

Promoting Sustainable Development in Africa through Disability Inclusion

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Disability and Sustainable Development in Africa

Disability is both a cause and consequence of poverty and these two reinforce each other, contributing to increased vulnerability and exclusion (Trani & Loeb, 2012). Nonetheless, the presence of impairment does not necessarily imply limited well-being and poverty. There is growing body of evidence indicating that persons with disabilities also face various forms of barriers and intersecting inequalities, which can result in multi-dimensional poverty, exclusion, and marginalisation. Exclusion in one area of life can have negative repercussions in other areas (Groce, Kett, Lang & Trani, 2011).

The silence of disability in the Millennium Development Goals (MDGs) made it difficult to eradicate poverty as persons with disability constitute the largest minority group in the world, estimated at about 15% of the world population (WHO & World Bank, 2011). Hence, Sustainable Development Goals (SDGs) to a greater extent closed the gap in the MDGs by mentioning persons with disabilities under five of its seventeen goals: education (SDG4); growth and employment (8); inequality (10); accessibility of human settlements (11); and data collection and monitoring (17) (Chataika, 2019). Thus, as disability has moved up the development agenda.

The African Union Commission (AUC) evaluated the status of implementation of the Continental Plan of Action (CPoA) for the African Decade of Persons with Disabilities (ADPD) (2010-2019) by the Member States that responded to the questionnaires sent by the African Union Commission June 2017. This was done by reviewing progress on the achievements and the related challenges facing African governments in responding to their commitments of 2010 to address disability issues. The report, which I was commissioned to write, also provides an opportunity to develop a strategic developmental perspective and creating an environment where persons with disabilities can enjoy rights, just like any other citizen in their respective countries through proffered recommendations.

The African Union (AU) declared 1999-2009 as the first ADPD. In 2010, the Second Session of the AU Conference of Ministers in Charge of Social Development stated that the activities and efforts made during the first Decade of Persons with Disabilities did not have satisfactory impact on the rights, participation and creation of opportunities for persons with disabilities in Africa. The Ministers decided to extend the ADPD from 2010 until 2019, with a new CPoA. In 2014, the Fourth Session of the African Union Conference of the Ministers of Social Development held in Addis Ababa adopted the Monitoring and Evaluation Framework for the CPoA that Member States can use to report on progress made in its implementation. The CPoA (2010-2019), calls upon the African Union Commission (AUC) to carry out a review to assess progress made in implementing the goals set out in the policy document. Hence, this report shows the implementation, achievement of the set goals, with the aim of facilitating reporting to relevant African Union (AU) organs.

The AUC's Department of Social Affairs (DSA) partnered with the Department for Africa and the Ministry for Foreign Affairs of Finland and the Deutsche Gesellschaft für

Internationale Zusammenarbeit GmbH (GIZ) on behalf of the German Federal Ministry for Economic Cooperation and Development to support the operationalisation of the African Union Disability Architecture (AUDA) Programmatic Component. Part of this support, aims to contribute to the AU Agenda 2063's Aspiration of a high standard of living, quality of life and well-being for all citizens, including persons with disabilities. The AUDA Project's objective is that the conditions for more effective disability mainstreaming in the AU are created; and to sustain disability inclusion through strengthening the AUDA Programmatic Component and disseminate experiences and promising practices across the continent. It is against this background that the AUC report provides the status of implementation of the CPoA for the ADPD (2010-2019) by the Member States who responded. The report was the precursor to the African Union Disability Strategic Framework. After the lapse of the ADPD 2010-2019, it will be replaced by the Disability Strategic Framework, which was informed by the findings report under discussion. I also participated in the validation and adoption of the African Union Disability Strategic Framework held in Addis Ababa, Ethiopia in April 2019. Both the report and the Disability Strategic Framework were adopted by the Third Session of the Specialised Technical Committee on Social Development, Labour and Employment that took place from 01 - 05 April 2019 in Addis Ababa, Ethiopia.

How data were gathered to inform the report

A mixed-method approach was used to establish the status of the implementation of the CPoA from African Union member countries. In June, 2017, the AUC sent out a questionnaire through embassies of all the 55 Member States. The purpose of the questionnaire was mainly to collect quantitative data, at the same time, soliciting for qualitative data in some sections in order to establish the countries' progress in the implementation of the CPoA. Thirty-three out of possible 55 countries returned the questionnaire for analysis. Table 1 illustrates the distribution of the 33 Member States by African Union regions and the language to respond to the questionnaire.

Table 1: Distribution of Countries by Region & Language

No.	Country	Region	Language
1.	Algeria	Northern	French
2.	Angola	Central	Portuguese
3.	Benin	Western	French
4.	Burkina Faso	Western	French
5.	Burundi	Central	French
6.	Côte d'Ivoire	Western	French
7.	Ethiopia	Eastern	English
8.	Gabon	Central	French
9.	Gambia	Western	English
10.	Ghana	Western	English
11.	Kenya	Eastern	English
12.	Lesotho	Southern	English
13.	Liberia	Western	English
14.	Madagascar	Eastern	English
15.	Malawi	Southern	English
16.	Mauritius	Eastern	English
17.	Namibia	Southern	English
18.	Niger	Western	French
19.	Nigeria	Western	English
20.	République de Guinée -Conakry	Western	French

21.	Rwanda	Eastern	English
22.	Sahrawi Arab Democratic Republic	Northern	Arabic
23.	Senegal	Western	French
24.	Seychelles	Eastern	English
25.	Sierra Leone	Western	English
26.	Somalia	Eastern	English
27.	South Sudan	Eastern	English
28.	Swaziland	Southern	English
29.	Tanzania	Eastern	English
30.	Uganda	Eastern	English
31.	Union des Comores	Eastern	French
32.	Zambia	Southern	English
33.	Zimbabwe	Southern	English

Twenty-one countries completed the questionnaires in English, 10 in French, Angola in Portuguese and Sahrawi Arab Democratic Republic completed in Arabic; thus giving a total of 33 countries. Thus, a regional comparison between the 2010 and 2018 questionnaire response rate indicates a significant progression from five to seven for Southern Africa, six to eleven for West Africa, one to ten for East Africa, zero to three for Central Africa and North Africa increased from one to two (African Union, 2010). This response rate may imply that Member States' attitudes towards disability inclusion is gradually changing, an aspect that is likely to promote inclusive development.

Data analysis was conducted using the International Business Machines (IBM) Statistical Package for the Social Sciences (SPSS) for quantitative data. A content thematic analysis for the qualitative component was also utilised. Documentary analysis was also conducted in relevant reports and documents on disability mainstreaming and inclusive development.

Emerging key findings

From the findings, there is significant improvement on disability inclusion when compared with the results that emerged from the first ADPD (1999-2010). The response rate for the second decade received from African governments was also significantly higher. Thirty-three out of 55 countries completed the questionnaires, which is a response rate of 60%, compared to the first decade evaluation response rate of 20.8%.

The findings reveal that there is still dearth of reliable disability statistics in Member States when comparing with the WHO and World Bank (2011)'s 15%. Member States still need to strengthen the collection of relevant and internationally comparable data on disability and support research on disability and related services. Twelve countries reported having submitted their disability baseline reports to the African Commission on Human and Peoples' Rights. Of these countries, only six actively involved DPOs in the production of both reports. This is a major concern as the '***nothing about us without us***' slogan seems to be far from being achieved in most African countries. Again, this shows lack of political will on governments from respective countries to ensuring genuine disability inclusion.

Three main strategies in Member States' endeavour to publicise and popularise good practices collected on reducing poverty and vulnerability affecting persons with disabilities emerged. The most popular strategy is media awareness and the least used strategy was that of special awards.

Countries such as Angola, Burkina Faso, Comoros, Sahrawi Arab Democratic Republic, Burundi and Senegal have put in place a rights and protection monitoring mechanism inclusive of disability-based discrimination and violence. However, countries like Nigeria and South Sudan have none.

Results indicated that Member States still have more work to do in terms of putting persons with disabilities in decision-making positions. Notable positive indicators are from Rwanda and Uganda in terms of local governance leadership by persons with disabilities. With regard to having persons with disabilities serving as Members of the Pan-African Parliament, all the 33 countries except for Kenya and Guinea had none. Findings also showed that 72% had not trained parliamentarians in disability inclusion and disability-sensitive budgeting. On a positive note, about 73% of the countries indicated having laws that prescribe the inclusion of disability issues into political party policies and manifestos, as well as in electoral processes. Most countries allowed persons with intellectual impairment to vote, while Liberia, Ghana, Gambia, Zimbabwe and Burundi prohibit them. This is against Article 29 of the CRPD (United Nations, 2006) and Article 17 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (in short, Africa Disability Protocol) (African Union, 2018), as aspect that requires urgent attention.

The African Disability Protocol was adopted during the Thirtieth Ordinary Session of the AU Assembly held in Addis Ababa, Ethiopia, on 29 January 2018. It requires States Parties to ensure that people with disabilities are not discriminated against and enjoy equality. The text details the particular rights of persons with disabilities to: life, liberty, security of person, to be free from harmful practices, to protection in situations of risk, to equal recognition before the law, access to justice, to live in the community, accessibility, education, health, rehabilitation and habitation, work, an adequate standard of living and social protection, participation in political and public life, self-representation, freedom of expression and opinion, participation in recreation and culture, and family. It also recognises the particular vulnerabilities and rights of women, children, youth, and older persons with disabilities. Additionally, the Africa Disability Protocol extends rights to family and caregivers of people with disabilities who might otherwise be subject to discrimination as a result of their association. It also further recognises the specific protection needs of persons with disabilities in periods of armed conflict or other humanitarian situations.

From the findings on the implementation of the CPoA, about half of the Member States reported having managed to put in place systems and procedures that facilitate or assist persons with disabilities during voting. The most common systems that have been adopted include the establishment of accessible voting booths, use of tactile ballots, Sign language and pictogram. This is in line with Article 9 of the CRPD and Article 11 of the Africa Disability Protocol where accessibility is emphasised (United Nations, 2006; African Union, 2018). Sadly, 46% of the countries do not have measures in place that facilitate voting by members with disabilities, thus violating persons with disabilities' voting rights.

Most countries responded positively to having national education laws and policies that are all-inclusive. Only few countries (22.2%) including Liberia, Madagascar, Somalia, South Sudan, Guinea and Gabon did not have inclusive educational policies that embrace the diversity of all learners, including those with various forms of impairments. In relation to the Education Sector Plans, 88.5% of the countries indicated that they provide for disability

inclusion, with Gabon, South Sudan and Somalia not addressing the needs of learners with disabilities.

The findings also revealed that more public than private tertiary institutions within Member States have adopted the inclusive education approach. However, Member States such as Benin, Burkina Faso, Côte d'Ivoire, Somalia and Madagascar indicated not having adopted an inclusive approach within the education system. Countries that reported embracing inclusivity within both private and public institutions include Angola, Gambia, Kenya, Mauritius, Namibia, Nigeria, South Sudan and Zimbabwe. This is in line with the CRPD's Article 24, which emphasises on State Parties recognising the right of persons with disabilities to education without discrimination. This right has to be based on equal opportunities and ensuring an inclusive education system at all levels and lifelong learning (United Nations, 2006). Similarly, the Africa Disability Protocol also reiterates that persons with disabilities shall on no account be assumed to be uneducable or untrainable (African Union, 2018).

The inclusion of women and youths with disabilities in decision-making positions is insignificant in Member States. Lack of their inclusion results in them being excluded in most development activities; thus, subjecting them to abject poverty. This makes it difficult for the countries to realise the SDGs.

Emerging Issues for the CPoA Successor Framework

The findings in this report were essential in underpinning the foundation for the successor framework for the CPoA. It is imperative that disability-related issues are not viewed or managed as separate from or additional to the core business of Government departments. Disability-related issues should be included from the outset in all planning, budgeting, implementation and monitoring of national, provincial, local and municipal programmes and services. Given the long history of negative perceptions about disability, it is important to attempt to design and implement inclusive approaches to disability based on empirical data, relevant information and co-ordinated, well conceptualised sustainable interventions in consultation with Persons with Disabilities. Coordinated and integrated policies and strategies will have to be put in place to counteract as many of the personal, social and environmental barriers experienced by persons with disabilities. Progress towards the implementation of the CRPD will require the leadership and commitment of governments in providing the necessary financial support to make the equalisation of opportunities possible. If the participation is ad hoc and forced and the leadership is weak and ineffective, the consequent results and achievements will be meagre.

Best Practices & Success Stories on the Implementation of CPoA

This section outlines the best practices and success stories from the qualitative data obtained from Member States questionnaires. The data is presented in order of the questionnaire themes from which data were provided.

Disability Policies/Plans - Senegal has developed a National Action Plan on Disability 2017-2021, which is part of a multi-sectoral approach and will facilitate mainstreaming disability in national policy. Under legal and policy framework, Ghana is the only country that has employed a two-pronged approach towards domesticating the CRPD. The country enacted a law promoting and protecting the rights of people with disabilities. Also, the country

amended existing laws to remove discrimination and promote the rights of persons with disabilities. At the time of the study, Namibia was in the process of amending the national disability policy and national Disability Council Act 26, of 2004 to make sure that they are aligned to the CRPD.

Appropriate Institutions to Implement the Provisions of the CPoA & the CRPD - In Niger, the Ministry of Population is in charge of disability issues. The Ministry has branches or disability desks at regional, departmental, and municipal levels. It has also established a General Directorate of Social Action and Promotion of National Solidarity in which there is a Department for the Promotion of the Disabled and Devolved Services. This set up is attributed to the provision of improved services for persons with disabilities in the country.

Kenya has disability mainstreaming committees in all Government institutions. These committees oversee all disability issues and advise institutions accordingly. In Senegal, the implementation of disability policies is vested with the Ministry of Health. In addition, the Ministry of Social Action is responsible for the administrative issues and the supervision of disability organisations. The conceptual and operational implementation is entrusted to the Directorate of Promotion and Protection of Disabled Persons. The country also has an Equal Opportunities Board, which oversees the mainstreaming of disability issues across all state institutions. This Board also looks at the social protection of disabled people and facilitates their access to social services in relation to basic health, rehabilitation, education, training, transport, employment and finances.

The following structures were reported by Senegal, thus demonstrating its commitment in terms of implementing the CPoA.

- A special adviser in charge of disability to the President of the Republic;
- A representative of disabled persons in the Social and Environmental Council
- A representative of disabled persons to the High Council of Local Authorities;
- A department for the promotion and protection of disabled persons;
- Nine support divisions in relation to disability issues;
- Twelve offices in charge of disability are being created;
- Fourteen regional executives in charge of disability in the Community Based Rehabilitation (CBR) programme implementation framework for persons with disabilities
- Forty five departmental committees in charge of disability under the CBR programme implementation
- Forty five technical committees to educate on the card applications of equality opportunities for people with disabilities
- Forty technical committees for the promotion of special education for disabled children

Participation of Youth with Disabilities - Angola specifically reported several milestones pertaining to the participation of youth with disabilities. Thus, Angola indicated that they have a National Youth Development Plan, approved by Presidential Decree No. 71/14 of March 25, is a comprehensive and transversal document that includes specific actions for young people with disabilities. Also, there is a Law in Angola that defines quota system for access of young people with disabilities to Fellowship programmes, where they can apply. There is also a link between the Ministries of Social Action and the Ministry of Higher

Education, Science, Technology and Innovation, in order to envisage a strategy for the application of this Law. The budget allocated to the Angola's Ministry of Youth and Sports, includes a financial quota to promote the empowerment of young people with disabilities whose operationalisation demands the participation of youth associations and sports federations. Also, there are young people with disabilities in positions of leadership or positions of leadership in various institutions as well as youth organisations affiliated with the National Youth Council, which brings together all associations and youth movements into the social, political and economic arena. Disabled youth are also affiliated to the Civil Society Board, which brings together all organizations and youth movements at the level of the country. There is also a National Association of University Students with Disabilities in Angola. Namibia reported that the participation of youth with disabilities in all spheres of life has been enhanced. Youths with disabilities have a representative on the Board of National Youth Council. Other countries did not indicate any best practices on the participation of youth with disabilities.

Protection of Persons with Disabilities in Situations of Conflict, Disaster Emergencies - Niger reported that the Ministry of Population has developed and adopted the National Social Protection Policy, which provides a reference framework whose implementation process has already begun. One of the priorities of this policy is: "Specific actions in favour of vulnerable groups", which include several elements such as the social inclusion of persons with disabilities. In Guinea-Conakry, there is a National Action Humanitarian Service that covers persons with disability during conflict and disaster situations. Senegal acknowledged having a disability sensitive National Contingency Plan under the supervision of the Ministry of Interior Affairs.

Disability Statistics - The findings indicate that some countries have statistical institutions such as ministries, bureaus and departments that provide reliable disability data. About 57% of the countries reported having higher and tertiary institutions that have disability studies courses in their training, which is commendable. However, also 57% of the countries indicated that they neither use national census surveys group of statistics nor tertiary/research institutions' findings for policy and programing; thus not capitalizing on such vital data for policymaking and programming.

In Malawi, statistics, research and evidence-gathering on disabilities is conducted on a regular basis. Malawi Council for Disability Affairs has a disability management information system that captures data of persons with disabilities. In addition, Malawian national census and surveys now incorporates Washington Group of Statistics short set of questions in consultation with all the relevant stakeholders. The University of Malawi as well as well as the Centre for Social Research assist in disability related research and the training of manpower on disability issues.

In Zimbabwe, research and evidence-gathering on disabilities is conducted on a regular basis. It was also reported that disability disaggregated data is credible enough to influence policy and programming. The Zimbabwe Statistical Agency (ZIMSTATS) is the government department that is the custodian of state data, including disability-specific data. However, disability movements in Zimbabwe dispute this as they feel that there is dearth of disaggregated data in the country (Howell, McKenzie & Chataika, 2018). Two universities were identified as providing training in human rights and disability rights. These are Africa University and the Zimbabwe Open University, respectively. However, at the University of

Zimbabwe, part of the disability studies curriculum is also embedded in the inclusive education bachelor's degree programme (Howell, McKenzie & Chataika, 2018).

Non-discrimination & Equality before the Law - In relation to disability-based discrimination and violence, 62.1% of the countries indicated that they include the rights and protection monitoring mechanism in place, which is commendable. A few examples are given in Table 2.

Table 2: National Institutions on Human Rights & Disability

Country	Nature of Institution
Angola	Ministry of Justice and Human Rights; Associations for the Protection of the Rights of Persons with Disabilities; Attorney General's Office and Courts; Providoria de Justiça
Guinea-Conakry	National Directorate of Social Action; Guinean Federation of Persons with Disabilities; Open Society Initiative for West Africa (OSIWA); The Office of the United Nations Human Rights; National Institution Independent Human Rights
Namibia	Office of the Ombudsmen; Office of the Vice President-Disability Affairs; National Disability Council
Lesotho	Ministry of Social Development/Disability Services Department
Liberia	Ministry of Justice/Human Rights Division; Independent National Human Rights Commission
Sierra Leone	National Commission for Person's with Disability
Swaziland	The Human Rights Commission deals with violation of rights against people with disabilities
Uganda	National Council for Disability; Equal Opportunities Commission; Uganda Human Rights Commission
Zimbabwe	Ministry of Labour & Social Welfare; Office of the President Zimbabwe Human Rights Commission

The countries in Table 6 are a demonstration that most countries have a specific ministry or offices that address disability issues. However, the challenge is on how effective these institutions are in dealing with disability issues.

Strengthening of Health & Rehabilitation Services for Persons with Disabilities This section looks at best practices in terms of health, rehabilitation as well as disability awareness and prevention programmes. In Gambia, it was reported that interventions, campaigns and/or activities for the prevention of impairments include immunisation, road safety programmes, and sensitisation meetings and media awareness.

In Senegal, it emerged that multiple disability thematic campaigns are integrated into the national community based rehabilitation programme in the axis on information, education and communication. Sensitisation occurs during the days and weeks dedicated to people with disabilities in relation to disability organisations: These include:

- Leprosy Awareness Day;
- Autism Awareness Day;
- Trisomy 21 Awareness Day;

- International Wheelchair Day;
- Albinism Awareness Day;
- Mental Health Day;
- White Cane Day;
- International Day of Disabled Persons;
- National Week of Persons with Disabilities;
- Job Fair for Persons with Disabilities.

Such level of awareness-raising has implications for societal attitudinal changes towards disability, an aspect that could be learning points for other countries.

Zimbabwe reported that it has a comprehensive health and rehabilitation services for persons with disabilities. The services are provided at district, provincial and referral centre levels. In addition, all types of assistive technologies are purchased for people with disabilities upon request to the Department of Social Welfare. Rwanda is the only country that indicated the use of all the given options (media awareness, special awards and pilot programmes) to collect and popularise good practices on reducing poverty and vulnerability affecting persons with disabilities.

Inclusion for Effective Participation in Development - The questionnaire solicited information on best practice indicators in respect to inclusive development. Ghana, Lesotho, Sierra Leone, Guinea-Conakry and Zambia reported having in place a comprehensive system and procedure that help facilitate assisted voting for persons with disabilities. The system includes use of sign language, pictograms, tactile ballots and accessible voting booths. In addition to these, Guinea also makes use of Braille and ramps to increase accessibility. Despite having a lower percentage, Kenya, Comoros, Uganda, Tanzania reporting having made good progress in terms of including persons with disabilities as leaders in local governance, cabinet and members of parliament. Malawi also acknowledged having a Parliamentary Committee that specifically focuses on disability issues.

From the data gathered, Senegal seems to have the most comprehensive disability-friendly budgeting framework. The country has the following four budgeted programmes targeting people with disabilities:

- National Community Based Rehabilitation Programme (disability-specific)
- Programme of the Equal Opportunities Board (disability-specific)
- National Universal Health Coverage Programme (disability-specific)
- National Programme of Family Security Grants (inclusive)

Access to Universally Inclusive and Accessible Quality Education - Nigeria and Zimbabwe reported having education sector plans providing for disability inclusion from primary education right through to tertiary level.

Access to Employment, Sports and Culture - In Senegal, Article 29 of the National Disability Law stipulates a 15% quota for the recruitment of disabled people. However, the implementing decree has not yet been signed. Nonetheless, 454 graduates were recruited into the public service without competition. Also, there was a round table with the private sector in order for them to increase the employment opportunities of disabled people into this sector and the awareness raising is continuing in Senegal.

Institutional Development, Advocacy and Organisational Support - In order to strengthen the participation of DPOs, Burkina Faso, Zambia, Rwanda, Ghana, and Nigeria reported having put in place financial, technical and logistical mechanisms. Ghana has plans to promote and facilitate the establishment of DPOs at local and national levels in order to support the empowerment of persons with severe or multiple impairments. The DPOs under consideration are parental organisations, support groups and local DPOs, There are also plans to support self-advocates.

Emerging Challenges

There are several challenges related to the implementation of the CPoA by Member States from the report (African Union, 2019):

- The major challenge within most States is the wide gap between policy and practice. The majority of Member States indicated having very good policies with about 47, having ratified the CRPD but with no domestication of this legal framework. Members generally scored very high on policy but very low on implementation. Hence, the need to reduce the gap between policy and practice cannot be overemphasised.
- It could not be established with certainty from the research evidence whether the failure by Member States to reduce the policy-practice gap is related to capacity on disability management, budgetary concerns or a mere lack of political will. However, with most States allocating nothing to the national budget towards the implementation of the CPoA, persons with disabilities in Africa are likely to continue to be viewed as second class citizens.
- Twenty-two Member States did not return the administered questionnaires for analysis, which is a major cause for concern. Literature shows that some countries that did not complete the questionnaire have very good best practices from which some Member States can tap from. The challenge for AUC is establishing a mechanism that ensures a 100% response rate.
- The administration, coordination and the general implementation of the CPoA is poor for most countries. This greatly affects the collection of valid and reliable data. Without a well-established coordination and implementation structure, it is difficult for the AUC-DSA to monitor and evaluate progress within Member States.
- The questionnaire predominantly solicited for quantitative data. To this end, some members tempered with the questionnaire template as they wanted to provide both qualitative and quantitative data. Certain questions required certain indicators to be unpacked in order for Member States to provide as much information as possible. Hence, the challenge was for Member States to contribute more qualitative data.
- There was a discrepancy between responses given on the questionnaire and the situation on the ground obtained mainly through literature survey. Under reporting and over reporting militate against the obtaining of quality data that can influence policy and practice.
- The questionnaire administered on Member States had provisions for responses such as “I don’t know” and several countries unfortunately selected this choice. As

indicated earlier, this might be as a result of the responsible officer not going an extra mile in outsourcing relevant data from other stakeholders such as DPOs.

Key recommendations from the report

The following are some of the recommendations that have been made in order to improve the conditions of persons with disabilities in Africa in the report (African Union, 2019):

- Member States should be urged to ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (Africa Disability Protocol, 2018);
- The continent needs a shared understanding of disability understood from a development and human rights perspective in order to ensure uniformity in terms of conceptualisation and service provision;
- Creating a structure that would encourage and facilitate coordinated actions, measures and programmes among the African countries and the various international, governmental and nongovernmental partners organisations on disability and development;
- Creating continental platforms where countries show case best inclusive practices;
- Conducting inter-regional disability research that is stored in an easily accessible research hub for sharing. Africa Disability Alliance, African Union Disability Institute (AUDI), which is to replace African Rehabilitation Institute (ARI) that was dissolved in 2013, as well as African Network on Evidence to Action on Disability (AfriNEAD) could be used as platforms of such initiatives;
- Working closely with other continents in order to share best practices generated through research evidence and practice;
- There is need to develop monitoring and evaluation data collection tools for Member States that address the African context.
- Regional groupings such as the Common Market for Eastern and Southern Africa (COMESA), Economic Community of West African States (ECOWAS), Arab Maghreb Union (UMA), Community of Sahel-Saharan States (CEN-SAD) the Southern African Development Community (SADC), East African Community (EAC), Economic Community of Central African States (ECCAS) and Intergovernmental Authority on Development (IGAD) should consider conducting joint disability surveys to enhance the collection of quality disability data;
- Member States need to initiate/strengthen and capacitate regional-based DPOs and regional disability offices (e.g. Southern African Federation of the Disabled [SAFOD]) for the smooth coordination of disability-related programmes and relaying of information. This will also increases sub-regional cooperation on disability;
- Member States to consider disability personnel exchange programmes as this facilitates sharing of information;
- Conduct regional disability research that is stored in an easily accessible research hub for sharing;
- Increase budget allocation for disability mainstreaming and service provision to about 15%;
- Design and develop clear transitional policies and strategies for persons with disabilities from school into employment and lifelong learning;
- Conducting national disability surveys and census that address the African context, meaning they can go beyond the current Washington Group short questions;

- Develop practical action plans that show progress towards the reduction of the policy-practice gap with clear indicators and timelines;
- Member States to set disability mainstreaming targets for ministries and other government departments in order to strengthen the coordination of disability-related issues;
- Develop inclusive education curricula that encompass teacher education and the transition path of learners with disabilities;
- Member States should develop disability mainstreaming strategies, set realistic yearly targets for government ministries and develop national monitoring and evaluation mechanisms;
- Individual Member States fund and work with DPOs in the compilation of baseline and periodic reports, as well as monitoring that countries submit these reports timeously. This enhances DPO's capacities; and
- Member States should create synergies with higher education institutions, DPOs and other research institutions, with the aim of generating quality disability research evidence with implications for policy and practice.

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