive-education/children-with-disabilities/>

<sup>23</sup> IDDC <http://www.includeeverybody.org>

## MDG 8: Develop a global partnership for development

The inclusion of persons with disabilities into mainstream development programmes is important, along with specific interventions where necessary and would constitute a twin-track approach to disability in all development activities. (Relevant CRPD articles: 9, 21, 25 and 32).

Most, if not all, of the MDGs have a direct link to the local level and thus are under the responsibility of the local authorities (as main duty bearers for their effectiveness) and other community members (as duty bearers but also as main rights holders). This is increasingly being recognised in both developing countries and the EU member countries. Primary health care and impairment programmes, primary and secondary education, water and sanitation, food security and gender issues need commitment at the local level. This is where community organisations, women groups, trades unions, local authorities and DPOs can cooperate to reach these goals ensuring a dignified life for its citizens. One of the main international networks of cities and local governments and associations, the United Cities and Local Governments (UCLG), has for example launched an initiative of promoting and working to ensure that the MDGs are met before 2015. Several campaigns and activities have been implemented in the last few years.





## Tool 7

# Disability and Poverty<sup>24</sup>

For decades the international disability movement has been saying that disability is a cause of poverty, that poverty often leads to disability and that persons with disabilities are among the poorest of the poor in any country. However, it is only recently that a solid platform has been found from which to advance this argument. This has come about through the promotion of the UN's Millennium Development Goals (MDGs), which have prioritised poverty reduction in developing countries, and the establishment by the World Bank and International Monetary Fund of various new aid instruments and procedures, also built ostensibly around reducing poverty.

Unfortunately, those who constructed this platform did so without making disability part of the framework. For instance, disability is not explicitly mentioned in any of the eight MDGs or the documentation for the new aid instruments or procedures. It has been left to disabled people's organisations (DPOs) and their allies to campaign to get disability onto the development and poverty agenda.

## A vicious circle in which persons with disabilities are trapped

The causal relationship between disability and chronic poverty has been widely discussed but still lacks wider comprehensive research showing how this relationship really operates and can be self-fuelling. A few studies have been made, which show that persons with disabilities, more often than other groups, lack access to basic services, employment, credit, land and other resources that could reduce poverty.<sup>25</sup>

The vicious circle between disability and poverty varies as well within and between cultures and contexts, but is generally acknowledged to be strong. Poverty has to be seen not only from the economic perspective, but also from the point of social exclusion and powerlessness.<sup>26</sup> In developing countries, persons with disabilities and their families often live in poor and unsafe conditions and all persons with disabilities experience discrimination. Exclusion from full participation in social and economic life and from education opportunities substantially increases the risk of poverty. Refugees with disabilities belong

<sup>24</sup> The main sources used for this tool are: (i) Lessons from the Disability Knowledge and Research Programme, disability KAR, Knowledge and Research. See [http://www.dochas.ie/Pages/Resources/documents/kar\\_learn.pdf](http://www.dochas.ie/Pages/Resources/documents/kar_learn.pdf); and (ii) A Guidance Paper for an Inclusive Local Development Policy Mainstreaming Disability in Development Cooperation to Break the Cycle of Poverty and Disability in Developing Countries Background information, Tools for action at local level, Support material. EU Disability Mainstreaming in Development Cooperation project, European Union.

<sup>25</sup> Poverty and Disability A Survey of the Literature, Social Protections Discussion Paper series, Ann Elwan, World Bank, Washington, 1999.

<sup>26</sup> Chronic Poverty and Disability, Chronic Poverty Research Center, Background paper no. 4, Rebecca Yeo, Action on Disability and Development, ADD, UK, 2001.

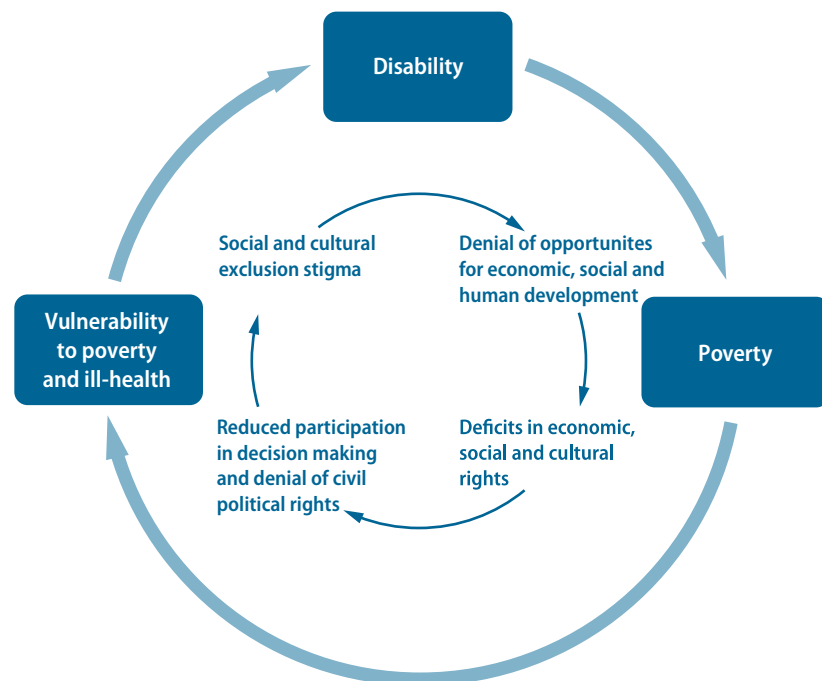
to the most disadvantaged groups as they face a double vulnerability of being a refugee and having a disability.

People living in poverty are at higher risk of serious health problems and accidents due to restricted access to health care, poor nutritional access, poorer working and living conditions, which might lead to impairment. If a person acquires a type of impairment, he or she usually faces barriers to health services, education, employment, and other public services, and finds himself/herself often denied the opportunities that could help them to escape poverty.<sup>27</sup>

In summary, disability can cause poverty by preventing the full participation of persons with disabilities in the economic and social life of their communities, especially if appropriate support services and reasonable accommodation are not available.<sup>28</sup> The link between poverty and disability is due to discrimination, social exclusion and denial of rights together with lack of access to basic services, not the impairment itself.

Some persons with disabilities, such as women, persons with intellectual, psychosocial or multiple disabilities as well as elderly people, are more at risk of experiencing poverty than others. In some communities girls and women with disabilities receive less care and food, have less access to health care and rehabilitation services and fewer education and employment opportunities. They also tend to have lower marriage prospects than boys or men with disabilities, and to be at a higher risk of physical, sexual and mental abuse.<sup>29</sup>

Figure 7  
Understanding the cycle of poverty and disability<sup>30</sup>



<sup>27</sup> Disability and Development and the World Bank, A Briefing Summary on February 2, 2005, World Bank, 2005.

<sup>28</sup> World Bank, Website on data and statistics on disability. See <http://www.worldbank.org/disability>

<sup>29</sup> Elwan, Ann, 1999.

<sup>30</sup> Disability, Poverty and Development, UK, DFID, 2000. The report can be accessed on: [http://www.dfid.gov.uk/r4d/PDF/Outputs/ImpAccess\\_RPC/PTA15.pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/ImpAccess_RPC/PTA15.pdf)

## A huge gap in available relevant information

Despite the obvious links between disability and poverty, adequate data at the national level on disability is almost inexistent in developing countries. The hard statistical evidence is also limited and very sketchy. Development agencies, including UN agencies are conducting major research and comprehensive reports on poverty reduction but seldom provide indicators and situational analysis on disability. Very poor to no disaggregated data is available and persons with disabilities appear to be invisible.

At the same time there is a general consensus that it is not necessary to have precise figures on impairment prevalence and their causes in order to act. There might even be a risk that the lack of statistical data becomes an excuse for not acting among the national governments and development agencies. The main causes of disability are known worldwide, the fact of social exclusion and denial of rights is documented, and negative attitudes and stigma are prevailing.

As discussed in this tool, a definitional problem is compounded by statistical surveys which invariably fail to “detach the issue of disability prevalence from an impairment-based approach to disability.”<sup>31</sup>

## Disability and poverty: trying to capture illusive concepts

Although the various connections between disability and poverty might appear to be relatively straightforward, the linkages are in fact deceptively complicated.<sup>32</sup> “Disabled people are also more likely than other people to live in grinding poverty. More than 1.3 billion people worldwide struggle to exist on less than \$1 a day, and the disabled in their countries live at the bottom of the pile.”<sup>33</sup> It is crucial to ask some fundamental questions about how the two concepts of disability and poverty are understood and what that understanding means in terms of an analysis of their convoluted interrelationship.

The researchers point out that disability and poverty are highly contested political concepts. Furthermore, because different meanings are used, commentators are often at cross purposes when debating the issues. For example, disability and impairment are frequently conflated: the latter is confused with how a person with impairment becomes disabled through complex social processes. Poverty too provides similar, and in many respects more multifaceted, uncertainties of meaning.

## Why are so many persons with disabilities poor? Why are so many poor people disabled?

There are excellent case studies of the social factors that make it more likely that poor people will contract impairments and why people with impairments are likely to become or remain poor. Persons with disabilities struggle to find employment. Having a physical

<sup>31</sup> Data and statistics on disability in developing countries, Arne H. Eide and Mitch E. Loeb, May 2005 (Disability KaR paper).

<sup>32</sup> Disability, poverty and the ‘new’ development agenda, David Seddon and Rebecca Yeo, Disability, poverty and the ‘new’ development agenda, July 2005 (Disability KaR paper).

<sup>33</sup> Quote from James D. Wolfensohn, former president of the World Bank, 2002.

impairment makes it difficult to work in the agricultural sector, which dominates in all the economies. Vocational training opportunities are limited, tend to be in urban areas and are not generally linked to gainful employment. Because they are seen as presenting a high risk, persons with disabilities are also usually denied access to micro-credit schemes.

Poor people tend to live near areas that have been contaminated, are forced to use more risky means of transport, have more dangerous jobs and cannot access health care so that minor illness or injury can become more permanent impairments. Malnutrition, which makes having a whole range of impairments more likely, is also closely associated with being poor. However, some research also found that “the highest disability (impairment) prevalence rate appears to be in the least isolated village with the best social and economic opportunities, which raised questions about the links between poverty and disability.”<sup>34</sup> This mirrors the way that the prevalence of impairment is significantly higher in the more economically privileged countries of the North and highlights how complex the poverty-disability-poverty question really is.

## Disability and social exclusion

Accident prevention and public health promotion through mine clearance, inoculation, better health care and/or nutrition are important in developing countries. Such measures should be considered as general public safety and health matters which will also benefit persons with disabilities, rather than as disability rights strategies and strategies to combat social exclusion and poverty of persons with disabilities. The reality and extent of the social exclusion of persons with disabilities needs to be carefully considered.

## Conclusion

This tool has provided ample evidence of the interconnected and multi-layered symbiotic relationship between poverty, impairment and disability.<sup>35</sup>

Persons with disabilities are likely to be among the poorest, experience poverty more intensely and have fewer opportunities to escape poverty than non-disabled people.

- Persons with disabilities are largely invisible, are ignored and excluded from main-stream development.
- Disability cuts across all societies and groups. The poorest and most marginalised are at the greatest risk of disability. This includes the most excluded: women, ethnic minorities, members of scheduled castes and tribes.
- In order to effectively reduce poverty and tackle social exclusion, the UN needs to make specific efforts to address disability rights.

<sup>34</sup> Developing participatory rural appraisal approaches with disabled people. A pilot project by Disability Development Services Pursat (DDSP) in Pursat province, Cambodia, Steve Harknett with Chum Hoeurn, Khoun Bunny, Long Pha, Meas Sokha, Mom Thea, Rem Khy and Thim Veasna, February – April 2005 (Disability KaR report).

<sup>35</sup> This is succinctly summed up in the report Disability, poverty and the Millennium Development Goals: relevance, challenges and opportunities for DFID, Philippa Thomas, June 2005 (Disability KaR). See also: Albert, Bill. Lessons from the Disability Knowledge and Research Programme, (Disability KaR, UK, 2003-2005). <http://www.disabilitykar.net/pdfs/learn.pdf>

## Tool 8

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## UNESCO

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## NGOs

- Arab Organization of Disabled People (AODP) is a regional organization composed of DPOs operating in the different Arab Countries that promotes the rights of persons with disabilities and represents Arab persons with disabilities in the world at large.
- *Disabled Peoples' International (DPI)* is a network of national organizations or assemblies of disabled people, established to promote human rights of disabled people through full participation, equalization of opportunities and development.
- *Down Syndrome International (DSI)* is the international organisation promoting the rights of persons with Down syndrome.
- *European Disability Forum (EDF)* represents the interests of 50 million disabled people in the European Union and stands for their rights.
- Inclusion International is a global federation of family-based organizations advocating the human rights of people with intellectual disabilities and their families worldwide. "Promoting inclusion, equality and opportunity for people with intellectual disabilities and their families worldwide." <http://www.inclusion-international.org/en/index.html>
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- *Rehabilitation International (RI)* Founded in 1922, RI is a global network of persons with disabilities, service providers, researchers, government agencies and advocates promoting and implementing the rights, inclusion and rehabilitation of persons with disabilities.
- *The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)* is a network formed by organizations of persons with disabilities from 19 countries in Latin America and the Caribbean.
- *The World Blind Union (WBU)* is the sole voice speaking on behalf of approximately 160 million blind and partially sighted persons in 178 individual member countries, representing approximately 600 organizations.
- *World Federation of the Deaf (WFD)* is the international non-governmental organization representing Deaf people worldwide. A non-profit organization, WFD works for human rights and equal opportunities for deaf people everywhere.
- *World Federation of Deafblind (WFDB)* is a non-profit, representative organization of national organizations or groups of deafblind persons and of deaf blind individuals worldwide.
- World Network of Users and Survivors of Psychiatry: A global organization of users and survivors of psychiatry, networking for their human rights and dignity. Manual on the CRPD at <http://www.wnusp.net>

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## Tool 9

# Convention on the Rights of Persons with Disabilities

For Country Ratification status, see *UN Treaties - CRPD*

### Preamble

*The States Parties to the present Convention,*

(a) *Recalling* the principles proclaimed in the Charter of the United Nations which recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world,

(b) *Recognizing* that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind,

(c) *Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

(d) *Recalling* the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

(e) *Recognizing* that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,

(f) *Recognizing* the importance of the principles and policy guidelines contained in the World Programme of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities,

(g) *Emphasizing* the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development,

(h) *Recognizing also* that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

(i) *Recognizing further* the diversity of persons with disabilities,

(j) *Recognizing* the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support,

(k) *Concerned* that, despite these various instruments and undertakings, persons with disabilities continue to face barriers in their participation as equal members of society and violations of their human rights in all parts of the world,

(l) *Recognizing* the importance of international cooperation for improving the living conditions of persons with disabilities in every country, particularly in developing countries,

(m) *Recognizing* the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty,

(n) *Recognizing* the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices,

(o) *Considering* that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them,

(p) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

(q) *Recognizing* that women and girls with disabilities are often at greater risk, both within and outside the of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(r) *Recognizing* that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child,

(s) *Emphasizing* the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

(t) *Highlighting* the fact that the majority of persons with disabilities live in conditions of poverty, and in this regard recognizing the critical need to address the negative impact of poverty on persons with disabilities,

(u) *Bearing in mind* that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

(v) *Recognizing* the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication,



in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms,

(w) *Realizing* that the individual, having duties to other individuals and to the community to which he or she belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the International Bill of Human Rights,

(x) *Convinced* that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities,

(y) *Convinced* that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries,

**Have agreed as follows :**

#### *Article 1*

##### **Purpose**

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

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

#### *Article 2*

##### **Definitions**

For the purposes of the present Convention:

“Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

“Language” includes spoken and signed languages and other forms of non-spoken languages;

“Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

“Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for



adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

### *Article 3*

#### **General principles**

The principles of the present Convention shall be:

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

### *Article 4*

#### **General obligations**

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

- (a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- (b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- (c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
- (d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
- (e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- (f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
- (g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

(h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;

(i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. 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, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

#### *Article 5*

##### **Equality and non-discrimination**

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.

2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.

4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

#### *Article 6*

##### **Women with disabilities**

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exer-

cise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

#### *Article 7*

##### **Children with disabilities**

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

#### *Article 8*

##### **Awareness-raising**

1. States Parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

(b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

(c) To promote awareness of the capabilities and contributions of persons with disabilities.

2. Measures to this end include:

(a) Initiating and maintaining effective public awareness campaigns designed:

(i) To nurture receptiveness to the rights of persons with disabilities;

(ii) To promote positive perceptions and greater social awareness towards persons with disabilities;

(iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;

(b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;

(c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;

(d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

#### *Article 9*

##### **Accessibility**

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public,

both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

(a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

(b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures to:

(a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

(b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

(c) Provide training for stakeholders on accessibility issues facing persons with disabilities;

(d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

(e) Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

(f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

(g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

(h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

#### *Article 10*

##### **Right to life**

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

#### *Article 11*

##### **Situations of risk and humanitarian emergencies**

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

#### *Article 12*

##### **Equal recognition before the law**

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.

2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

#### *Article 13*

##### **Access to justice**

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.

#### *Article 14*

##### **Liberty and security of the person**

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:

- (a) Enjoy the right to liberty and security of person;
- (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.

#### *Article 15*

##### **Freedom from torture or cruel, inhuman or degrading treatment or punishment**

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

#### *Article 16*

##### **Freedom from exploitation, violence and abuse**

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the , from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

#### *Article 17*

##### **Protecting the integrity of the person**

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

#### *Article 18*

##### **Liberty of movement and nationality**

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

(a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;

(b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;

(c) Are free to leave any country, including their own;

(d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

#### *Article 19*

#### **Living independently and being included in the community**

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b) Persons with disabilities have access to a range of in-, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

#### *Article 20*

#### **Personal mobility**

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;

(b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;

(c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;

(d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

#### *Article 21*

#### **Freedom of expression and opinion, and access to information**

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

(a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;

(b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;

(c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;

(d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;

(e) Recognizing and promoting the use of sign languages.

#### *Article 22*

##### **Respect for privacy**

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.

2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

#### *Article 23*

##### **Respect for and the family**

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

(c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the



best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

#### *Article 24*

#### **Education**

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:

- (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
- (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

- (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- (c) Reasonable accommodation of the individual's requirements is provided;
- (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
- (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate

augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

#### *Article 25*

##### **Health**

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

#### *Article 26*

##### **Habilitation and rehabilitation**

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

(a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

(b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

*Article 27*

**Work and employment**

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;

(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;

(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;

(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;

(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;

(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;

(g) Employ persons with disabilities in the public sector;

(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;

(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;

(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;

(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

#### *Article 28*

#### **Adequate standard of living and social protection**

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

(a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;

(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

(d) To ensure access by persons with disabilities to public housing programmes;

(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

#### *Article 29*

#### **Participation in political and public life**

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

(a) Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:

(i) Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;

(ii) Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;

(iii) Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;

(b) Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:

(i) Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;

(ii) Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

*Article 30*

**Participation in cultural life, recreation, leisure and sport**

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

(a) Enjoy access to cultural materials in accessible formats;

(b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;

(c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.

4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

(a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;

(b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;

(c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;

(d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;

(e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

*Article 31***Statistics and data collection**

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

- (a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;
- (b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.

2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

*Article 32***International cooperation**

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- (a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
- (c) Facilitating cooperation in research and access to scientific and technical knowledge;
- (d) 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.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

*Article 33***National implementation and monitoring**

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and moni-

tor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.

#### *Article 34*

#### **Committee on the Rights of Persons with Disabilities**

1. There shall be established a Committee on the Rights of Persons with Disabilities (hereafter referred to as “the Committee”), which shall carry out the functions hereinafter provided.

2. The Committee shall consist, at the time of entry into force of the present Convention, of twelve experts. After an additional sixty ratifications or accessions to the Convention, the membership of the Committee shall increase by six members, attaining a maximum number of eighteen members.

3. The members of the Committee shall serve in their personal capacity and shall be of high moral standing and recognized competence and experience in the field covered by the present Convention. When nominating their candidates, States Parties are invited to give due consideration to the provision set out in article 4.3 of the present Convention.

4. The members of the Committee shall be elected by States Parties, consideration being given to equitable geographical distribution, representation of the different forms of civilization and of the principal legal systems, balanced gender representation and participation of experts with disabilities.

5. The members of the Committee shall be elected by secret ballot from a list of persons nominated by the States Parties from among their nationals at meetings of the Conference of States Parties. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

6. The initial election shall be held no later than six months after the date of entry into force of the present Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit the nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating the State Parties which have nominated them, and shall submit it to the States Parties to the present Convention.

7. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election once. However, the term of six of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these six members shall be chosen by lot by the chairperson of the meeting referred to in paragraph 5 of this article.

8. The election of the six additional members of the Committee shall be held on the occasion of regular elections, in accordance with the relevant provisions of this article.

9. If a member of the Committee dies or resigns or declares that for any other cause she or he can no longer perform her or his duties, the State Party which nominated the



member shall appoint another expert possessing the qualifications and meeting the requirements set out in the relevant provisions of this article, to serve for the remainder of the term.

10. The Committee shall establish its own rules of procedure.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention, and shall convene its initial meeting.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide, having regard to the importance of the Committee's responsibilities.

13. The members of the Committee shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

#### *Article 35*

##### **Reports by States Parties**

1. Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned.

2. Thereafter, States Parties shall submit subsequent reports at least every four years and further whenever the Committee so requests.

3. The Committee shall decide any guidelines applicable to the content of the reports.

4. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports, repeat information previously provided. When preparing reports to the Committee, States Parties are invited to consider doing so in an open and transparent process and to give due consideration to the provision set out in article 4.3 of the present Convention.

5. Reports may indicate factors and difficulties affecting the degree of fulfilment of obligations under the present Convention.

#### *Article 36*

##### **Consideration of reports**

1. Each report shall be considered by the Committee, which shall make such suggestions and general recommendations on the report as it may consider appropriate and shall forward these to the State Party concerned. The State Party may respond with any information it chooses to the Committee. The Committee may request further information from States Parties relevant to the implementation of the present Convention.

2. If a State Party is significantly overdue in the submission of a report, the Committee may notify the State Party concerned of the need to examine the implementation of the present Convention in that State Party, on the basis of reliable information available to the Committee, if the relevant report is not submitted within three months following the notification. The Committee shall invite the State Party concerned to participate in such examination. Should the State Party respond by submitting the relevant report, the provisions of paragraph 1 of this article will apply.



3. The Secretary-General of the United Nations shall make available the reports to all States Parties.

4. States Parties shall make their reports widely available to the public in their own countries and facilitate access to the suggestions and general recommendations relating to these reports.

5. The Committee shall transmit, as it may consider appropriate, to the specialized agencies, funds and programmes of the United Nations, and other competent bodies, reports from States Parties in order to address a request or indication of a need for technical advice or assistance contained therein, along with the Committee's observations and recommendations, if any, on these requests or indications.

#### *Article 37*

#### **Cooperation between States Parties and the Committee**

1. Each State Party shall cooperate with the Committee and assist its members in the fulfilment of their mandate.

2. In its relationship with States Parties, the Committee shall give due consideration to ways and means of enhancing national capacities for the implementation of the present Convention, including through international cooperation.

#### *Article 38*

#### **Relationship of the Committee with other bodies**

In order to foster the effective implementation of the present Convention and to encourage international cooperation in the field covered by the present Convention:

(a) The specialized agencies and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite specialized agencies and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee, as it discharges its mandate, shall consult, as appropriate, other relevant bodies instituted by international human rights treaties, with a view to ensuring the consistency of their respective reporting guidelines, suggestions and general recommendations, and avoiding duplication and overlap in the performance of their functions.

#### *Article 39*

#### **Report of the Committee**

The Committee shall report every two years to the General Assembly and to the Economic and Social Council on its activities, and may make suggestions and general recommendations based on the examination of reports and information received from the States Parties. Such suggestions and general recommendations shall be included in the report of the Committee together with comments, if any, from States Parties.

#### *Article 40*

#### **Conference of States Parties**

1. The States Parties shall meet regularly in a Conference of States Parties in order to consider any matter with regard to the implementation of the present Convention.

2. No later than six months after the entry into force of the present Convention, the Conference of the States Parties shall be convened by the Secretary-General of the United Nations. The subsequent meetings shall be convened by the Secretary-General of the United Nations biennially or upon the decision of the Conference of States Parties.

#### *Article 41*

##### **Depositary**

The Secretary-General of the United Nations shall be the depositary of the present Convention.

#### *Article 42*

##### **Signature**

The present Convention shall be open for signature by all States and by regional integration organizations at United Nations Headquarters in New York as of 30 March 2007.

#### *Article 43*

##### **Consent to be bound**

The present Convention shall be subject to ratification by signatory States and to formal confirmation by signatory regional integration organizations. It shall be open for accession by any State or regional integration organization which has not signed the Convention.

#### *Article 44*

##### **Regional integration organizations**

1. “Regional integration organization” shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by this Convention. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by this Convention. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to “States Parties” in the present Convention shall apply to such organizations within the limits of their competence.

3. For the purposes of article 45, paragraph 1, and article 47, paragraphs 2 and 3, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the Conference of States Parties, with a number of votes equal to the number of their member States that are Parties to this Convention. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

#### *Article 45*

##### **Entry into force**

1. The present Convention shall enter into force on the thirtieth day after the deposit of the twentieth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the Convention after the deposit of the twentieth such instrument, the Convention shall enter into force on the thirtieth day after the deposit of its own such instrument.

#### *Article 46*

### Reservations

1. Reservations incompatible with the object and purpose of the present Convention shall not be permitted.
2. Reservations may be withdrawn at any time.

### *Article 47*

#### Amendments

1. Any State Party may propose an amendment to the present Convention and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they favour a conference of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

3. If so decided by the Conference of States Parties by consensus, an amendment adopted and approved in accordance with paragraph 1 of this article which relates exclusively to articles 34, 38, 39 and 40 shall enter into force for all States Parties on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment.

### *Article 48*

#### Denunciation

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

### *Article 49*

#### Accessible format

The text of the present Convention shall be made available in accessible formats.

### *Article 50*

#### Authentic texts

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Convention shall be equally authentic.

*In witness thereof* the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Convention.

**Tool 10**

# Optional Protocol to the Convention on the Rights of Persons with Disabilities

For Country Ratification status, see *UN Treaties – Optional Protocol to CRPD*

The States Parties to the present Protocol have agreed as follows:

*Article 1*

1. A State Party to the present Protocol (“State Party”) recognizes the competence of the Committee on the Rights of Persons with Disabilities (“the Committee”) to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention.

2. No communication shall be received by the Committee if it concerns a State Party to the Convention that is not a party to the present Protocol.

*Article 2*

The Committee shall consider a communication inadmissible when:

- (a) The communication is anonymous;
- (b) The communication constitutes an abuse of the right of submission of such communications or is incompatible with the provisions of the Convention;
- (c) The same matter has already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement;
- (d) All available domestic remedies have not been exhausted. This shall not be the rule where the application of the remedies is unreasonably prolonged or unlikely to bring effective relief;
- (e) It is manifestly ill-founded or not sufficiently substantiated; or when
- (f) The facts that are the subject of the communication occurred prior to the entry into force of the present Protocol for the State Party concerned unless those facts continued after that date.

*Article 3*

Subject to the provisions of article 2 of the present Protocol, the Committee shall bring any communications submitted to it confidentially to the attention of the State Party. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

*Article 4*

1. At any time after the receipt of a communication and before a determination on the merits has been reached, the Committee may transmit to the State Party concerned for its urgent consideration a request that the State Party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation.

2. Where the Committee exercises its discretion under paragraph 1 of this article, this does not imply a determination on admissibility or on the merits of the communication.

*Article 5*

The Committee shall hold closed meetings when examining communications under the present Protocol. After examining a communication, the Committee shall forward its suggestions and recommendations, if any, to the State Party concerned and to the petitioner.

*Article 6*

1. If the Committee receives reliable information indicating grave or systematic violations by a State Party of rights set forth in the Convention, the Committee shall invite that State Party to cooperate in the examination of the information and to this end submit observations with regard to the information concerned.

2. Taking into account any observations that may have been submitted by the State Party concerned as well as any other reliable information available to it, the Committee may designate one or more of its members to conduct an inquiry and to report urgently to the Committee. Where warranted and with the consent of the State Party, the inquiry may include a visit to its territory.

3. After examining the findings of such an inquiry, the Committee shall transmit these findings to the State Party concerned together with any comments and recommendations.

4. The State Party concerned shall, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.

5. Such an inquiry shall be conducted confidentially and the cooperation of the State Party shall be sought at all stages of the proceedings.

*Article 7*

1. The Committee may invite the State Party concerned to include in its report under article 35 of the Convention details of any measures taken in response to an inquiry conducted under article 6 of the present Protocol.

2. The Committee may, if necessary, after the end of the period of six months referred to in article 6.4, invite the State Party concerned to inform it of the measures taken in response to such an inquiry.

*Article 8*

Each State Party may, at the time of signature or ratification of the present Protocol or accession thereto, declare that it does not recognize the competence of the Committee provided for in articles 6 and 7.

*Article 9*

The Secretary-General of the United Nations shall be the depositary of the present Protocol.

*Article 10*

The present Protocol shall be open for signature by signatory States and regional integration organizations of the Convention at United Nations Headquarters in New York as of 30 March 2007.

*Article 11*

The present Protocol shall be subject to ratification by signatory States of this Protocol which have ratified or acceded to the Convention. It shall be subject to formal confirmation by signatory regional integration organizations of this Protocol which have formally confirmed or acceded to the Convention. It shall be open for accession by any State or regional integration organization which has ratified, formally confirmed or acceded to the Convention and which has not signed the Protocol.

*Article 12*

1. "Regional integration organization" shall mean an organization constituted by sovereign States of a given region, to which its member States have transferred competence in respect of matters governed by the Convention and this Protocol. Such organizations shall declare, in their instruments of formal confirmation or accession, the extent of their competence with respect to matters governed by the Convention and this Protocol. Subsequently, they shall inform the depositary of any substantial modification in the extent of their competence.

2. References to "States Parties" in the present Protocol shall apply to such organizations within the limits of their competence.

3. For the purposes of article 13, paragraph 1, and article 15, paragraph 2, any instrument deposited by a regional integration organization shall not be counted.

4. Regional integration organizations, in matters within their competence, may exercise their right to vote in the meeting of States Parties, with a number of votes equal to the number of their member States that are Parties to this Protocol. Such an organization shall not exercise its right to vote if any of its member States exercises its right, and vice versa.

*Article 13*

1. Subject to the entry into force of the Convention, the present Protocol shall enter into force on the thirtieth day after the deposit of the tenth instrument of ratification or accession.

2. For each State or regional integration organization ratifying, formally confirming or acceding to the Protocol after the deposit of the tenth such instrument, the Protocol shall enter into force on the thirtieth day after the deposit of its own such instrument.

*Article 14*

1. Reservations incompatible with the object and purpose of the present Protocol shall not be permitted.

2. Reservations may be withdrawn at any time.

*Article 15*

1. Any State Party may propose an amendment to the present Protocol and submit it to the Secretary-General of the United Nations. The Secretary-General shall communicate any proposed amendments to States Parties, with a request to be notified whether they

favour a meeting of States Parties for the purpose of considering and deciding upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a meeting, the Secretary-General shall convene the meeting under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting shall be submitted by the Secretary-General to the General Assembly for approval and thereafter to all States Parties for acceptance.

2. An amendment adopted and approved in accordance with paragraph 1 of this article shall enter into force on the thirtieth day after the number of instruments of acceptance deposited reaches two thirds of the number of States Parties at the date of adoption of the amendment. Thereafter, the amendment shall enter into force for any State Party on the thirtieth day following the deposit of its own instrument of acceptance. An amendment shall be binding only on those States Parties which have accepted it.

*Article 16*

A State Party may denounce the present Protocol by written notification to the Secretary-General of the United Nations. The denunciation shall become effective one year after the date of receipt of the notification by the Secretary-General.

*Article 17*

The text of the present Protocol shall be made available in accessible formats.

*Article 18*

The Arabic, Chinese, English, French, Russian and Spanish texts of the present Protocol shall be equally authentic.

In witness thereof the undersigned plenipotentiaries, being duly authorized thereto by their respective Governments, have signed the present Protocol.

