

Series on Disability-Inclusive Development

# The Future is Inclusive

## How to Make International Development Disability-Inclusive



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Disability-Inclusive**



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01 Series on  
Disability-Inclusive Development



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## Foreword

International development is on the verge of change. As the current development framework, the Millennium Development Goals, enters its final year in 2015, governments and key actors for civil society are negotiating a new vision for development. The emerging consensus for this vision is that no-one should be left behind and the call from civil society and many governments is for nationally-owned transformative change. In particular there is a growing demand from people who are marginalised and excluded by systemic inequality and power differentials to be given a voice.<sup>1</sup> Development therefore is increasingly being seen as a process that creates opportunities for people the world over to have choices about how they live their lives. Until recently, women, men, girls and boys with disabilities have remained largely on the margins of global development actions. If development for all is the process of enlarging people's opportunities in order to create a sustainable future for all, then persons with disabilities as part of the world's community cannot be overlooked.

Parallel to the evolution of development, the way in which disability is perceived has also changed. The Convention on the Rights of Persons with Disabilities (CRPD) clarifies

the application of human rights principles to persons with disabilities. It seeks to redress the profound social disadvantage experienced by many persons with disabilities and it promotes their participation in the civil, political, economic, social and cultural spheres with equal opportunities. Not only has the CRPD sparked worldwide reform on disability laws and policies, it has also acted as a catalyst for disability-inclusive development, in which governments as duty bearers are held responsible for ensuring that persons with disabilities as rights holders are able to exercise their rights as active contributors to their communities.

To realise development that is inclusive of women, men, girls and boys with disabilities, requires a shift in how governments, society – and communities – perceive disability, persons with disabilities and undertake disability inclusion. It also requires a fundamental change in how development organisations, business corporations, civil society and the population in general think about and interact with women, men, girls and boys with disabilities. The self-empowerment of persons with disabilities to shape their own destinies is also an essential part of the process.

Such change can seem overwhelming. But it is already happening, step by step.

Governments, persons with disabilities, their representative organisations, international development organisations and communities have all begun the journey towards inclusion.

The time is now to build on these foundational steps and move towards solutions that work across different social, economic, political and cultural contexts.

Dave McComiskey  
President  
CBM International

# Introduction

**M**ore than 1 billion of us live with disabilities. We must remove all barriers that affect the inclusion and participation of persons with disabilities in society, including through changing attitudes that fuel stigma and institutionalize discrimination.”

**Ban Ki-moon,**  
Secretary-General of the  
United Nations. Message  
for International Day for  
Persons with Disabilities,  
2013



## **Why disability-inclusive development is important**

One billion of the world's population – one out of every seven people on the planet – are women, men, girls and boys with disabilities.<sup>2</sup> According to the UN at least 80% of that billion live in low-income countries<sup>3</sup>, where they make up a disproportionate percentage of the poorest sections of the community, making them an important group for development actors.<sup>4</sup>

As this publication goes to print, disability-inclusive development is now gaining momentum in global mainstream narratives for sustainable development. Persons with disabilities are now recognised as an important population group to include in global measures to tackle poverty and inequality.<sup>5</sup> Outcome documents central to the post-2015 development framework are increasingly making more and more references to persons with disabilities.<sup>6</sup> This is a positive step as it means disability is gaining more visibility as a development theme and this brings both positive opportunities and challenges for development actors.

The lessons learnt from the failure of the MDGs to explicitly include women, men, girls and boys with disabilities in any of the goals and targets are important. It is now widely accepted that unless all persons with disabilities are included in development and humanitarian policies and programmes as both actors and beneficiaries, the current and future global developmental and humanitarian goals will not be reached.<sup>7</sup>

The inclusion of persons with disabilities in society regardless of a country's social

economic, political or cultural status is not just a development issue, it is also a human rights issue, underpinned by the Convention on the Rights of Persons with Disabilities (CRPD). So far, 150 nations have ratified the CRPD, committing themselves to the creation of an inclusive society both at home and overseas through international cooperation programmes. While the majority of the world's governments, international development organisations and civil society members working in international development activities are in agreement about the importance of including persons with disabilities in the process of development, the journey to get there continues to be seen as a challenge.

## **Why CBM is offering this publication now**

CBM, an international Christian development organisation, is on its own journey towards disability-inclusive development. Committed to improving the quality of life of persons with disabilities in the poorest communities of the world, CBM has moved from charitable beginnings over 100 years ago to become a significant force in the move towards disability-inclusive development globally.

In this publication, the first in a series on disability-inclusive development we have committed to write over the coming years, we offer our experience to others as part of a dialogue on key issues in disability-inclusive development. We show how CBM has endeavoured to implement disability-inclusive development, and what has been learned along the way. We hope that it inspires

others to action and leads to the full inclusion of persons with disabilities in all development work.

### **Who this publication is for**

This publication is targeted at audiences in the development and disability sector, professionals, policy makers, current and potential partners, as well as the public and non-professionals interested in the work of CBM and disability-inclusive development.

### **What this first publication covers**

This first publication in our series on disability-inclusive development covers key facts and figures on the situation of women, men, girls and boys with disabilities living in low-income countries and presents the reasons why development and humanitarian actions must be disability-inclusive.

- Chapter 1 introduces the key concepts in disability-inclusive development and reflects also on CBM's own journey towards disability-inclusive development.
- Chapter 2 highlights why the inclusion of women, men, girls and boys with disabilities is important for effective development and humanitarian outcomes.
- Chapter 3 sets out why the human rights of women, men, girls and boys with disabilities are closely associated with development both at home and in international cooperation.
- Chapter 4 highlights the key issues which cause barriers to disability-inclusive devel-

opment, and provides a set of principles, case studies and good practice examples of how it can be achieved.

- Chapter 5 concludes with some key messages and introduces the topics that we will address in future publications in this series.

### **What this publication does not do**

As this publication is intended as an introductory text to the broad area of disability-inclusive development, it does not go into in-depth detail on the different sectors of development policy and practice such as education, livelihoods and health. Instead it highlights principles for disability-inclusive development based on a combination of CBM's experience, international best practice in development and human rights. Forthcoming publications in this series will focus on the different sectoral issues in development.

### **A note about language and terminology**

This publication uses the term persons with disabilities, which is the terminology, adopted by the Convention on the Rights of Persons with Disabilities. It also uses gender and age differentiated language such as women, men, girls and boys with disabilities. The purpose of this is to highlight that persons with disabilities are not a homogenous group.

# Chapter 1

## Disability-Inclusive Development and CBM



**D**isability-inclusive development is an important issue for CBM. We want to ensure that persons with disabilities have access to health-care, education and livelihood opportunities. With this in mind, CBM is working to develop model programmes, which demonstrate effective disability-inclusive practices.”

**Dave McComiskey,**  
President CBM  
International (2014)

## 1.1 Introduction

Chapter 1 gives a broad overview of how disability-inclusive development has evolved and reflects on CBM's own journey towards embarking and embracing the principles of disability-inclusive development and inclusive humanitarian action. Secondly, it introduces the key concepts and approaches that are commonly used in disability-inclusive development and which CBM uses in its programme work.

## 1.2 Disability-inclusive development: the journey so far

### 1.2.1 International development cooperation

Disability-inclusive development has been a feature of international and regional cooperation for over 40 years. Early initiatives included the World Programme of Action (WPA), which focused on three core areas: prevention; rehabilitation; and equalisation of opportunities for persons with disabilities.<sup>8</sup> During the 1980s human rights-based approaches began to gain recognition at the international level. The UN designated 1981 as the International Year of the Disabled, and 1982–1991 became the International Decade of Disabled Persons. The International Decade resulted in a number of regional organisations establishing 'decades' for promoting and respecting the rights of persons with disabilities, e.g. the African and Asian Decades on the Rights of Persons with Disabilities. In 1993, the United Nations Standard



© CBM/Wyatt

Rules and the Equalization of Opportunities for Persons with Disabilities were adopted and this built on the various decades' work and also the WPA. The UN Standard Rules served as a blueprint for policy-making and provided a basis for technical cooperation among governments. While they were not legally binding, they created a momentum among governments towards inclusion and in many cases provided a framework for donor governments addressing disability.

The 2000s witnessed a global shift in understanding of how disability needs to be addressed from a development perspective and this is discussed further in chapter 2.

▲ This school in Karnataka, India, is part of the Chamkol programme where school pupils carry out school inclusion audits and plans to improve accessibility.

## Box 1: From the medical model to the human rights model<sup>9</sup>

The medical model of disability focused on the impairment that requires ‘fixing or changing’ in order for the individual to be a ‘normal’ member of society.

The human rights model takes universal human rights as a starting point. Persons with disabilities are seen to have a right to access all aspects of life within their society on an equal basis with others.

▼ In India, 4-year old Abeston learns to walk on parallel bars, made from bamboo.

Issues that were important to the WPA and the UN Standard Rules remain important today, but with the adoption of the CRPD they are now addressed from a human rights perspective discussed further in chapter 3.



© CBM

The change in emphasis as to how disability and persons with disabilities were addressed and understood also changed during this period. It evolved from understanding disability from a medical model perspective to a human rights perspective (see **Box 1**). This shift in focus created an obligation on governments as duty bearers to ensure that persons with disabilities as rights holders are able to exercise their rights as active contributors to their communities.

### 1.2.2 CBM's journey

CBM's development as an organisation mirrors that of the evolution of disability and development generally as discussed in section 1.2.1 **Box 3** (see page 16) gives a brief description of CBM and its work. Most development and disability organisations in the early 20<sup>th</sup> century were charitable entities and involved in meeting basic needs, many of which were medically based. For example, from its early days in 1908, CBM worked with persons with disabilities, mostly those with visual impairments, in low-income countries, helping them to meet their individual needs. The support of health and rehabilitation services is still one of the key areas of CBM's work, CBM has however made a conscious effort to go beyond the medical model of disability, developing and promoting services that are inclusive of and accessible for all persons with disabilities following a human rights-based approach. CBM has also broadened the focus, promoting disability mainstreaming as well as the self-advocacy of persons with disabilities.

Like most development organisations, CBM has moved away from focusing on direct service delivery of programmes to local communities only, and now takes a longer term view, developing participatory approaches with partners and communities to support capacity development initiatives which build mutual respect and learning. CBM's partnership approach, engaging with local organisations who share our vision of an inclusive world, has been central to our development approach for many years. CBM continues to change and evolve as we reflect on how to increase our effectiveness in disability-inclusive development, and strive to build more and stronger alliances with other key actors to bring about broad-based change.

### 1.3 Definitions and approaches

There is no universally accepted definition of disability. Disability, much like gender, is a contested term with much of the debate being on whether it is caused by an individual's

impairment/biological limitation, or whether it is caused by societal structures that create barriers which disadvantage the participation in society of women, men, girls and boys with disabilities on an equal basis with others (see **Box 2**).<sup>10</sup>

#### 1.3.1 The twin-track approach

The current approach to disability-inclusive development is the twin-track approach. The twin-track approach visualised in diagram ► 1 (see page 18) recognises the need for:

- providing disability-specific initiatives to support the participation and self-empowerment of persons with disabilities; and
- mainstreaming disability by removing barriers to participation of persons with disabilities in the design, implementation, monitoring and evaluation of all development policies and programmes.

What the twin-track approach means in practice is that persons with disabilities have opportunities for self-empowerment through increasing their access to health-care, education, livelihood and social activities as well as through political participation.

#### Box 2: What is disability and who are persons with disabilities

Disability is an evolving concept that 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.

Persons with disabilities are women, men, girls and boys 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.

### Box 3: Who is CBM

#### Who we are and what we want to achieve

CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world. With more than 100 years of expertise, CBM aims to promote inclusion and to make comprehensive healthcare, education and livelihood services available and accessible to persons with disabilities living in low and middle income countries. CBM, together with its partners, is also engaged in initiatives that aim at strengthening participation and self-determination of persons with disabilities, their families and communities. Over the past years, CBM has put an increasing emphasis on working with mainstream development organisations, governments and international bodies like the UN or the EU, to advocate for disability-inclusive policies and programmes. CBM is in official relations with the World Health Organisation (WHO) and has consultative status with the UN Economic and Social Council (ECOSOC).

#### How we work

CBM works in partnership with civil society organisations, including Disabled People's Organisations and faith based organisations, as well as with

government departments and UN organisations, at national, regional and international level.

CBM works with a global network of professionals and experts, supporting partners in developing and implementing projects and programmes in the following areas of work:

- Comprehensive health and rehabilitation services in the areas of eye health, ear and hearing care and physical disability;
- Community based rehabilitation (CBR);
- Community mental health;
- Inclusive education;
- Livelihood;
- Accessibility;
- Disaster risk reduction and emergency response.

Training and capacity development of local professionals is a key component of our work. CBM also strives to adhere to gender sensitive programme planning and implementation and has started to implement measures to adhere to environmental standards and to promote environmental sustainability.

#### Organisational set up

CBM's global programme and global advocacy work is managed by the International Office, located in Bensheim, Germany. The direct work with our partners in low and middle-income countries is



▲ Worldmap of support. CBM is helping worldwide – together with its local partner.

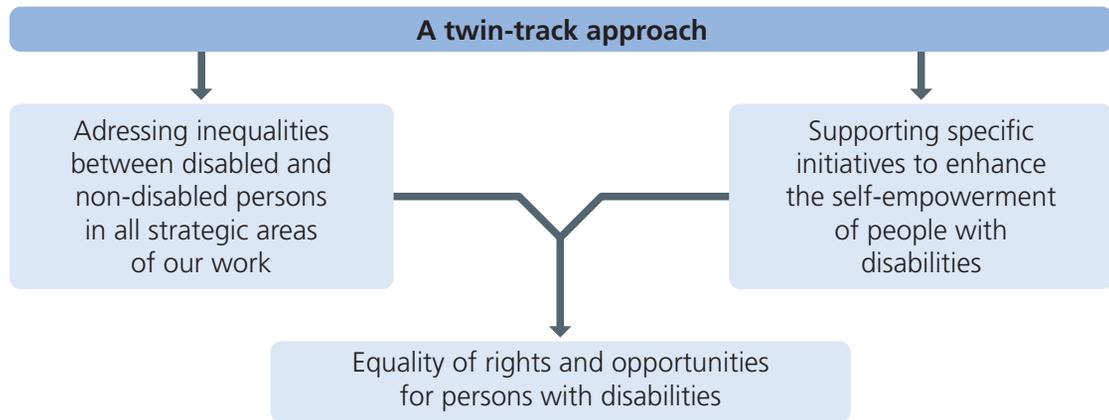


managed by Regional Offices in Latin America, Africa, Europe and Asia.

CBM has Member Associations, whose primary task is to raise funds for the joint programme work and to raise awareness on disability and inclusion in their own countries. CBM Member Associations also have an important role to

play in advocating with development actors – governments and NGOs – in their own countries, to adopt and implement disability-inclusive policies and programmes.

More information on [www.cbm.org](http://www.cbm.org)



▲ **Diagram 1:** Twin-track approach to mainstreaming disability<sup>11</sup>

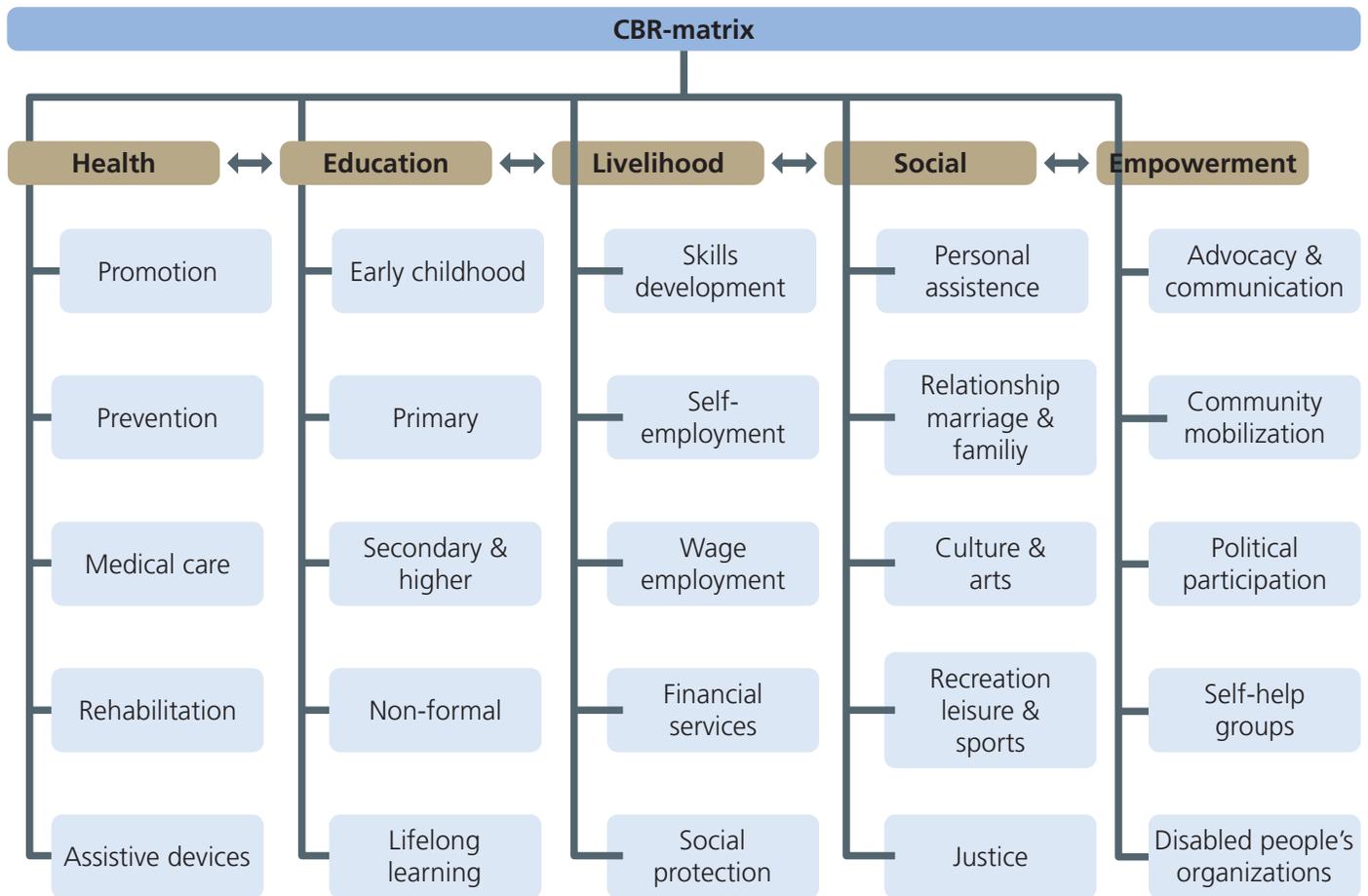
It also means that measures must be taken by mainstream service providers and policy makers to identify and overcome the barriers in society that persons with disabilities face,

e.g. physical accessibility, communication, attitude, legislation, as well as including persons with disabilities in all aspects of development.

► 9-year old Hilda with Mery, a social worker from a CBR Programme in Cusco, Peru. Her mother and her little sister are watching how Mery works with Hilda so she will be able to attend a regular primary school.



© CBM/Telemans



### 1.4 Disability-inclusive development and CBR

CBR as a strategy supports the full participation and inclusion of persons with disabilities in the life of their communities. It is a key programme approach for CBM to promote inclusive community development that values and benefits all in the community. CBM delivers a lot of its community development programme using CBR. It is referenced

throughout our case studies in chapter 4. As a strategy, it promotes a multi-sectoral approach which engages persons with disability, their families and communities, Disabled People's Organisations (DPOs), civil society organisations and local governments in working together to enable persons with disabilities to actively participate in and contribute to their communities in order to make development meaningful for all. CBR takes a

▲ Diagram 2: CBR-matrix<sup>12</sup>

holistic approach to development that is based on the principles of the CRPD and addresses traditional service sectors such as health and education. It also looks at livelihoods, the social sector and empowerment, including political participation as a means to enable meaningful and equitable life opportunities for women and men, girls and boys with disabilities.<sup>13</sup> Diagram ► 2 (see page 19) illustrates the CBR-matrix, which gives an overview of the areas that CBR addresses through a multi-sectoral, cross-disability approach.

## 1.5 Conclusion

Disability has featured as an important theme for many years in international development. It evolved from primarily focusing on individual rehabilitative and medical needs to taking a broader perspective, seeking to ensure that the human rights of persons with disabilities are fully promoted and respected. CBM as a disability and development organisation has also been on this journey and will continue to do so as persons with disabilities become more empowered and expect more from development.

### Key learning points

- Disability-inclusive development has been a feature of international and regional cooperation for over 40 years.
- Disability is an evolving concept that 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.
- The CRPD defines persons with disabilities as women, men, girls and boys 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.
- CBM uses CBR as a programme approach to promote inclusive community development that values and benefits all in the community.
- The current approach to disability-inclusive development is the twin-track approach (self-empowerment of persons with disabilities and addressing inequalities).

## Chapter 2

# Challenges and Opportunities of Disability-Inclusive Development

The rights of persons with disabilities should be mainstreamed in all aspects of development. Persons with disabilities must be able to enjoy and have their share of inclusive growth. Inclusion, non-discrimination and equity must be the driving principles on which the new global development agenda is framed.”

**Yannis Vardakastanis,**  
Chair of IDA  
(2013)



## 2.1 Introduction

Chapter 2 covers a number of topics relevant to the big picture of disability-inclusive development. Firstly, it presents the key facts and figures which highlight the issues that women, men, girls and boys with disabilities in a development context are facing. Secondly, it discusses the impact that exclusion has on persons with disabilities, how it contributes to increased rates of poverty at an individual, family and community level and also the economic and social impact exclusion has at a societal level. Thirdly it discusses the lessons learnt from not explicitly including women, men, girls and boys with disabilities in development goals and humanitarian action, and finally it discusses where to go from now by highlighting one of the important building blocks needed for disability-inclusive development – good quality data.

## 2.2 Persons with disabilities: the key facts and figures

As stated in the introduction to this publication, approximately one in seven of the world's population – over one billion people – have some form of disability and this number will continue to grow given the pace at which the global population is increasing and ageing. On-going conflicts and natural disasters are also contributing factors to the growing numbers of persons with disabilities.<sup>14</sup> The 2011 World Report on Disability presents compelling evidence of the barriers that women, men, girls and boys with disabilities face in achieving economic

and social inclusion on an equal basis with others. It highlights how persons with disabilities overall fare less well in health outcomes, educational achievements, economic participation and experience higher rates of poverty and inequality than people without disabilities.<sup>15</sup> **Box 4** details some key figures and facts.

## 2.3 Disability and poverty

Global statistics on how many women, men, girls and boys with disabilities live in poverty are difficult to obtain. Some estimates suggest that 80% of persons with disabilities live in developing countries, other suggestions while not giving exact figures agree that people with disabilities make up a large proportion of the one billion people who currently live in extreme poverty.<sup>16</sup>

### 2.3.1 Implications for persons with disabilities and their families

Despite the lack of robust data it is widely recognised that in all countries, poverty and disability are closely associated. Persons with disabilities are disproportionately represented in the poorest sections of society, and those who live in the poorest sections of society are also recognised as being susceptible to acquiring disability due to a number of factors such as poor working conditions and lack of access to basic healthcare.<sup>17</sup> Policymakers and researchers for many years have described the association between disability and poverty as the disability and poverty cycle. The UK Department for International Development (DfID) was one of the first bi-

lateral development agencies to reference this in its 2000 policy paper 'Disability, Poverty and Development'.<sup>18</sup> It still remains used by many agencies to describe the link between poverty and disability and it is visualised in Diagram ►3 (see page 24).

In terms of describing the cycle, first and foremost, lack of access to basic services (as a result of being poor or living in low-income countries) contributes to the increase of preventable impairments. Researchers have described how 'the frequency with which an untreated impairment starts or accelerates the collapse of a family already in a

fragile economic base'.<sup>19</sup> Furthermore numerous studies have shown how living in poverty has led to the onset of health conditions associated with disability including low birth weight, and malnutrition.<sup>20</sup>

For persons with disabilities and their families there are a number of factors highlighted by the cycle that increase their risk of falling into deep poverty, including:

- **Social stigma:** persons with disabilities face negative attitudes and this results in their exclusion from community activities e.g. WASH committees, microcredit enterprises, self-help groups;

#### Box 4: Key facts and figures compiled from the World Report on Disability<sup>21</sup>

- **Costs**

Persons with disabilities may have extra costs resulting from disability – studies in the World Report on Disability found that persons with disabilities spend 15% of total household expenditure on out-of-pocket health care costs compared to 11% for people without disabilities.<sup>22</sup>

- **Poverty**

Households with a disabled member are more likely to experience material hardship – including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care.<sup>23</sup>

- **Lower participation in education**

Children with disabilities are less likely to attend school, which in turns decreases their chances of developing skills for future employment opportunities.<sup>24</sup> This pattern of non-attendance is more

pronounced in poorer countries and also among women and girls with disabilities.<sup>25</sup>

- **Higher rates of unemployment**

Persons with disabilities, particularly women with disabilities are more likely to be unemployed and earn less even when they are employed. The World Report cites a study of 51 countries which highlight employment rates of 52.8% for men with disability and 19.6% for women with disability, compared to 64.9% for non-disabled men, and 29.9% for non-disabled women.<sup>26</sup>

- **Isolation**

Persons with disabilities face inaccessible infrastructure in buildings and roads, provision of transport, and communication and information systems.<sup>27</sup> This results in persons with disabilities being isolated and having less education, employment and social opportunities.



▲ **Diagram 3:**  
The vicious cycle of poverty and disability<sup>28</sup>

- Barriers to participation: persons with disabilities face barriers in infrastructure, communication, information and also due to negative attitudes. This results in less opportunities to access education and employment opportunities (see diagram for explanation of these barriers);
- Barriers to realising economic and social and cultural rights: results in lack of access to basic services such as healthcare and housing and a lower standard of living; and
- Lack of participation in decision making and public forums: persons with disabilities face challenges in having their voices and opinions heard at a local, district and national level due to difficulties with voting and public consultations not considering accessibility. This results in persons with

disabilities having very little say in their own lives or their communities. Each of these categories of barriers can be addressed through deliberate actions by government, civil society, persons with disabilities and their representative organisations and the general public. Actions such as improved accessibility laws and regulations, universal design, reform of outdated legal capacity laws and positive campaigns about persons with disabilities and their abilities are prerequisites for lessening barriers and creating an atmosphere of inclusion for women, men, girls and boys with disabilities.<sup>29</sup>

### 2.3.2 Impact on economic and social progress

It is generally assumed that the economic and social costs of disability are significant. Precise estimates are difficult to obtain, as it is difficult to quantify exactly the impact due to lack of agreed methodology, lack of data and variance in the definition of disability across countries.<sup>30</sup> However, there is some research available which has attempted to estimate the cost of excluding persons with disabilities. Research by the World Bank in 2004 attempted to estimate the cost of excluding persons with disabilities and suggested that in overall economic terms, it leads to the loss and inefficient use of human capital, reduced individual and national productivity, loss of fiscal revenues and increased fiscal cost, all of which translate into forgone GDP worldwide of somewhere between five and seven per cent.<sup>31</sup>

Research published in 2014 by the International Centre for Evidence in Disability (ICED)

► Abdullah at work in the orthopaedic workshop in Moshi, Tanzania. Abdullah works as a wheelchair technologist and quality control supervisor.

at the London School of Hygiene and Tropical Medicine further highlights how the exclusion of persons with disabilities from key spheres of life such as education, employment and health, not only creates an untenable economic burden for governments but also carries substantial costs to societies. Its findings about the impact on the economy of excluding persons with disabilities are outlined below:

- Exclusion from education may lead to lower employment and earning potential among persons with disabilities. Not only does this make individuals and their families more vulnerable to poverty, but it can also limit national economic growth. For example, in Bangladesh, reductions in wage earnings attributed to lower levels of education among persons with disabilities and their child caregivers were estimated to cost the economy US\$ 54 million per year.
- Exclusion from work/employment of persons with disabilities can take different forms: lower income due to high levels of underemployment, lower pay scales for performing the same work as people without disabilities and lack of access to informal work and self-employment. For example, in the Philippines, it was estimated that excess unemployment among individuals with unrepaired cleft lip and palate cost the government between US\$ 8 and 9.8 million in lost tax revenue.



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### Box 5: Gains from inclusion<sup>32</sup>

#### Education

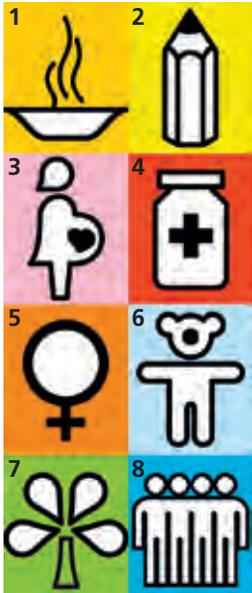
- In Nepal, the inclusion of people with sensory or physical impairments in schools was estimated to generate wage returns of 20%.

#### Employment

- In Pakistan it was estimated that rehabilitating people with incurable blindness would lead to gross aggregate gains in household earnings of US\$ 71.8 million per year.
- In the US, efforts by the major companies Walgreens and Verizon to employ significant numbers of persons with disabilities saw gains such as a 20% increase in productivity and a 67% return on investment, respectively.

#### Health

- In Bangladesh, children who were provided with assistive devices (hearing aids or wheelchair) were more likely to have completed primary school compared to those who did not receive any supports.



◀ The goals of the MDGs: (1) Eradicate extreme poverty and hunger, (2) Achieve universal primary education, (3) Improve maternal health, (4) Combat HIV/AIDS, malaria and other diseases, (5) Promote gender equality and empower women, (6) Reduce child mortality, (7) Ensure environmental sustainability and (8) Develop a global partnership for development.

- Inability to access and receive timely health-care may result in the health of persons with disabilities becoming worse and increase their risk of developing additional disabling conditions. For example studies have shown how poor health can have negative consequences for both education and employment.<sup>33</sup>

The research also highlighted the economic and social gains that can be made by investing in the inclusion of persons with disabilities. These are highlighted in **Box 5** (see page 25). The next publication in this 'Series on Disability-Inclusive Development' will discuss these issues in more detail.

## 2.4 Building on lessons learnt

Disability needs to crosscut all development and humanitarian actions. Over recent years, it has become increasingly recognised that the absence of women, men, girls and boys with disabilities in global development and humanitarian frameworks can result in minimal success in development outcomes for persons with disabilities and incur costs to society and persons with disabilities themselves (see section 2.3.2). More worryingly,

in the case of humanitarian responses and disaster risk reduction strategies this can result in greater loss of life of all persons with disabilities.

### 2.4.1 Development actions

From a development perspective, one of the significant lessons learnt from the Millennium Development Goals (MDGs) and the absence of women, men, girls and boys with disabilities in any of its goals, targets and indicators, is that unless disability is named explicitly as a crosscutting thematic issue in development, it remains invisible. In the majority of processes related to supporting development activities e.g. programme and project design, implementation and monitoring and evaluation, persons with disabilities and their representative organisations have been excluded.<sup>34</sup> The absence of disability in the MDGs meant that global measures which were in receipt of significant donor resources and were aimed at improving educational and employment outcomes, health and nutrition needs, rebalancing gender differentials and bettering the environment missed out on the opportunity to improve the lives of millions of women, men, girls and boys with disabilities.

### 2.4.2 Humanitarian actions

Similarly from the perspective of humanitarian responses and disaster risk reduction, persons with disabilities are often invisible and absent from disaster management strategies and overlooked by relief operations.<sup>35</sup> While research and evidence is only beginning to emerge in this area, a number of important points are worth highlighting:

- The level of humanitarian activities targeting women, men, girls and boys with disabilities in situations of humanitarian crises is low. One study found that out of 6003 humanitarian funded projects by many donors and nations, only 5.2% mentioned either persons with disabilities or older people (many of whom have disabilities) alongside other groups considered 'vulnerable' in situations of humanitarian crisis;<sup>36</sup>
- Persons with disabilities are affected disproportionately by disasters. They are impacted by: the loss of family who may have provided their main support, loss of assistive and mobility devices, and difficulties in accessing vital information;<sup>37</sup>
- Mortality rates can be higher for persons with disabilities in times of disasters and also the incidence of impairments can increase due to injury and mental health issues as a result of trauma;<sup>38</sup>
- Persons with disabilities are less prepared or not at all prepared for disasters. A UN International Strategy for Disaster Reduction (UNISDR) survey found that 70% of persons with disabilities said that they had no personal preparedness plan and only 17% knew about any disaster management plan in their community.<sup>39</sup>

## 2.5 Where we go from here: the need for improved data

As stated in the introduction to this chapter, much progress is being made on disability-inclusive data but key issues remain. Data and the absence of reliable disaggregated data on disability remain a key issue to de-



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signing, developing and implementing policies and programmes that are inclusive of women, men, girls and boys with disabilities. As outlined in section 2.4 with the experience of the MDGs – the absence of disaggregated data is not only a hindrance to developing and implementing development policies and programmes that are inclusive of persons with disabilities, but also to developing effective systems to monitor mainstream development programmes and the inclusion of persons with disabilities.<sup>40</sup>

The need for data on disability is not a new issue – governments, international organisations and disability organisations have for many years called for better quality data on women, men, girls and boys with disabili-

▲ Junion Zamor had his leg amputated because of injuries sustained during the earthquake in Haiti. He receives physiotherapy at the Seventh Day Hospital.

ities.<sup>41</sup> The post-2015 negotiations for a new development framework present an ideal opportunity to increase the pressure for better data on disability as it fits within the global call by international actors for a 'data revolution'. The data revolution is described as a new initiative to improve the quality of statistics and information available to citizens and to empower people to use data as a means of tracking progress on development goals.<sup>42</sup> This provides an opportunity to ensure first of all that better data is collected on women, men, girls and boys with disabilities and that persons with disabilities are empowered to use this data for holding governments to account on their commitments to disability-inclusive development.

In the meantime progress on the collection of data on disability continues. For ex-

ample, the World Report on Disability has increased the availability of basic data and has stimulated activity towards better collection of disaggregated data. Recent reports from the UN also highlight that considerable progress has been made on collecting disability data by organisations such as the Washington Group and UNICEF.<sup>43</sup>

However, it is important to point out that because development policy and practice is constantly changing, we cannot wait for perfect data to become available (see **Box 6**). While data is vitally important for planning, implementation and monitoring, its absence should not detract from the continued progress of governments and international actors on disability-inclusive development.

## 2.6 Conclusion

In conclusion, one billion of the world's population, persons with disabilities face barriers to participation and inclusion. These become more intensified for the women, men, girls and boys with disabilities who live in low-income, poor countries. The absence of disability from mainstream global development strategies and humanitarian frameworks until recently is itself an illustration of the marginal position of disability issues in most parts of the world. It reflects how governments, policymakers and lawmakers have traditionally relegated disability to the bottom of a long list of competing themes which they must address and the segregation and exclusion of persons with disabilities from mainstream population concerns. This has begun to change, positive progress

### Box 6: Factors which impact on data collection on disability

- Variance in definitions and classification of disability used by governments.<sup>44</sup>
- Omission of disability from census and other official methods for collecting data. This can particularly be the case in developing countries where there is lack of institutional capacity.<sup>45</sup>
- Narrow focus of collected data. Where data on the socio economic status of persons with disabilities does exist, it is usually limited to the context of a government's allocation of social protection or counting employment and unemployment and is not broken down further into other indicators of standards of living.



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◀ Alex, who has cerebral palsy, attends a regular school in Moshi, Tanzania. His family receives regular support visits by field workers of CCBRT, a CBR programme in Tanzania.

is being made and disability-inclusive development has gained momentum at an international level and among donors. However challenges remain. Improved data on women, men, girls and boys with disabilities is needed and not just from a quantitative perspective; data on qualitative aspects is also required, e.g. data which can document the key barriers preventing persons with disabilities accessing services such as water and sanitation, health clinics and social enterprise. Improved data collection can lead to better development outcomes for persons with disabilities and ensure that development and humanitarian goals and frameworks can account for how persons with disabilities are included.

### Key learning points

- Persons with disabilities until very recently remained on the margins of mainstream global development strategies and humanitarian frameworks.
- Exclusionary policies and barriers create a higher risk of poverty for women, men, girls and boys with disabilities and also cause harm to national economics and societies.
- Investing in inclusion brings positive gains to persons with disabilities, their families and to society.
- Disability is an important crosscutting thematic issue for all development and humanitarian activities.
- Quality data on women, men, girls and boys with disabilities will lead to better development outcomes.

## Chapter 3

# Promoting and Protecting Human Rights of Persons with Disabilities in Development and Humanitarian Activities



Human development is essential for realising human rights and human rights are essential for full human development.”

UNDP, Human Development Report (2000)

## 3.1 Introduction

Chapter 3 explores the close link between development and human rights of persons with disabilities. Firstly, it gives a brief introduction to human rights violations that persons with disabilities encounter. Secondly, it discusses the CRPD and the paradigm shift it has created on how persons with disabilities should be treated. Thirdly it highlights how the CRPD, through the specific inclusion of an obligation to make international development programmes accessible to and inclusive of persons with disabilities, can strengthen and complement mainstream development and humanitarian actions.<sup>46</sup> Finally, it discusses how the agency of persons with disabilities is important for developing effective international development and humanitarian actions.

## 3.2 Human rights, development and persons with disabilities

### 3.2.1 Human rights and development

For many decades, development and human rights have been viewed through separate lenses and often there has been tension between them.<sup>47</sup> Some of the factors contributing to these tensions are how the law can fail to take into account the social and cultural causes of underdevelopment, and how development can fail to take into account its impact on individuals and their communities. More recently, there is a growing recognition



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that respecting and protecting human rights is core to developing sustainable futures. Human rights are seen as adding value to the development agenda by creating accountability, shifting focus to those most marginalised and directing attention towards the need for information and the creation of a political voice for all people.<sup>48</sup> Equally development is seen as an asset to human rights as it can create opportunities for realising human rights.<sup>49</sup>

### 3.2.2 Human rights and disability

The emergence of disability from a rights perspective is not surprising given the fact that the UN frequently describes persons with disabilities as the 'world's largest minority'.<sup>50</sup> Factors contributing to this minority status, as discussed in chapter 2, include the fact that over 80% of persons with disabilities live in low-income countries, are at high risk of poverty and at risk of discrimination and human rights violations. Human rights

▲ Theatre group performing in Lomé, Togo, prior to a side event of the launch of the World Report on Disability.

and disability rights organisations have highlighted significant human rights abuses of women, men, girls and boys with disabilities<sup>51</sup>. Other rights violations include the lack of accessibility to public buildings and transport, and while these issues may be perceived as a lesser human rights violation than deprivation of liberty, nonetheless it still impacts negatively on the rights of persons with disabilities to actively participate in their community.<sup>52</sup>

▼ Side conversations between a representative of the Togolese national DPO, and the director of a development organisation, during the launch of the World Report on Disability in Togo.

One of the biggest challenges the rights-based approach to disability faces is the change in mindset it needs to bring about. Until the adoption of the CRPD, governments had traditionally viewed disability as purely a welfare matter, based on limited needs and where compensation is made

for persons with disabilities exclusion from mainstream society. This further contributes to the segregation of persons with disabilities from mainstream society which in turn provides no incentive for mainstream structures to become inclusive of disability.<sup>53</sup> The legacy of this approach is relevant to both high and low-income countries. As high and low-income countries make progress on implementing human rights for persons with disabilities as set out in the CRPD, many challenges remain, for example, how to budget for inclusion and how to increase the participation of persons with disabilities in education and employment.

### 3.3 The Convention on the Rights of Persons with Disabilities: a new paradigm

The CRPD adopted by the United Nations is the single most important development to take place in the area of disability. Its adoption by the UN in 2006 reflected the shift in thinking on disability that was emerging at both national and international level. Its purpose 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 dignity”.<sup>54</sup> It is the first comprehensive human rights treaty of the 21<sup>st</sup> century and is the first human rights convention to be open for signature by regional organisations and the only treaty to have been ratified by a regional organisation – the European Union.



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### Box 7: Some examples of the spectrum of rights in the CRPD

Civil and political rights	Social, economic and cultural rights
<b>Article 10:</b> The right to life	<b>Article 19:</b> Living independently and being included in the community
<b>Article 11:</b> Protection in situations of risk and humanitarian emergencies	<b>Article 24:</b> Education
<b>Article 12:</b> Equal recognition before the law	<b>Article 25:</b> Health
<b>Article 14:</b> Liberty and security of the person	<b>Article 26:</b> Habilitation and rehabilitation
<b>Article 15:</b> Freedom from torture, or cruel, inhuman or degrading treatment or punishment	<b>Article 27:</b> Work and employment
<b>Article 29:</b> Participation in political and public life	<b>Article 28:</b> Adequate standard of living and social protection
	<b>Article 30:</b> Participation in culture, recreation, leisure and sport

The CRPD is intended as a human rights instrument with an explicit, social development dimension, thereby bridging the traditional separation of human rights and development. One of its primary objectives is to address the invisibility of persons with disabilities in existing human rights treaties by clarifying and qualifying how all categories of rights apply to persons with disabilities. It also identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

The CRPD combines civil and political rights as well as economic, social and cultural rights under an overarching theory of non-discrimination and equality of opportunity. What this means in practice is that once ratified by a government, all women, men, girls

and boys with disabilities should be able to access their civil and political and social, economic and cultural rights on an equal basis with others. **Box 7** highlights the spectrum of human rights that the CRPD covers.

Governments who have ratified the CRPD are expected to take immediate steps to implement the civil and political rights of persons with disabilities. On the other hand, the rights, which were included to address the barriers, faced by persons with disabilities in social, economic and cultural spheres of life can be progressively realised. Conversely progressive realisation does not give governments a reason to avoid their obligations by using lack of budget as a reason for avoiding implementing positive measures.

Regardless of whether the CRPD has been signed or ratified by a country, women, men, girls and boys with disabilities are an

## Box 8: Why disability rights should matter to governments and international development<sup>55</sup>

- The rights of persons with disabilities must be promoted and respected for the same reason all peoples' rights should be: because of the inherent and equal dignity and worth of each human being.
- Persons with disabilities in most countries throughout the world have difficulty attending school, getting a job, voting and obtaining healthcare.
- Marginalising persons with disabilities and encouraging them to remain dependent is costly, both for their families and for the general public.
- Empowering persons with disabilities to live independently and contribute to society is socially and economically beneficial.
- Everyone is likely to experience disability at some point during his or her lifetime because of illness, accident or ageing.
- Persons with disabilities are voters, taxpayers and citizens like everyone else. They expect inclusion and are fully entitled to it.

important part of the population of every country and their rights must be promoted and respected. **Box 8** gives a number of economic, social, cultural and political reasons why disability rights should matter to governments.

### 3.4 The CRPD, development and humanitarian actions

Both development and humanitarian activities are included in the CRPD. Article 11 on situations of risk, and humanitarian emergencies and Article 32 on international cooperation obligate governments to ensure that women, men, girls and boys with disabilities are included in international development programmes and humanitarian responses in times of natural disaster and conflict.<sup>56</sup>

#### 3.4.1 Situations of risk, and humanitarian emergencies

From the perspective of humanitarian action, what Article 11 means in practice is that steps must be taken to ensure that persons with disabilities are included in protection and safety protocols; and that humanitarian aid relief is distributed in an accessible and inclusive way to persons with disabilities caught in a humanitarian emergency. In particular it requires that measures are taken to ensure that sanitation and latrine facilities in emergency shelters and refugee camps are available and accessible by persons with disabilities.<sup>57</sup> Article 11 is a powerful tool to ensure that women, men, girls and boys with disabilities are included in all aspects of humanitarian response and displacement, from recovery to rebuilding and resettlement.



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◀ Gilbert, a CBM co-worker, talks to 13 year old Florin, whose house was completely destroyed by typhoon Haiyan in November 2013.

### 3.4.2 International cooperation

From the perspective of development, the purpose and scope of Article 32 is wide-ranging and covers a number of actors, such as international and regional organisations (e.g. the UN and EU), national governments and their bilateral development agencies. It also specifically recognises the role of civil society and, in particular, organisations of persons with disabilities. What Article 32 effectively means is that international development programmes funded by governments need to be inclusive of and accessible to persons with disabilities. This requirement asks governments and the different actors it engages with to re-think how they carry out their business of development from the perspective of including women, men, girls and boys with disabilities. This means that all de-

velopment activities, whether focused on building infrastructure, providing capacity building to government ministries or delivery of programmes such as health and education, should be inclusive of and accessible to persons with disabilities.

Article 32 presents an opportunity for international development to transform the lives of persons with disabilities living in low-income countries. Some examples of measures Article 32 expects governments to take include:<sup>58</sup>

1. Measures to ensure that their international cooperation is accessible and inclusive of people with disabilities.
2. Measures to guarantee that donor funds are properly used by recipient states in reaching persons with disabilities.

3. Provide details on programmes and projects which specifically target persons with disabilities and the percentage of the total budget allocated to them.
4. Highlight the degree of participation of persons with disabilities in the design, development and evaluation of programmes and projects.
5. Show the extent to which mainstreamed action towards persons with disabilities in the general programmes and projects developed.
6. Highlight steps taken towards facilitating and supporting capacity-building, including the exchange and sharing of informa-

► Sajub (right), who is deaf, with two CBR workers in front of his cycle repair shop in Assam, India.

tion, experiences, training programmes and best practices.

7. Highlight the linkages between disability and global development frameworks such as the MDGs.

Many countries have made progress towards disability inclusive development, both in their international cooperation and in their national laws and policies. Box 9 gives details on the progress made.

### Box 9: Examples of progress made by countries on disability-inclusive development<sup>59</sup>

1. Austria has released a manual that provides clear guidelines for including persons with disabilities throughout the project management cycle.
2. Italy has included disability as a priority issue in its development cooperation action plan for the period 2014–2016.
3. Denmark has reported persons with disabilities as a target group in its humanitarian action framework.
4. Sweden has included persons with disabilities as one of its five main target groups for aid.
5. Spain has incorporated a specific indicator for disability in its international development cooperation framework for monitoring future cooperation programmes.
6. Finland increased funding for its international cooperation and development programme by €3 million for development projects that target disabilities.
7. Colombia has formulated a national implementation strategy and guidelines for CBR.
8. The Philippines has formulated a National Plan of Action 2013–2022 to implement the Incheon strategy which is the Asian-Pacific regional framework for disability rights.
9. Kenya has increased funding for community and family-based care and rehabilitation for persons with disabilities.
10. Indonesia has improved accessibility for persons with disabilities in public buildings and facilities, including for its parliamentary elections.<sup>60</sup>



▼ Two actors discussing a sketch prior to a side event of the launch of the World Report on Disability in Lomé, Togo.

While the obligations of Articles 32 and 11 focus primarily on governments, by virtue of the fact that many international NGOs receive government support, it can be argued that they too are obligated to ensure their international development programmes are accessible and inclusive. Regardless of whether it is a legal obligation, the inclusion of women, men, girls and boys with disabilities in mainstream international development and humanitarian programmes makes sense as it helps NGOs and civil society organisa-

tions focused on development and humanitarian work to achieve their objectives of working with the world's poorest. It also helps achieve global development goals such as the MDGs.

### 3.5 Persons with disabilities as agents of change

One of the most important principles that has emerged from the CRPD is that persons with disabilities and their representative organisations are now required to be consulted in all matters that affect their lives. The emphasis on consultation resulted from the fact that the process that led to the adoption of the CRPD was widely recognised as being inclusive of persons with disabilities and their representative organisations. The motto of the international disability community 'Nothing About Us – Without Us' is mirrored throughout the CRPD and gives a strong emphasis on the requirements to include persons with disabilities in processes that develop, implement and monitor measures for including persons with disabilities. Article 4(3) of the CRPD requires that governments closely consult with and actively involve persons with disabilities and their representative organisations in the development of policies to implement the convention and also in other decision-making processes concerning persons with disabilities.<sup>61</sup> As an example, **Box 10** shows how the Australian government consulted with persons with disabilities to develop a strategy for including persons with disabilities in its international cooperation.



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◀ Shilpa using a ramp to access her classroom. Fortunately for her, ramps are one aspect of school accessibility that schools in Kasaba, state of Karnataka, India, have in place.

### Box 10: Australian government's consultation on a disability and development strategy<sup>62</sup>

In November 2008 the Australian Government launched its strategy 'Development for All: Towards a disability-inclusive Australian aid program 2009 – 2014'. The strategy marks a significant change in the way Australia's aid is designed and delivered. 'Development for All' is about improving the reach and effectiveness of development assistance by ensuring that persons with disabilities are included, contribute and benefit equally from development efforts.

In preparing the strategy, the Australian Agency for International Development (AusAID), conducted consultations in most of the developing countries where AusAID works, involving persons with

disabilities, their families and caregivers, government representatives, nongovernmental organisations, and service providers. Almost 500 written submissions were received in the process.

During the consultation overseas-based AusAID staff – often with little experience of relating to persons with disabilities – were supported to engage with local disabled people's organisations. The direct involvement of staff was an important step in commencing the process of building institutional understanding of the importance of disability-inclusive development. Many came away better informed about disability issues and more confident about spending time with persons with disabilities.

### 3.6 Conclusion

Persons with disabilities have encountered many human rights abuses resulting in their exclusion and isolation from mainstream society. Since the adoption of the CRPD, women, men, girls and boys with disabilities are no longer seen as objects in need of care, but rather, subjects with human rights entitled to participate with others on an equal basis in all areas of life. The CRPD creates obligations for governments, rich and poor,

to ensure that persons with disabilities benefit from development outcomes. It also ensures that during times of risk and insecurity all persons with disabilities are provided with protection, rescue and shelter. In order for progress to be made on the achievements made so far in disability-inclusive development, collaboration by all actors in development – governments, civil society and persons with disabilities – is required.

#### Key learning points

- One of the CRPD's primary objectives is to address the invisibility of persons with disabilities in existing human rights treaties by clarifying and qualifying how all categories of rights apply to persons with disabilities.
- Both development and humanitarian activities are covered by the CRPD.
- Humanitarian actions must ensure that women, men, girls and boys with disabilities are included in protection and safety protocols; and that humanitarian aid relief is distributed in an accessible way to persons with disabilities caught in humanitarian emergencies.
- International development funded by governments needs to be inclusive and accessible to all persons with disabilities.
- Civil society organisations have a key role to play in creating accessible and disability-inclusive programmes.
- Persons with disabilities must be consulted in humanitarian and development programming and planning.

## Chapter 4

# Implementing Disability-Inclusive Development: Barriers and Solutions

Inclusive and accessible international cooperation is relevant for persons with disabilities in order to address the marginalization of persons with disabilities in society generally and in international cooperation more specifically: overcoming barriers, particularly social ones, is only possible if there is a proactive effort to include persons with disabilities.”

Office of the High Commissioner for Human Rights (2011)



## 4.1 Introduction

Chapter 4 sets out some of the key barriers that women, men, girls and boys with disabilities face in a development and humanitarian context and suggests a number of key principles to overcome them.

As discussed in chapter 3, development and humanitarian action which uphold the human rights of women, men, girls and boys with disabilities involves programmes and policies that:

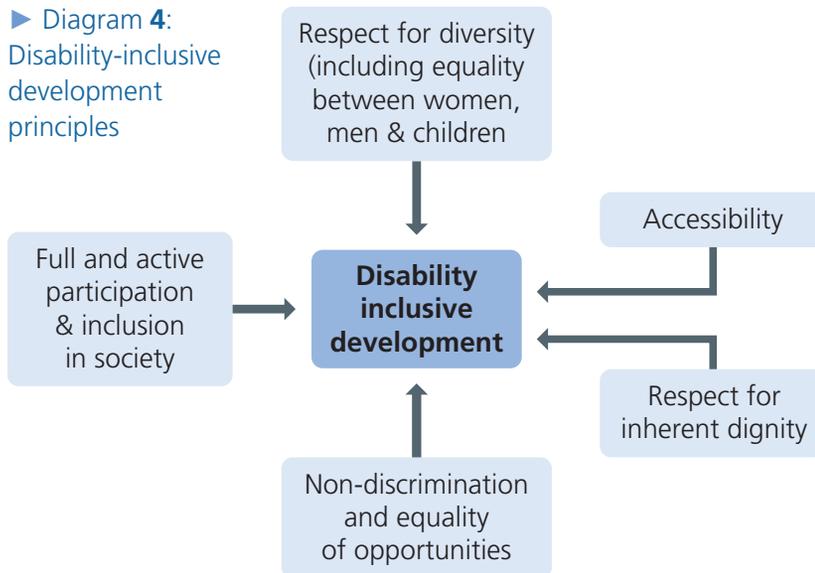
- Respect and protect the human rights of persons with disabilities;
- Make provisions and adaptations to ensure that women, men, girls and boys with disabilities benefit from development and humanitarian outcomes; and
- Ensure active participation and agency of all persons with disabilities in all aspects of development and humanitarian actions.

Informed by a combination of the CRPD principles and also best practice from the field of development and humanitarian activities, the principles presented in this chapter are designed to provide helpful signposts to ensure that development and humanitarian action promote and protect the human rights of all persons with disabilities. The principles are:

- Accessibility;
- Respect for inherent dignity;
- Non-discrimination and equality of opportunities;
- Full and active participation and inclusion in society; and
- Respect for diversity (including equality between women, men, girls and boys with disabilities).

Diagram ▶ 4 visualises these principles.

▶ Diagram 4:  
Disability-inclusive  
development  
principles



## 4.2 Accessibility

### 4.2.1 Key issues and barriers

Accessibility is a core principle of disability-inclusive development and it is a prerequisite for full inclusion in society and equal opportunities of women, men, girls and boys with disabilities (see **Box 11**).<sup>63</sup> Accessibility is not only relevant to development activities, it is also a vital part of emergency and humanitarian planning and response. Very often, persons with disabilities find themselves at increased risk at times of natural disaster and in times of conflict and in many situations find themselves unable to access temporary emergency shelters, water and sanitation or food.<sup>64</sup> Therefore it is incumbent upon all

governments, international development agencies and other stakeholders who work in both development and humanitarian sectors to ensure that women, men, girls and boys with disabilities are able to access programmes they implement. See **Box 11** for the different dimensions of accessibility.

A number of factors contribute in the creation of inaccessible structures and systems across development and humanitarian activities, these include

- Lack of awareness on behalf of architects, planners and developers of the need for access;
- Minimal enforcement of penalties and sanctions for building inaccessible structures;
- Misperceptions that it costs more to provide access and perceptions, that it requires very technical, specialised help; and
- A narrow view point on what exactly access and accessibility means and how it can be implemented in practice.<sup>65</sup>

#### **4.2.2 How accessibility can help disability-inclusive development**

Accessibility must be considered as an investment in infrastructures and practices that benefits all and contributes to inclusive, sustainable and equitable development.<sup>66</sup> International development and particularly its remit of supporting the development of large-scale (and small-scale) infrastructures and building of systems such as health and education provides a real opportunity to ensure accessibility for persons with disabilities from the outset.

### **Box 11: Accessibility for persons with disabilities**

#### **What does accessibility mean?**<sup>67</sup>

Traditionally, the term accessibility has been understood by many to refer solely to the built environment. However, accessibility and its practice have evolved and it is now recognised as encompassing the physical environment, transportation, information and communication for all persons with disabilities. It also recognises that the attitudes held by providers of goods and services impact on the extent to which persons with disabilities are able to access service.

#### **Dimensions of accessibility**<sup>68</sup>

- **Environment**

Buildings, external infrastructure (such as roads and footpaths); while often seen as an issue for persons with physical impairments, environmental accessibility enhances the inclusion of people with all forms of impairment, and the general population.

- **Information & communication**

Including sign language interpretation, printed materials, signage, websites and technology; the more accessible and diverse the communication, the more people will be able to use it and benefit from it.

- **Attitudes and behaviour**

At present one of the main elements of exclusion. Current practice still too often includes pity, hostility, fear and being patronising, with negative messages being reinforced by arts and media images and representation.

- **Systems**

Such as education, local government, the legal system, health and politics, any or all of which can control the opportunity for persons with disabilities to participate in society.

► Accessible shelter built after the 2010 earthquake in Haiti.



© CBM

## Box 12: Universal design<sup>69</sup>

‘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 specialised design. ‘Universal design’ does not exclude assistive devices for particular groups of persons with disabilities where this is needed.<sup>70</sup>

### **Principle 1: Equitable use**

Design that is useful and marketable to persons with diverse abilities.

### **Principle 2: Flexibility in use**

Design that accommodates a wide range of individual preferences and abilities.

### **Principle 3: Simple and intuitive use**

Design that is easy to understand, regardless of the user’s experience, knowledge, language skills, or concentration level.

### **Principle 4: Perceptible information**

Design that communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.

### **Principle 5: Tolerance for error**

Design that minimises hazards and the adverse consequences of accidental or unintended actions.

### **Principle 6: Low physical effort**

Design that can be used efficiently and comfortably and with a minimum of fatigue.

### **Principle 7: Size and space for approach and use:**

Design that provides appropriate size and space for approach, reach, manipulation, and use regardless of the user’s body size, posture or mobility.

For many organisations and service providers considering accessibility for persons with disabilities can seem challenging. Concepts such as universal design (see **Box 12**) and disability proofing/auditing (see **Box 13**) are key components in ensuring the inclusion of women, men, girls and boys with disabilities in society.

**Guidelines on accessibility** can also provide helpful steps that can be taken to ensure development opportunities that are accessible to all.<sup>71</sup> In January 2013, for example, the Australian Agency for International Development (AusAID) on behalf of the Australian government launched the 'Accessibility Design Guide: Universal Design Principles for Australia's aid program'. The Design Guide provides practical information about how barriers to the built environment, such as to schools, health clinics and courthouses, can be minimised to improve access for persons with disabilities. Improved accessibility also benefits elderly people, pregnant women, children and people with a temporary illness or injury. By minimising barriers to the built environment, the aid programme enables people to participate more fully in social and economic life.

**The case study from Pakistan** describes how a health programme in the Charsadda District of Pakistan took steps to make its health clinic and services accessible to persons with disabilities. It also highlights the importance of informing persons with disabilities that they can access healthcare. It shows how training of medical staff and outreach to persons with disabilities is an important part of creating accessible services.

**The case study from the Philippines** describes how an aspect of emergency response and the reconstruction afterwards can be made accessible to persons with disabilities.

### **Box 13: Disability proofing/auditing**

Disability proofing/auditing is a cost-efficient way of appraising programmes, projects, activities, communications, premises and services – present and planned – to make sure that they don't exclude persons with disabilities or put them at a disadvantage. It involves applying a logical measure to all development activities and services in order to identify any barriers to access which may exist for persons with disabilities, and to find solutions to issues which arise. Disability proofing/auditing can also be used to assess the impact of existing or proposed programmes, services, policies and practices in relation to their consequences for the inclusion of persons with disabilities.

## Case study from Pakistan: “My healthcare needs are the same as other people’s. Health is for all.”



© CBM

▲ Women and children attending an awareness raising meeting with health workers in Pakistan.

All over the world women, men, girls and boys with disabilities experience poorer levels of health than the general population. This is often intensified in countries where access to healthcare systems is a problem for everyone. After a devastating monsoon hit the Charsadda District of north-west Pakistan in 2010, affecting over 20 million people and damaging or destroying 1.8 million homes, CBM seized the opportunity to address the obstacles faced by local persons with disabilities in accessing healthcare. The reconstruction of badly damaged healthcare infrastructure gave CBM and its partner CHEF International the oppor-

tunity to launch a project to ensure the inclusion of persons with disabilities in the rebuilt healthcare system.

### Persons with disabilities must receive the same levels of healthcare as other members of the public

According to Mr. Jehangeer, who is blind, the CBM and CHEF project has enabled him to achieve his right to access healthcare just like other citizens. **“Previously I was a neglected part of society, but now I find my feet, and raise my voice in solidarity with my other brothers. I can now train my other colleagues for the same things”**, he says. With regard to accessing healthcare, he asserts, **“My healthcare needs are the same as other people’s. Health is for all”**.

### Creating accessible and inclusive healthcare

It is not always easy to access healthcare. For example, lack of access to transport or personal assistance can prevent persons with disabilities accessing health services. Mr. Yaqoob commented, **“I am a blind person. How can I travel without any assistance to a health centre? My whole family – five brothers and sisters are blind”**. Physical access to infrastructure is also an important element in creating disability-inclusive health systems. Mr. Yaqoob, who is disabled by polio,

now finds it easier to attend the health centre. **“Previously there was no sitting area, since the renovation there is a new sitting area, and I can sit there to wait”**, he says. However, even with access it is sometimes not possible to attend health clinics and the health units deliver some health services to people with disabilities in their community and homes.

### Seeing the person, not the impairment

Along with access, tackling attitudes was key. The CBM/CHEF project trained primary healthcare personnel in disability rights and the early identification of impairments, as well as in mental health issues. The topic of mental health in particular generated a lot of interest. Other topics included community-based rehabilitation (CBR), disaster preparedness and accessibility. Mr. Yaqoob, is pleased that **“the doctors have been trained to understand how to work with persons with disabilities. After this project they have been educated how to treat a patient if they are disabled”**.

### Government needs to be involved

Medical Officer Shabab explains the different steps needed to achieve this: **“First we have to educate local government on the support needed for persons with disabilities in their everyday lives.**

**The right to quality of life should be the priority of the government. We need also to promote inclusion, so that persons with disabilities are mainstreamed in society”**. His colleague Dr. Ikram further comments, **“If we replicate this idea of accessibility in health units into more diverse areas, we will have more success. By including local government and decision-makers we can grow the number of accessible health units. We need to do this on a mass scale, so that all persons with disabilities can access healthcare”**.

### Key learning points

- Providing accessible health units is very important, but it is only the beginning. There also needs to be outreach to and education of persons with disabilities to encourage them to use the service. According to Sohail Ayaz Khan, CHEF International, **“Persons with disabilities did not think that they should try to access health services like everyone else. This project and its work have resulted in an increase of persons with disabilities wanting to use primary health services”**.
- Providing accessible primary care services means looking beyond just physical accessibility. It also means training staff about how to consult and work with persons with disabilities, and being flexible with the service.
- Government involvement is vital to scale up accessible health units.

## Case study from the Philippines: Accessible and inclusive emergency response saves lives.



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▲ A young lady with down syndrome is handing in her ticket voucher at a food and survival supplies distribution in Concepcion, Panay Island, Philippines, after typhoon Haiyan (left). Community Organiser Santy Villanueva, standing in front of the Aging and Disability Focal Point in Estancia, Philippines (right).

**S**uper Typhoon Haiyan – locally known as Yolanda – hit the Philippines in 2013. It has been described as the most powerful typhoon to hit the western Pacific in 2013, and possibly the deadliest and costliest typhoon in history. It caused widespread destruction and chaos, destroying people’s homes, schools and infrastructure. Persons with disabilities, their families and other vulnerable populations such as women, children and older people were in need of assistance with shelter and food.

### The immediate aftermath of Haiyan

Following the typhoon, despite the fact that the government prioritised the evacuation of persons with disabilities, there was serious concern over a lack of transportation and difficulties in accessing

emergency clinics and healthcare in Tacloban and the surrounding area. Stories from persons with disabilities emerged about how the distance between their home and the evacuation centre was difficult and that without the assistance of others, they would not have made it.<sup>72</sup> One week after Haiyan a seasoned emergency surgeon, when asked if any provisions were in place for persons with disability to access emergency medical services, responded, **“No, anyone with a disability who needs treatment will most likely have died by now”**. This is both a sobering and avoidable fact.<sup>73</sup>

In addition to emergency medical treatment, access to food and survival supplies was key to ensuring that persons with disabilities and their families could survive on a day-to-day basis. CBM

through its partners distributed food and survival supplies to 3,000 vulnerable families in the municipality of Concepcion, Panay Island. This reached approximately 18,000 people, ensuring that families were independent for a period of two to three weeks. More than 50% of these households were families with persons with disabilities, and all were identified as 'vulnerable' (including elderly people, women-headed households, and the poorest people in the municipality). The involvement of persons with disabilities in both the distribution of survival kits and in the planning and development of responses was a key feature of being able to respond to the disaster. So also was working with other international NGOs and local organisations, particularly those who worked with older people. Combining forces meant that, in the immediate aftermath, persons with disabilities and older people were able to access food, shelter and livelihood opportunities. They were also able to access where necessary specialist services, e.g. assistive devices such as wheelchairs, crutches, walkers, prostheses.

### **Working together to rebuild an accessible future**

Once the immediate needs after the typhoon were addressed, CBM and its partners started the recovery and recon-

struction initiatives, which included rebuilding schools and houses with an emphasis on ensuring strength, permanence and accessibility. One such example is the rebuilding of the Carles School, which was run by a partner of CBM, RBI (Resources for the Blind) and was destroyed by the typhoon. The school has recently been rebuilt and is ready to be furnished. The children (and their families) are excited about it. Most have a difficult journey just to get to school. They walk (or are carried) across rice fields, then, once they reach the road, travel on small motorbikes.

### **Key learning points**

- Accessibility for people with disabilities is a key factor both in the immediate aftermath of a disaster and in the reconstruction and rebuild.
- Persons with disabilities can be active contributors to the emergency response by using their local skills, knowledge and networks.
- Partnering with other mainstream NGOs and NGOs representing children and older people is important to scale up the emergency response.
- In the rebuild and reconstruction phase, persons with disabilities must be included in all stages, i.e. planning, design, implementation, monitoring and evaluation.



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◀ A chairlady of a self-help group in county Meru, Kenya, enjoying a warm moment with her granddaughter.

The inherent dignity of every person with a disability is impacted by a number of factors; two of them are discussed in this section.

Firstly, outdated laws and policies that do not respect persons with disabilities as rights holders; these create the following barriers:

- Lack of access to justice systems: lack of equal recognition before the law<sup>75</sup> causes difficulties in accessing the justice system. These barriers can be more intensified for women and girls with disabilities and also persons with intellectual and psycho-social disabilities;<sup>76</sup>
- Lack of legal capacity to make basic decisions about daily living activities such as where to live; and
- Ineligibility to participate in elections: being unable to vote or run as candidates in parliamentary, local and district elections. These barriers can be more intensified for persons with psycho-social disabilities and intellectual disabilities.<sup>77</sup>

## 4.3 Respect for inherent dignity

### 4.3.1 Key issues and barriers

Respect for the inherent dignity of women, men, girls and boys with disabilities is a crucial principle for disability-inclusive development. Both international human rights law and global development frameworks recognise that upholding an individual's right to dignity is key to achieving justice and equity and prosperity.<sup>74</sup>

Secondly, it is impacted by traditionally held views of persons with disabilities, which are a combination of charity and paternalism which create the following barriers:

- The perception that persons with disabilities are not able to participate in society: language and imagery used in both development and disability circles can conjure up images of helplessness, passivity and inability which are not helpful for creating a positive image of people with disabilities;<sup>78</sup>

- The perception of persons with disabilities as “objects” in need of services and supports, rather than as subjects and rights-holders with the capacity to contribute to development. This results in persons with disabilities being excluded from education and economic opportunities; and
- The perception that persons with disabilities are all the same: this results in persons with disabilities not being respected and treated on an individual basis but rather seen as a homogenous group. Therefore issues that are specific to women and girls with disabilities, or persons with psycho-social disabilities receive minimal or no attention.<sup>79</sup>

### 4.3.2 How respect for inherent dignity can help disability-inclusive development

Only when there is respect for inherent dignity can women, men, girls and boys with disabilities play active roles in their families, communities and even their own lives. Persons with disabilities want to be part of a thriving society, and equally they want society to respect their inherent dignity and choices in life. Disability-inclusive development presents opportunities and solutions to counter paternalistic, charitable attitudes toward disability and build a viewpoint that persons with disabilities should be free and enabled to make their own decisions and strategic choices about their lives.

Creating an atmosphere of respect for persons with disabilities, which enables them to participate on an equal basis with others in their community, and reduces stigma and

discrimination can be achieved through a number of different ways:

- Firstly using positive imagery that portrays women, men, girls and boys with disabilities as active members of society can be helpful in breaking down negative perceptions;
- Secondly offering disability awareness training is key to creating an understanding of how society can remove barriers for persons with disabilities. Implementing measures to train and educate front-line staff on how to communicate and respect persons with disabilities, hopes and desires are key to enabling participation; and
- Thirdly, and most important in terms of developing respect and dignity, is disability rights training and self-empowerment of persons with disabilities by persons with disabilities to know and exercise their rights themselves.

**The case study from Ghana** on the Sandema Self-Help Group (see page 52) highlights how a programme, which was originally focused on meeting the medical needs of people with psycho-social disabilities, formed self-help groups and created a network for advocacy and change. Membership of these groups has brought significant change to the lives of people with psycho-social disabilities living in Ghana. The inclusion example in **Box 14** (see page 55) gives an example of how CBM Kenya implemented an awareness campaign about children with disabilities by engaging a local popular music group to sing about the stereotypes that children with disabilities face.

## Case study from Ghana: “I feel empowered to report people who violate my rights”.

▼ Timothy is an active member of the local mental-health self-help group and runs a trading business, which enables him to feed his family and educate his children.

Persons with psycho-social disabilities living in northern Ghana experience less stigma and are more aware of their rights thanks to their participation in self-help groups formed with the help of Presbyterian Community Based Rehabilitation (CBR), CBM’s partner in Sandema.

### How the self-help groups started in Ghana

The Sandema self-help groups were set up after Maxwell Akandeme, CBR coordinator, attended the first forum on mental health in Uganda. He comments, “There were presentations on self-help

groups in Uganda and I saw it to be a good model that can bring persons with disabilities together to share their problems and give each other support, and also to be able to come together to advocate for their rights”.

The Sandema CBR project team started by building awareness in clinics run by the Ghana Health Service. They talked to people with psycho-social disabilities about the idea of a self-help group in which they could come together to share their experiences and problems, discuss their experiences with medication and services, and learn about their rights. Initially, there was some resistance from family members who did not want their relatives to be identified as having a psycho-social disability. Only ten people attended the initial launch, but today there are 23 self-help groups in Ghana’s Upper East Region, each with up to 100 members. The groups, which meet monthly, engage in a range of activities aimed at self-empowerment, changing community attitudes towards people with psycho-social disabilities and increasing their entrepreneurial capacity to generate an income.

### Improving quality of life, planning for the future

The self-help groups help members to improve their quality of life. The opportunity to share experiences, have better access to medication and work



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◀ Members of a mental-health self-help group in Ghana, sharing their experiences.

together on building savings and loans, means that many members feel they can look forward to brighter futures. For example:

- Akanbasetey Atampoi says that **“along with my improved mental health I have been more productive with work, rearing animals and crops. This has allowed me to pay for educational opportunities for my children”**.
- Akanyiilidi Adaayueba also says that his health has improved since joining the group. He is now able to generate his

own income, whereas before the negative stigma attached to people with psycho-social disabilities prevented him from working.

- Abegba Amegdibey says that the group has helped her plan for her family’s future. **“My immediate goals are to be able to care for and provide an education for my children so that they can get the best education possible. In the future I hope that this investment in my children’s education will allow them to care for me when I get old. In the near**



future I hope to gain enough profit to purchase a bicycle to help me be more mobile within my community”, she says.

### Fighting stigma, learning about solidarity and empowerment

Members of self-help groups get great support by joining with people experiencing the same condition as them. Relationships are close. **“When the group started it was made up of strangers but**

**now I see it as one family”**, reports a group member. Stigma and prejudice faced by persons with psycho-social disabilities in northern Ghana has also reduced. According to a group member **“people are no longer called ‘mad people’ because of the awareness of persons with disabilities that the group has successfully spread”**. Self-help group members say that the group has enabled them to gain basic knowledge about their rights, and the importance of exercising them. They now know that they have the right to work and participate in decision-making in their household. Their voices can no longer be silenced due to their disability. A woman comments on the importance of being empowered: **“Now I feel empowered to report people who violate my rights. I am able to live with a heightened sense of dignity”**.

In the future the group members hope to work with radio stations and other media to continue sharing positive images of persons with psycho-social disabilities. They also intend to partner with other local organisations to keep spreading the word.

### Key learning points

- The advocacy efforts of Ghanaian self-help groups have resulted in impressive gains.
- Local DPOs have incorporated persons with psycho-social disabilities into their umbrella organisation.
- Persons with psycho-social disabilities are now able to avail of enterprise and livelihood programmes and participate in their local business community.
- Mental health has been incorporated in government hospitals and mental health services established at primary health care levels.
- The Ghana Health Service and the National Health Insurance Scheme have begun to provide psychotropic drugs free to those who need them.
- District councils have allocated poverty reduction strategy funds to mental health service users as a vulnerable group for the first time.

## Box 14: Inclusion example 1: Awareness raising campaign<sup>80</sup>

### Twende Kazi Campaign: Towards a barrier free and more inclusive society for children with disabilities in KEYNA

The Twende Kazi Campaign theme song was composed and produced by Robert Kamanzi, a popular Kenyan music popularly known as RKay, and performed by a number of leading Kenyan musicians affected by or passionate about disability issues. Twende Kazi' is a call to action because everyone has a role to play in creating a barrier free and more inclusive society for children with disabilities. The song and video portray children with disabilities in a positive and vibrant light and gets the message across that with a change in attitude and support, children with disabilities can be whoever they aspire to be. The song can be found here: <http://kenya.cbm.org/Twende-Kazi-369999.php>



**TWENDE KAZI**  
TRANSFORMING KENYA FOR CHILDREN WITH DISABILITIES

#### Key learning points

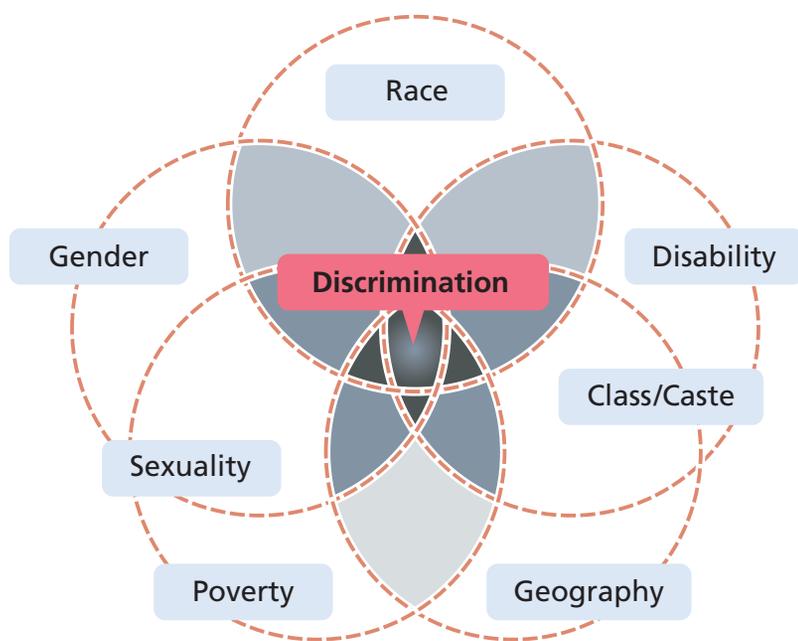
Awareness campaigns can bring positive change in attitude.

## 4.4 Non-discrimination and equality of opportunity

### 4.4.1 Key issues and barriers

Discrimination against persons with disabilities can come in many forms, for example direct and indirect discrimination, it can be individual, institutional and structural. There are two main forms of discrimination experienced by persons with disabilities:

- Direct discrimination occurs when persons with disabilities are treated less favourably due to the fact they have a disability;
- Indirect discrimination occurs when a policy or practice which seems to apply equally to everyone, results in persons with disabilities being put at an unfair disadvantage, e.g. making the ability to drive a car as part of job requirement even though it is not essential to the job.



► **Diagram 5:** Intersecting identities and contexts

It is important to highlight however that discrimination is not always a deliberate act. It can be unintentional due to oversight or lack of awareness, but this can be equally damaging to the quality of life of persons with disabilities – for example, an overly protective teacher leaving children with disabilities out of playtime in school for fear they will be hurt, or women with disabilities not being invited to a community meeting on sexual health and reproductive health as the organisers feel it is not relevant to them. Discrimination experienced by women, men, girls and boys with disabilities is multi-faceted caused by a range of factors such as:

- The different social, economic, cultural and political circumstances they may live in;
- Institutional and structural policies; and

- The range of individual attributes/identities a person may have and how they can intersect to create discrimination.

See Diagram ► 5 for how these can intersect. A number of reports and studies have highlighted how different identifying characteristics such as gender and age have been found to contribute to incidences of discrimination experienced by persons with disabilities. For example, studies have shown how women with disabilities are adversely affected due to discrimination based on having dual identities of being a woman and having a disability, both of which are vulnerable to discrimination in the development context.<sup>81</sup>

#### 4.4.2 How non-discrimination and equality of opportunity can help disability-inclusive development

Non-discrimination and equality of opportunity are both sides of the same coin. At the national level, implementing non-discrimination laws, policies and practice across employment, provision of goods and services creates equal opportunities for persons with disabilities. This applies equally to international development activities. What non-discrimination and equality of opportunity mean in practice for development programmes is that all persons with disabilities must be able to access the programme that is being delivered, or the building or infrastructures that is being funded through development aid, on an equal basis with others.

The involvement of individual persons with disabilities in employment, or any other aspect of life, activity or process, will often

depend on the availability of reasonable accommodation.

**Box 15** introduces some of the key concepts in reasonable accommodation. The typical use of reasonable accommodation is within employment law. However it is also a useful concept for international development agencies to adopt as it helps focus on how mainstream systems can be adapted to accommodate and adjust for persons with

disabilities, for example, ensuring that schools built with development aid funding are equipped with the necessary resources to be inclusive of both girls and boys with disabilities.

For CBM, disability-inclusive development does not just involve delivering accessible and inclusive development programmes and projects. It also means taking measures to recruit, retain and develop professional staff.

### Box 15: Reasonable accommodation

Reasonable accommodation is defined as “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.”<sup>82</sup>

Some key concepts in the definition of reasonable accommodation include:

- **Necessary**

Reasonable accommodation is not about fulfilling the personal preferences or whims of persons with disabilities; it is about providing what is required to ensure that they can join in on an equal basis with others. For example, providing gluten-free meals is a reasonable accommodation for someone who is celiac.

- **Appropriate**

Reasonable accommodation is not about making changes just for their own sake; it is about doing what is needed to ensure that persons with disa-

bilities can participate on an equal basis with others. For example, if you renovate your premises putting in a ramp is a reasonable accommodation, whereas putting in new windows is not.

- **Modification and adjustments**

Reasonable accommodation is about making changes to what you are doing already. If an organisation has premises, services, programmes and activities which are fully accessible to persons with disabilities, and which they can use on a basis of equality with others, you may well not need to provide extra reasonable accommodations. That is undoubtedly the best option, and can result from disability inclusion.

- **Disproportionate or undue burden**

No-one has to provide reasonable accommodations which would bankrupt them. Big or wealthy organisations are expected to be able to provide more than small or poor ones. But most reasonable accommodations cost little or nothing and can be simply applied.

## Case study from the CBM international office: “Inclusion and participation of persons with disabilities can only be promoted if practised” – in conversation with disabled professionals working in disability-inclusive development

Persons with disabilities face many barriers in accessing employment opportunities, with discrimination, lack of access and negative attitudes limiting participation in the labour market. For CBM, disability-inclusive development does not just involve delivering accessible and inclusive development programmes and projects. It also means taking measures to recruit, retain and develop professional staff that can implement the projects and programmes. CBM’s International Advocacy and Alliances team who work at EU and UN level discuss in this case study how reasonable accommodation has enabled them to carry out their lobbying and advocacy work at both the

▼ Luisa Fenu making a presentation at the UN in Geneva on women and girls with disabilities.

European Parliament and the United Nations.

### Promoting disability-inclusive development needs inclusive policies and practices

Luisa Fenu, Policy Officer comments, “Inclusion and participation of persons with disabilities can only be promoted if practised. In order to do so, it is critical that inclusive policies and practices are first established in-house to be able to set the example. Employing competent persons with disabilities is crucial for this”.

Lars Bosselmann, Advocacy Manager, comments that it is much more than a moral imperative, if there is a demand for it, it needs to be done: “Diversity is very important for all development organisations because we talk about inclusion principles. It’s one thing talking about principles, but it also helps everyone to make our own systems and working practices more accessible and inclusive. You really only do that when there’s a need to. You don’t necessarily bring in things such as office accessibility or inclusive recruitment because there’s a moral imperative. There needs to be that demand. It’s important to make the situation where these things have to be done”.



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### What should development sector employers do?

For persons with disabilities wishing to work in the development sector, barriers can become more intensified due to the nature of development work and the fact that the majority of low and middle income countries where development takes place do not have an accessible infrastructure. However with creative thinking and a can do attitude, development sector employers can employ development professionals who are disabled.



### Develop awareness and identify the gaps

Diane Mulligan, Deputy Director comments: **“A good first step is to have a disability and inclusivity audit, looking at their physical environment, their recruitment processes, the human resources department... Get an audit done. Get a consultant to look at the gaps. Get a good report written up on the costs of what changes need to be made. You can start little by little but you can say that within five years we want to be a fully accessible organisation. So, in terms of tackling attitudes, one of the first things you do may be training staff, especially for those at the top of the organisation. In some countries there are grants avail-**

**able, for example, for personal assistance or reasonable accommodations in the workplace. It may seem overwhelming, but first tackle the attitude. Where there’s a will there’s a way”.**

### Judge people with disabilities like everyone else – on their abilities

Lars comments: **“The main message is to judge people on their abilities and not on what they may not be able to do. That applies to everyone. All the time we need to look at what people can bring in or add to a job. Once you feel that you’re getting this right and you have a person who matches well and meets your profile then you can see if it takes a little**

▲ Lars Bosselmann, CBM, during a visit to Togo, talking to the co-rapporteur of the ACP-EU report on the inclusion of persons with disabilities in developing countries.



extra effort to get technology in place that they may need, or make accessibility adaptations to the built environment that may be necessary.”

**Development organisations need to realise the added value persons with disabilities bring to a development organisation**

Luisa comments: “I believe that in many circumstances development organisa-

tions have no particular intention to exclude people with disabilities. Instead, there is a lack of understanding of the added value which persons with disabilities could bring, and a lack of awareness on disability being a development issue. In many work areas, including development, persons with disabilities may be seen as recipients of social benefits and unable to work. I believe that the education system has a role to play in ensuring persons with disabilities can access and acquire the same competencies as their peers. People with disabilities are also agents of change in their own account. We have the responsibility to support constructively a positive change in our system, by building our capacity, investing in our development, and sharing our experience”.

### Key learning points

- Judge persons with disabilities on what they can do and the value they can bring to employment.
- Creating an inclusive work environment with supports, such as assistive technology means that persons with disabilities can maximise their potential.
- Inclusive development needs professionals with disabilities.

They help to implement CBM’s overall objective of improving the quality of life of persons with disabilities. For example, in the recruitment process, CBM advertises jobs as inclusive for persons with disabilities. CBM also makes efforts to ensure that staff with disabilities receive the reasonable accommoda-

tions they need in order to do their jobs and to offer opportunities for professional career development. The case study from the CBM international office and inclusion example 2 (**Box 16**) show why persons with disabilities are important to include as part of the development workforce.

## Box 16: Inclusion example 2: Inclusive employment



The CBM South Asia Regional Office (SARO) based in India works with partners in Bangladesh, Nepal, India, and Sri Lanka. SARO believes in the core value of equal opportunity for all and advocates for equal opportunity for persons with disabilities in all their activities and with their partners and associates. CBM SARO made a conscious decision to recruit persons with disabilities in their office. These people are in senior leadership positions now, for example, country manager, senior manager in finance, legal and administration and leadership in inclusive development. CBM SARO has found

that one of the big differences in employing persons with disabilities is that it encourages and promotes inclusive development to partners and associates.

SARO highlights six steps they took to ensure inclusive employment practices are applied:

- 1. Inclusive employment policy:** human resources, finance and administration policies are prepared on the basis of providing an inclusive environment for persons with disabilities.
- 2. Inclusive job adverts:** these highlight that the office is actively seeking persons with disabilities.

▲ Sign language training for the staff at CBM's South Asia Regional Office in Bangalore, India.



**3. Changes to physical structure:**

measures included installing railings, anti-skid flooring, colour coding for better visual accessibility, accessibility working space and toilets and accessibility parking space.

**4. Access to accessible information**

**technology:** a number of different programmes to enable use of computers and information technology are available to staff who may require it. Other assistive devices include a Braille and Braille papers, hand magnifiers on

request and sound amplifier for using the telephone.

**5. Capacity building of staff:** inclusive development and accessibility training is conducted for all staff.

**6. Safety and protection measures:** additional precautions are taken for persons with disability by ensuring reliable transport arrangements from the airport, railway station, bus stop and ensuring their safe and accessible accommodation.

**Key learning points**

Inclusion of persons with disabilities in employment is important to demonstrate equality in action.

► Training for CBM staff and partners on how to carry out accessibility audits, Delhi, India.





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## 4.5 Full and active participation and inclusion in society

### 4.5.1 Key issues and barriers

The participation of women, men, girls and boys with disabilities in society must be recognised in the context of what value they can bring and how they can contribute to society's social and economic development and help with the eradication of poverty.

The current high levels of exclusion of persons with disabilities from social, political, economic and cultural spheres of life mean that employers, service providers and the public in general may at first be reluctant to believe that persons with disabilities can participate actively and make contributions to

their communities. When policy makers, planners and service providers do not consider the participation and inclusion of persons with disabilities, the costs incurred are two-fold. Firstly, from the perspective of persons with disabilities, their persistent exclusion from development has resulted in many of them being unaware of their right to participate, leading to apathy and blunted ambition. This internalised oppression often acts as a barrier to participation and in many cases is the toughest obstacle to overcome. This is further intensified for persons with disabilities who are living in poverty and have limited access to information about their rights. Secondly, losses are incurred from the perspective of the community, the economy and wider society (as discussed in chapter 2).

▲ Inclusive after-school activities in a school in Karnataka, India.

The case studies described earlier in this chapter have highlighted how measures can be taken to develop inclusive and accessible systems and structures that facilitate the participation of persons with disabilities in healthcare, emergencies and advocacy.

#### 4.5.2 How full and active participation can help achieve disability-inclusive development

Enabling the full and active participation of women, men, girls and boys with disabilities is recognised as a key element for developing sustainable societies. In addition from it being

the right thing to do from the perspective of human rights, inclusion also has financial benefits.<sup>83</sup> Supporting the participation of women, men, girls and boys with disabilities helps build confidence and advocacy skills. Once empowered, persons with disabilities can become powerful advocates for positive change at local, national and international levels. In addition, visibility in the public and civic life of a community can bring positive changes in attitudes. As persons with disabilities contribute to community meetings, national forums and consultations, awareness about the issues they face increases and stigmas and stereotypes about disability are reduced.

### Box 17: Inclusion example 3: Having a say in the future of development

As the post-2015 agenda is debated and planned, the inclusion of persons with disabilities in the process, and in the vision, is critical. According to Kirsty Thompson, CBM Australia's Director of Inclusive Development, **"it is critical that the CRPD and international cooperation are brought together now"**. And what better way to do that at grassroots level than to ensure that the voices, opinions and

aspirations of persons with disabilities are fully included in post-2015 consultations?

In Vietnam, a member of CBM's International Advocacy and Alliances team helped the local CBM to prepare for the consultations there. At one of the post-2015 meetings a diverse group of 27 people – young, old, women, men – with a range of impairments explained their aspirations and expectations for the future. What emerged was a prioritised list of themes – employment, education, social protection, healthcare – and some key concerns, including forced sterilisation, and the low level of local implementation of national disability policies. Joining other inclusive post-2015 consultation processes elsewhere in the world, expectations are high in Vietnam for a disability-inclusive future.

#### Key learning points

The voices of persons with disabilities should be included in national and international consultations.

Examples of inclusion highlighted in this section illustrate measures to support the voices of persons with disabilities in national and international consultation (**Box 17 and 18**); measures to target young children with

disabilities for education (**Box 19**, page 66); and measures to increase confidence among young women with disabilities through gaining skills to enable full and active participation (**Box 20**, page 67).

### Box 18: Inclusion example 4: Giving children with disabilities a voice

#### Inclusive Children's Parliaments in India

In Tamil Nadu, a state in South India, a programme of setting up Children's Parliaments has underlined the core themes of effective democracy – political will and innovative governance. The Tamil Nadu-Pondicherry State Parliament of Children won the Global UNICEF San Marino award for Best Children's Organisation for Child Rights Action in 2009.

The Inclusive Children's Parliament (ICP) is a joint venture by CBM and the Neighbourhood Community Network (NCN). It was initiated in South India and is gradually expanding throughout India and to other countries. To emphasise the inclusion of children with disabilities, a 'Child Ministers for Disability Concerns' project was also initiated in Kerala and Tamil Nadu states. The ICP aims to empower children with disabilities to take a leading role in their own development and that of their communities, while creating a strong base for their improved and meaningful participation at all levels of society. Father Edwin, Director of NCN, says, **"I believe that children need to get involved in civic issues. They always try to emulate adults, and I thought this would be a meaningful way to engage them"**.

Swarna Lakshmi is an ICP representative. She has a visual impairment and was selected as the fourth State Child Finance Minister when she was 12 years old. Swarna eventually became Prime Minister of Tamil Nadu-Pondicherry State Parliament of Children and led a State-level advocacy team. Among the team's achievements were flood relief supports to enable affected children to continue their education.

Swarna has also been hugely active in promoting the inclusion of children with disabilities. Aged 13, she made a big impact at the 57th Session of the UN Commission on Status of Women in New York in 2013. Later that year she also presented a paper on 'Inclusion through Children's Parliaments' at the 2<sup>nd</sup> Joint Asian Conference of the International Council for the Education of People with Visual Impairment and Deafblind International in India. Her work is inspiring similar initiatives throughout the East Asia and Pacific region.

#### Key learning points

Children with disabilities should be facilitated to have their voice heard.

### Box 19: Inclusion example 5: Mobilising potential: Education for children with disabilities in Cambodia

Interventions and access to financial support through loans are enabling the families of children with disabilities to create sustainable livelihoods in Cambodia.

For example, Phanny is a 10-year old girl who lives with her parents in Ang village in Kandal Province in the south-east of the country. Phanny's family are subsistence farmers and are among the poorest in the community.

When Phanny went to the Kien Khleang Physical Rehabilitation Center (KKPRC) of Veterans International Cambodia (VIC) she was diagnosed with cerebral palsy. The centre gave Phanny a treatment plan and orthotic devices to strengthen her muscles. However, the clinic team's monitoring visit registered no improvement. One of the main reasons for this was that Phanny's mother and the rest of her family had to work, so there was little time to assist Phanny with her treatment plan.

A neighbour explained that if the parents did not work, no-one in the family would have food.

VIC and CBM agreed to give Phanny's mother a small grant so that she could start to generate an income near to her house. This means that she can also take care of Phanny. As a result, Phanny is far more able and can now go to school in her community. Phanny's mother is now able to earn \$4–\$5 a day. Unlike many people with disabilities in Cambodia, Phanny no longer lives below the poverty line.

VIC, one of CBM's partners, works with 300 children with disabilities and their families because they believe children are a good starting point. Mr San from CBM comments, **"we should start with children, as it can provide a good result from treatment and also rehabilitation, it also enables them to go to school, that is the key element for their lives. Children need support for small costs, such as surgery, and it contributes to poverty reduction within the family"**.

#### Key learning points

Education and other supports for children with disabilities should start as early as possible.

## Box 20: Inclusion example 6: Building confidence and skills

Nigerian hairdresser Ada is intently focused on intricately braiding her latest wig. It's a lucrative business for a young woman who had difficulty imagining she could be an admired and valued member of her society after contracting polio when she was five years old.

Luckily, the aunt who raised Ada and her younger sister taught her a lot. **"I even went to secondary school",** says Ada, **"but I had to stop there. I don't have anybody to sponsor me to further my education, but I still have hopes that when I have enough money I will sponsor myself and go back".**

Ada is quick to take hold of every opportunity that comes her way. She

beams when she talks about CBM's partner project, the Advocacy for Women with Disability Initiative (AWWDI) and its positive impact on her life.

**"When I was invited to join this programme I was very shy. I didn't even want to go on the group camp but the leader told me that I should, that I hadn't seen anything yet. I went, and I saw different people, I met different people. I've learnt a lot. We still have a monthly conference, planning new things to do".**

Ada learnt hairdressing through the AWWDI training, and it's through the steady income that it provides that Ada hopes to fulfil her educational dreams.

### Key learning points

Confidence building is important for participating in society.

## 4.6 Respect for diversity, equality between women and men, respect for the rights of children

### 4.6.1 Key issues and barriers

The population of persons with disabilities represents the diversity that is found throughout all the world's people. Persons with disabilities are women, men, girls and boys, who live in different geographic locations and come from a range of different racial and ethnic backgrounds including indigenous people. Just as disability is an important

dimension in mainstream development, other forms of exclusions based on gender, age, being HIV/AIDS positive and ethnicity are important dimensions for disability-inclusive development (see **Box 21**, page 68). Just as development programmes which focus on thematic issues such as gender, HIV/AIDS and age need to include persons with disabilities, this is equally applicable to disability specific programmes: they need to ensure that they are representative of the diversity that exists within the disability community, for example persons with disabilities living with HIV/AIDS and belonging to different ethnic minorities.

However, it appears that the multiple identities of persons with disabilities are under-represented in both disability specific and mainstream development programmes. Reports and studies have shown how women and men, girls and boys with disabilities are left out of the majority of responses to development themes such as HIV/AIDS, gender-based violence, education and nutrition.<sup>84</sup> The commonly held misconception being that areas such as HIV/AIDS and gender based violence are not relevant to persons with disabilities. This is despite the

fact that a significant number of reports and studies highlight how each of these themes is vitally important for women, men, girls and boys with disabilities both in terms of development and protection of their rights.<sup>85</sup> Equally, reports and studies on projects from disability specific interventions highlight how projects have failed to include a gender, or an age perspective. For example, one report highlights how women with disabilities had less access to rehabilitation services due to their location in urban centres meaning that disabled women needed to travel long distances and leave behind their family and support networks.<sup>86</sup>

Current development practice involves a multiplicity of specifically targeted initiatives all following a similar pattern, but speaking to fragmented constituencies and concerns, e.g. persons with disabilities, persons with HIV/AIDS, women, men. In many cases, the fragmented constituencies means there is lack of awareness or consideration of the impact that having a particular identity may have. In some instances, it can also be seen that these different constituencies are in competition with each other for scarce resources particularly with respect to donor funds, with each making a particular or separate demand for resources. However, many of the root causes of disadvantage and inequality faced by these groups, including persons with disabilities, are the same and relate to the persistence of structural inequalities, the lack of voice and representation of marginalised groups and the violation of human rights. The recent

### **Box 21: Persons with disabilities are not all the same**

It is important to highlight that within the disability community itself the same inequalities that exist on the grounds of gender between able bodied women and men are equally applicable to women and men with disabilities. The same is also true for inequalities between younger and older persons with disabilities. In addition as in wider society there are also hierarchies and exclusion where people with impairments such as psycho-social disability, learning disability and deafblind children and adults have less representation and opportunities than their peers without disability.

growth of alliances across the development sector and the current negotiations for the post-2015 agenda and its focus on inequity demonstrates that there is a need to shift the mindset to find commonalities among all groups who experience discrimination and exclusion.

#### 4.6.2 How respect for diversity can help achieve disability-inclusive development

Diversity can bring richness to development, and it can also offer a multiplier effect. An appreciation of the multiple identities people with and without disability may have and their intersections, has the potential to promote greater synergy between disability organisations and mainstream development actors, through promoting mutually beneficial gains in knowledge and development outcomes. For example, a disability specific programme providing inclusive education opportunities for a child with disability can free the mother to take up employment opportunities in her local community and reduce their risk of poverty (see case study from Kenya). Equally, a mainstream gender-based violence programme or an HIV/AIDS programme reaching out to include women and men and young girls and boys with disabilities increases their protection from being subjected to violence and reduces their risk of acquiring secondary impairments from HIV/AIDS.

#### Case study from Kenya: A brighter future for women and men with disabilities and families of children with disabilities



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**M**eru is a thriving and agriculturally rich county at the base of Mount Kenya. Generally, it makes a major contribution to Kenya's national food basket. However, not all districts in the county are so fertile. Those which contain dry areas were affected by a serious drought in 2011. The Horn of Africa crisis, as it was known, affected 13 million people, creating a chronic livelihoods crisis by putting extreme pressure on food prices, livestock survival, and the availability of water and food.

▲ Members of a self-help group in county Meru, Kenya.

▼ Brighton Mwenda, member of a self-help group in county Meru, Kenya, cultivating his field.

In response to the crisis CBM, in partnership with SPARK, a local CBR programme, moved in to support the many persons with disabilities in the affected communities. During the emergency response period, CBM and SPARK facilitated persons with disabilities and the mothers of children with disabilities to come together to form self-help groups, so that they could create a sustainable life

for themselves and their communities. The self-help groups are still operating, long after the crisis is over. The members now engage in various activities at community level including farming, animal husbandry, poultry rearing, as well as advocacy and other initiatives. Currently, 1668 households in both districts have benefited from the project, 391 of which are persons with disabilities.



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The project supported both women and men with disabilities and mothers of children with disabilities, many of whom were the sole carer for their child. The stories below illustrate the range of participants: a mother of a child with a disability, a woman with a disability and also a young man with a disability who supports his mother. Each of these individuals is now responsible for their own income and for creating a sustainable future for themselves, their family and community.

**Alice Igoki: “Before my life was hard, but now my life is faring well”**

Families which include children or adults with disabilities are more at risk of poverty and marginalisation than the general population. Much of the caring rests with the mother of the family. This can impede her chances of earning a living.

Alice Igoki has a daughter with a disability. Alice chairs a self-help group which successfully transformed six acres of land into a farm that is now creating food security and also income for Alice and other members of the group.

**“Our previous life was very hard”,** says Alice, **“so when CBM and SPARK gave us the farm there was no time to waste”.** The self-help group worked together planting seeds and then was able to sell the produce. **“We’re very**

**busy, there is no time to rest and we are faring well. Now I do not need to take tea without sugar, now I can afford to buy one kilogram of sugar. I can also afford meat, liver and even Weetabix cereal for my child. Today I only need to pick grains from my store to sell and buy the diapers for my child. We do not have any more problems”.**

**Eunice Muriuki “I have gained strength and have seen things I did not expect”**

Women with disabilities too often face multiple discrimination on the grounds of gender and disability. Economic empowerment can help to enhance their status.

Eunice Muriuki chairs another self-help group. When she joined, Eunice says, she **“had a lot of problems. This home had things that disappeared after I lost my sight, and I felt like a burden”.**

The project helped Eunice to create a sustainable life for herself, giving her group goats, chickens, banana plants and water tanks. **“After I joined the group, I have gained strength and seen things I did not expect. Before, I didn’t have animals to help me to fetch water. Also, now vegetables are readily available in my garden”,** says Eunice. This has made her more independent and less reliant on others, thus increasing her status. Eunice has positive hopes for the



future. She comments, **“The self-help groups have enabled people to actively support themselves and they renew their hope for the future”**.

### **“I feel like any other man”**

Men with disabilities also fight prejudice and stigma. Brighton Mwenda is 21 years old and has cerebral palsy. For many years Mwenda constantly had to fight the prejudice that men with disabilities cannot support their families. However as a result of livelihood support provided by

SPARK, Mwenda is now a businessman. He crushes mortar for sale, and is also a farmer who employs two coffee pickers. In addition, Mwenda buys maize from the market and sells it at a profit to his neighbours. All this enables him to support his mother and brothers.

Miriam Kananu, Mwenda’s mother says, **“When he was younger, Mwenda could not even sit. Now he can work. He does even more work than me”**. She continues, **“Our lives have changed because of Mwenda’s help. Now we can eat eggs. When the goats produce milk we can make tea. Mwenda is also helping his brother go to college, while paying for his other brother’s school fees. I am proud of my son because he has helped me a lot”**.

Mwenda has plans of his own. He wants to buy land, build a house, get married and have three children. Surveying all he has achieved he says happily, **“I feel like any other man”**.

## **Key learning points**

- Men and women with disabilities are resilient. According to Caroline Mukami “giving a fish to people is good” but “teaching people how to fish is the most important. That is what we have realised in working with the self-help groups”.
- Support given by the project enabled mothers of children with disabilities to be empowered with relevant knowledge and information, and opportunities to build their capacity; self-help groups can be self-sustaining.
- Further training in disaster risk reduction strategies would help to boost the coping mechanisms of women and men and women with disabilities in any future crisis.
- Increased awareness and advocacy is needed to combat the negative effects of ongoing stigma from both a disability perspective and a gender perspective.



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◀ Using a loan from her local self-help group (SHG) in Mangala Hosuru, India, Shivamma has set up a little shop to help cover the costs associated with her daughter Saraswathi's learning disability.

## 4.7 Conclusion

Disability-inclusive development and human rights of women, men, girls and boys with disabilities are closely linked. Implementing programmes that are inclusive and respectful of the human rights of persons with disabilities require adaptations to ensure inclusion of all persons with disabilities. It also requires that persons with disabilities are included in all aspects of development and humanitarian actions. A number of key principles can help achieve this outcome, they are:

- Respect for inherent dignity;
- Non-discrimination and equality of opportunities;
- Full and active participation and inclusion in society; and
- Respect for diversity (including equality between women, men, girls and boys with disabilities).

## Key learning points

- Accessibility is a prerequisite for successful development and humanitarian outcomes for persons with disabilities.
- Respect for the inherent dignity of women, men, girls and boys with disabilities is essential for disability-inclusive development and inclusive humanitarian action.
- Non-discrimination and equality of opportunities are important to ensure persons with disabilities benefit from development and humanitarian actions on an equal basis with others.
- Full and active participation and inclusion of persons with disabilities should be the main goal of all development processes.
- Respect for diversity (including equality between women, men, girls and boys with disabilities) is important to ensure that all persons with disabilities maximise their potential.

# Chapter 5

## Conclusions



Persons with disabilities have a significant positive impact on society, and their contributions can be even greater if we remove barriers to their participation. With more than one billion persons with disabilities in our world today, this is more important than ever.”

**Ban Ki-moon,**  
Secretary-General of the  
United Nations (2012)

As stated at the outset of this publication, there are an estimated one billion persons with disabilities throughout the world. Many of them face significant challenges in creating a safe, secure and sustainable life for themselves and their families. However this is now changing. In addition to the legal obligations to include persons with disabilities in development activities, global development actors have also recognised that unless persons with disabilities are included, progress



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### Key messages

- Investing in inclusion brings positive gains to persons with disabilities, their families and to society overall.
- Disability is an important crosscutting thematic issue for all development and humanitarian activities.
- Women, men, girls and boys with disabilities are at a higher risk of poverty.
- Disability-inclusive development and humanitarian responses are covered by international law and also good practice in development.
- Principles for disability-inclusive development are accessibility; respect for inherent dignity; non-discrimination and equality of opportunities; full and active participation and inclusion in society; and respect for diversity (including equality between women, men, girls and boys with disabilities).
- Both governments and civil society have important roles to play in fostering disability-inclusive development and humanitarian actions.
- Ensuring the involvement and participation of women, men, girls and boys with disabilities is a positive step towards empowering persons with disabilities to become agents of change in both political and social decision-making.
- The implementation of disability-inclusive development can be achievable for all actors involved in development, including persons with disabilities and this is to the benefit of all, creating more sustainable development outcomes.

▲ A group of persons with disabilities and persons without disabilities from the neighbourhood of Croix des Mission, Port au Prince in Haiti.

► Young boy at a CBR programme in Canas, Peru. The children learn to pronounce words and do speech therapy.



on improving the lives of the world's poorest people will also be limited. As world leaders over the coming months will continue to deliberate and define what the post-2015 framework should be, CBM will continue its work to ensure that persons with disabilities living in the world's poorest countries will see improvement in their lives.

### Upcoming publications

We have committed to write a number of publications over the coming years as part of a dialogue on key issues in disability-inclusive development. In the coming publications we would like to enter into dialogues with partners and wider allies and stakeholders who like CBM share a commitment to inclusive development. Upcoming titles will focus on issues such as:

- Economic costs of exclusion and benefits of the inclusion of persons with disabilities

- Global development issues (responding to the post-2015 framework)
- Disability-inclusive education
- Disability-inclusive health
- Disability-inclusive livelihood

### Accessibility

All publications will be available as accessible pdfs on homepage:

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[www.cbm.org/didseries1\\_the\\_future\\_is\\_inclusive\\_pdf](http://www.cbm.org/didseries1_the_future_is_inclusive_pdf)

### Feedback

We are interested to hear your views about this publication; all comments on this publication welcome.

Email address: [didseries@cbm.org](mailto:didseries@cbm.org)

# List of Abbreviations

AusAID	Australian Agency for International Development
AWWDI	Advocacy for Women with Disability Initiative
CBM SARO	CBM South Asian Regional Office
CBR	Community Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation Tanzania
CHEF International	Comprehensive Health and Education Forum International
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DFID	Department for International Development
DPO	Disabled Peoples Organisation
ICED	International Centre for Evidence in Disability
ICP	Inclusive Children Parliament
IDA	International Disability Alliance
KKPRC	Kien Khelang Physical Rehabilitation Centre
MDGs	Millennium Development Goals
NCN	Neighbourhood Community Network
NGOs	Non-governmental organisations
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNISDR	UN International Strategy for Disaster Risk Reduction
VIC	Veterans International Cambodia
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WPA	World Programme of Action

# Endnotes

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**B**y signing the Convention on the Rights of Persons with Disabilities, many nations have committed to make sure that people with disabilities are included in all their international development programmes. But how can this be achieved? This publication introduces the key concepts for disability-inclusive development and highlights some practical examples by CBM. In writing this publication, CBM wishes to contribute to the dialogue on disability-inclusive development.

It is the first publication in the 'Series on Disability-Inclusive Development' which CBM will publish over the coming years on a range of topics such as disability-inclusive education, livelihood and health.

**"More than 1 billion of us live with disabilities. We must remove all barriers that affect the inclusion and participation of persons with disabilities in society, including through changing attitudes that fuel stigma and institutionalize discrimination."**

Ban Ki-moon,  
Secretary-General of the United Nations.  
Message for International Day  
for Persons with Disabilities, 2013

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