

Dialogues on Sustainable Development: A Disability-Inclusive Perspective



Cover photo: ©CBM/argum/Einberger
Vincent Oguna used to be a motorbike-taxi driver until he had an accident and the injury to his leg made it impossible for Vincent to continue in his job. Moreover, surgery costs left the father of two children heavily indebted. Vincent joined a self-help group of persons with disabilities supported by CBM-partner Association of People with disabilities Kenya. He got a micro-finance credit grant enabling him to open a grocer's shop. Now he and his wife are able to pay for the rent, food and his children's school fees.

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Abbreviations and acronyms

CBR	Community-based rehabilitation
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DESA	United Nations Department of Economic and Social Affairs
DFID	Department for International Development (UK)
DIPECHO	Disaster Preparedness [programme] of European Commission Humanitarian Aid and Civil Protection Directorate
DPO	Disabled people’s organisation
DRR	Disaster risk reduction
ECHO	European Commission Humanitarian Aid and Civil Protection Directorate
EU	European Union
GDP	Gross domestic product
ICT	Information and communication technologies
ILO	International Labour Organization
MDGs	Millennium Development Goals
NGO	Non Governmental Organisation
OECD	Organization for Economic Cooperation and Development
OHCHR	United Nations Office of the High Commissioner for Human Rights
SARO	(CBM’s) South Asia Regional Office
SDGs	Sustainable Development Goals
UN	United Nations
UNFPA	United Nations Population Fund
UHC	Universal health coverage
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Rights and Emergency Relief Organization
UNISDR	United Nations International Strategy for Disaster Reduction
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Foreword

Dave McComiskey, President CBM International

The aim of this publication is to contribute to the growing global conversation on why disability-inclusive development is important. Over the past years, governments, multilateral organisations, human rights advocates and civil society have debated what a future global development initiative should look like, building on the lessons learned from the implementation of the Millennium Development Goals. A significant part of this debate has focused on how development must benefit everyone, including marginalised groups who have so far largely been excluded from these efforts. One such group is persons with disabilities.

This publication is set against the background of key international processes that are currently underway or have recently been finalised, including:

- The forthcoming adoption of the post-2015 development framework for the next 15 years.
- The adoption of the Sendai Framework for Disaster Risk Reduction 2015-2030.
- The Beijing +20 Conference, which will address the major gaps in realising gender equality.

Guest contributors from the mainstream development sector were invited to address a number of core development themes. CBM has then analysed these themes from a disability perspective, highlighting how persons with disabilities must be considered as contributors to development programmes to influence outcomes in international cooperation.

Some of the themes will be familiar to the international disability community, having formed the basis for global advocacy for many years, for example, inclusive education and accessibility. As the world faces new challenges in the 21st century, with growing inequalities both within and between countries, issues such as disaster risk reduction, access to water, sanitation and hygiene and accessible urban planning are all areas, which must also take disability into account. Because they are emerging areas, they are creating opportunities for both the international disability community and the development sector to learn from, and share with each other strategies and solutions to reduce the inequality, which affect all the worlds' people.

This publication is by no means limited to the above-mentioned processes. The themes discussed will remain important long after the conclusion of the international processes currently being negotiated. It is CBM's hope that the stories and examples presented here will inspire more inclusive planning and implementation.

CBM, in line with its mandate, history and expertise, looks forward to being involved in these conversations, continuing to advocate for the rights of persons with disabilities in key global processes and supporting our partners at community level, to ensure that the outcomes equally benefit all women, men, girls and boys with disabilities, particularly in low income regions of the world.

Introduction

Disability and development

Approximately one in seven of the world's population—over one billion people – are persons with disabilities¹. Some estimates suggest that 80% of persons with disabilities live in developing countries². The 2011 World Report on Disability presents compelling evidence of the barriers that women, men, girls and boys with disabilities face, such as inaccessible infrastructure, negative and discriminatory attitudes and out-dated laws and policies which infringe on their individual rights. These barriers result in persons with disabilities having poorer health, fewer educational achievements, less economic participation and higher rates of poverty and inequality than persons without disabilities³.

One of the key lessons learnt from the absence of women, men, girls and boys with disabilities from the Millennium Development Goals and from the mainstream development discourse in general, is that unless disability is named explicitly as a crosscutting thematic issue in development, it remains invisible. This results in a significant proportion of the world's population not being able to benefit from development interventions.

It is important to point out that progress has been made in recent years on advancing disability as an important theme on the development agenda, as well as recognition that the inclusion of persons with disabilities is crucial for effective development, particularly if development is about reaching the most marginalised populations. The advocacy of persons with disabilities and their increased organisation into groups and networks has been an important development for such progress.

In 2015 a new set of Sustainable Development Goals (SDGs) is to be agreed by world leaders. Over the coming years as the new development framework begins to be implemented, CBM, together with its partners, will build on the significant advances in the inclusion of the rights of persons with disabilities in the international agenda.

A new development framework will only be successful if it includes persons with disabilities as integral to global development, with the advancement of human rights as a key pillar.

¹ WHO and World Bank (2011). "World Report on Disability", WHO Press, Geneva. [\[back\]](#)

² Braithwaite, J., and Mont, D. (2008). "Disability and Poverty: A Survey of World Bank Poverty assessments and Implications", World Bank Social Protection discussion paper, Washington. [\[back\]](#)

³ WHO and World Bank (2011). [\[back\]](#)

What is this publication about

CBM has written this publication to highlight how disability-inclusive development must be an integral part of mainstream development cooperation and that persons with disabilities should always be a feature of the global conversation on development if no one is to be left behind.

As this publication goes to print, the post-2015 negotiation process around a new global development framework has entered its final stages and a new set of goals for sustainable development will be agreed. The hope of CBM and its allies and partners is that these goals will be inclusive of persons with disabilities and address the discrimination and inequality they encounter.

The lead up to the new development framework has seen an intensive global conversation on what development should look like. This conversation has taken place among world leaders, civil society organisations and citizens from many different countries and persons with disabilities have also participated at all levels.

From the perspective of CBM the consultations and debates for a new development framework have been a catalyst and a unique opportunity to advance globally the rights of persons with disabilities. From the start of the process, CBM has been involved with continuing the conversation between disability-inclusive organisations and more mainstream development organisations about the inclusion of persons with disabilities in international cooperation.

This publication, with contributions from civil society, UN agencies and EU institutions as well as disability and development organisations, reflects these conversations and highlights the many commonalities between disability-inclusive development and a range of overarching development themes. It is structured around the three basic elements of sustainable development - economic, social and environmental sustainability - and discusses a range of sub topics relevant to these areas.



What the chapters cover

The development themes discussed in this publication reflect both a mainstream development perspective, as well as highlighting the most important changes and commitment that governments, civil society and the private sector need to engage in to eradicate poverty and ensure access to basic services and a decent life for all. As a response, CBM examines this from a disability perspective and provides a number of suggestions and examples of how a disability-inclusive development approach can support equal opportunities for women, men, girls

and boys with disabilities to take part in development plans and projects at international regional and local levels.

1. Economic sustainability

Disability is linked to a higher probability of being poor⁴. In many countries two-thirds or more of all persons with disabilities are unemployed, and many of those who are employed are only able to find part-time work⁵. Available statistics show that women and men with disabilities have low participation rates in the labour market, contributing to economic inequalities and a wealth, which is unfairly distributed⁶. Access to decent work is important for disability-inclusive development, supported by effective social protection mechanisms and provision for entrepreneurial access to microcredit.

Three fundamental pillars support the building of strong, accountable and inclusive government institutions: human rights standards, democratic governance and citizens' participation, and transparency. These are necessary crosscutting pillars for sustainable development processes and fair redistribution schemes of national wealth. Inclusive and accountable societies can better ensure access to services such as education, employment, health and social welfare, all crucial for economic development.

Decent jobs and livelihood opportunities – Dr Mary Keogh responds to an International Labour Organisation (ILO) briefing paper prepared by Barbara Murray on some of the most important aspects of making employment and social protection two of the priorities for sustainable development.

Inclusive societies, accountable and effective institutions – Luisa Fenu, formerly EU Policy Officer at CBM in conversation with Emanuele Sapienza of the United Nations Development Programme (UNDP) discusses key issues for accountable and effective institutions for a sustainable development.

2. Social sustainability

Persons with disabilities often face social and political marginalisation, and even in countries with social welfare schemes, benefits are often not sufficient to meet all the needs of persons with disabilities^{7,8}. Typically, persons with disabilities

⁴ Banks, L.M., and Polack, S. (2014). "The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities", CBM, International Centre for Evidence in Disability and London School of Hygiene & Tropical Medicine (LSHTM). [[back](#)]

⁵ ILO and Irish Aid (2007). "Achieving equal employment opportunities for people with disabilities through legislation. Guidelines", International Labour Office, Geneva. Retrieved on May 22, 2015 from: http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_091340/lang--en/index.htm [[back](#)]

⁶ Oxfam (2015). "Wealth: having it all and wanting more", Oxfam Issue Briefing, January 2015. [[back](#)]

⁷ Groce, N., et al. (2011). "Poverty and disability – a critical review of the literature in Low and Middle Income Countries". Working Paper Series No. 16. Leonard Cheshire Disability and Inclusive Development Centre, London. [[back](#)]

⁸ Groce, N., and Murray, B. (2013). "Disabled Beggars in Addis Ababa, Ethiopia", Employment Working Paper No. 141, International Labour Organization, Geneva. [[back](#)]

have less access to essential health care services⁹ and many girls and boys with disabilities are denied the opportunity of receiving a quality education¹⁰. Fair distribution of resources, investment in inclusive education, ensuring universal access to health, and gender equality has to be at the core of future development cooperation.

Ensuring universal health coverage would be an important step to reduce substantial out-of-pocket expenses on health care for the poorest. Together with guaranteeing educational opportunities for all girls and boys with disabilities, the social marginalisation and exclusion of women, men, girls and boys with disabilities can be eradicated. Combining this with combating the discrimination and inequalities experienced by women and girls with disabilities could significantly advance the rights of persons with disabilities.

Gender equality and women's empowerment – John Hendra, former Deputy Executive Director for Policy and Programme at UN Women, the UN organisation dedicated to gender equality and the empowerment of women, discusses the importance of gender equality for the new development framework. Dr Mary Keogh responds from the perspective of women and girls with disabilities.

Inclusive equitable quality education and life-long learning – Sian Tesni, Senior Education Adviser and Katharina Pförtner Inclusive Education Adviser at CBM discuss the importance of inclusive education for learners with disabilities. In response to this discussion, Plan International provides examples from their work on inclusive education.

Universal health coverage and disability – Dr Hannah Kuper from the International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine contributes to the discussion on universal health coverage and persons with disabilities.

3. Environmental sustainability

Environmental concerns intersect with all key priority areas of international cooperation and poverty alleviation, which in turn has a significant impact on the quality of life of persons with disabilities. Persons with disabilities are particularly at risk from the effects of climate change, such as natural disasters and food insecurity, which combined with inaccessible humanitarian relief may place them at greater likelihood of facing economic hardship, illnesses and death¹¹. In addition, environmental risks, such as poor sanitation, water quality as well as uncontrolled urbanisation and urban management can cause ill health and create additional barriers for the inclusion and participation of persons with disabilities.

⁹ The World Health Surveys showed across 30 countries that households with a disabled member spent a third more on health care than other households. WHO and World Bank (2011). [\[back\]](#)

¹⁰ WHO and World Bank (2011). [\[back\]](#)

¹¹ UNDESA (2011). "Disability and the Millennium Development Goals. A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts", UN Department of Economic and Social Affairs, New York. [\[back\]](#)

The interrelationship between development efforts in water, sanitation and hygiene (WASH), education and employment, gender, and health are essential to enabling environments and for persons with disabilities to realise their rights under the CRPD. When persons with disabilities are included in WASH programmes they will often experience greater dignity and self-reliance, improvements in health and nutrition, and greater access to education and livelihood opportunities¹². Similarly, participatory urban planning and management can create inclusive and resilient cities, a place where everyone is enabled and empowered to fully participate in the social, economic and political opportunities that cities have to offer.

Achieving cities for all – Benjamin Dard, CBM Technical Adviser for Accessibility discusses why accessibility and participatory urban planning for persons with disabilities is important for the new development framework. Architecture for Humanity also contributes to the discussion.

Equal access to clean water, sanitation and hygiene – Chelsea Huggett from WaterAid outlines the key issue for clean water, sanitation and hygiene in the new development framework and Aleisha Carroll, Technical Adviser with CBM Australia responds from the perspective of persons with disabilities.

Reducing disaster losses and building an inclusive and resilient society – Alfonso Lozano from the European Commission’s DG on Humanitarian Aid and Civil Protection (ECHO) presents the EU’s strategies for disaster risk reduction and the importance of strengthening civil protection; Charlotte Axelsson contributes with examples of how to build disability-inclusive disaster risk reduction programmes.

¹² CBM (2012). “Inclusion Made Easy. A quick program guide to disability in development”, CBM Australia. Retrieved on May 5, 2015 from: <http://www.cbm.org/Inclusion-Made-Easy-329091.php>
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Economic sustainability

1. Decent work and livelihood opportunities

“Disability issues must also be an integral element of global development. In the preparations for the post-2015 development agenda, decent work emerged as a central concern, including for people with disabilities. This is an important reminder that promoting employment and decent work opportunities for all will be essential if nobody is to be left behind beyond 2015. We are ready to do all possible in support of these efforts”

Statement by Guy Ryder, ILO Director-General, on the occasion of the International Day of Persons with Disabilities, 3 December 2014



Good quality jobs matter for development

Barbara Murray

Inclusive economic development with decent work is believed to be a prerequisite for achieving success with the Millennium Development Goals, particularly goal one, on eradicating extreme poverty and hunger¹³. The challenge for the post-2015 development framework is to build on the progress made in previous years in terms of improving livelihoods of all people, including persons with disabilities and also to continue to seek improvements to ensure that decent and productive work for everyone is realised. Along with this push for decent work, future development goals must also recognise that the assumptions, used in the past - that higher levels of output would automatically lead to the number and quality of jobs that are needed for economic transformation and social inclusion - did not materialise for many of the poorest people, including persons with disabilities.

It is widely recognised that good quality jobs matter for development¹⁴. Research from the ILO makes the important point that it was a combination of productive capacities, private sector investments and entrepreneurship, supported by strong government institutions that helped foster economic growth and structural transformation in the developing countries most able to make a significant dent on poverty rates¹⁵. The research found that as people were moving from subsistence farming to industry and advanced services, from unemployment or informal work to formal jobs and from low to high skill activities, well-designed labour market policies and programmes were critical to sustain incomes and livelihoods, improvements in job quality and productivity, and support progress in the fight against poverty.

¹³ CBM (2014). Policy brief on Sustained and Inclusive Growth: employment and social protection. Retrieved on May 22, 2015 from: http://www.cbm.org/article/downloads/82788/CBM_Policy-brief-inclusive-growth-ACCESSIBLE.pdf [back]

¹⁴ ILO (2014). “World of Work Report 2014: Developing with Jobs”, International Labour Organization, Geneva, June 2014. [back]

¹⁵ Ibid. [back]

In order for the post-2015 development framework to continue this progress and to ensure it is inclusive of everyone, there needs to be a combination of policies that promote economic development through productive investment and private sector expansion and, at the same time, ensure that the jobs that are generated are decent. This means that jobs must provide those who can access them with a genuine chance to lift themselves out of poverty and avoid regression. Equality of opportunity without discrimination on the grounds of gender, age, disability, ethnicity, religion or other protected grounds, is essential for ensuring inclusive employment. 🗑️

The disadvantaged labour market situation for persons with disabilities

Despite the fact that persons with disabilities constitute a significant proportion of the world's population, 15%, they are rarely seen as 'productive human capital of the State'¹⁶. The World Report on Disability describes the barriers persons with disabilities face in accessing employment as a combination of lack of access to vocational education and training, misconceptions about the abilities of persons with disabilities, and disability-based discrimination¹⁷.

The labour force participation rate of persons with disabilities is acknowledged as low in many countries, reflecting the numerous barriers persons with disabilities can face (see Box 1). Recent figures cited in a report from the Office of the High Commissioner for Human Rights (OHCHR) on Employment and Disability show how members of the Organisation for Economic Co-operation and Development (OECD) indicated that slightly less than half of working-age persons with disabilities were economically inactive compared to one in five persons without disabilities of working age¹⁸. However, it is important to point out that, as persons with disabilities are not captured in many of the mechanisms that account for under employment, it is difficult to estimate this figure with real accuracy. For example, persons with disabilities are not included in many countries' employment statistics as they are deemed 'unfit' to work and therefore never counted.

Although new data on disability is increasingly being made available, comparable data on disability and employment is still lacking in low- and middle-income countries as well as in high-income countries. Some of the factors contributing to this lack of data include: differences in defining disability; the prevalence of persons with disabilities working in the informal economy; and the non-registration of persons with disabilities in employment offices¹⁹.

¹⁶ UNDP and Government of India (2012). "Livelihood Opportunities for Persons with Disabilities". UNDP, India. [\[back\]](#)

¹⁷ WHO and World Bank (2011). [\[back\]](#)

¹⁸ OHCHR (2012). "Thematic study on the work and employment of persons with disabilities: report of the United Nations High Commissioner for Human Rights", A/HRC/22/25: p. 237. [\[back\]](#)

¹⁹ OHCHR (2012). "Thematic study on the work and employment of persons with disabilities: report of the United Nations High Commissioner for Human Rights", A/HRC/22/25. [\[back\]](#)

Box 1: Labour market indicators – persons with disabilities²⁰

- In the European Union (EU) in 2003, 40% of persons with disabilities of working age were employed compared to 64% of persons without a disability.
- In the United States, only three in ten persons with disabilities aged 16 to 64 work part or full-time.
- In the Republic of Korea, 38.2% of persons with disabilities work compared to 61.9% of persons without disabilities.
- In Paraguay, 18.5% of persons with disabilities participate in the labour force compared to 59.8% of persons without disabilities.
- In New Zealand, 12% of the working age (15 and over) population have a disability.

Having a decent income and taking part in the work environment is crucial for persons with disabilities, as for everyone else. Gaining access to decent work is linked with gaining access to appropriate vocational training, rehabilitation and education. When successful in obtaining employment persons with disabilities are acknowledged to have a high retention rate as well as lower absenteeism²¹. Even so, when persons with disabilities are employed, reports have shown that they are likely to be in low-paying jobs, at lower occupational levels and with poor promotional prospects and working conditions. This is particularly true for women with disabilities. The OHCHR also found the challenges faced by women with disabilities make them doubly disadvantaged in working life²². It highlighted that where few countries have employment data available, disaggregated by disability, sex and type of work, women are consistently under-represented in all categories of employment, with their representation being drastically lower in management positions²³.

The economic case for labour market inclusion

The ILO estimates that as a result of the higher rates of unemployment, under employment and labour market inactivity among persons with disabilities due to barriers to education, skills training and transport, as well as inaccessible environments, between 3 and 7% of a country's national GDP is lost²⁴.

²⁰ ILO (2009). "Facts on Disability and Decent Work", ILO, Geneva. Retrieved on May 22, 2015 from: http://www.ilo.org/skills/pubs/WCMS_117143/lang--en/index.htm [back]

²¹ WHO and World Bank (2011): p. 236. [back]

²² The Committee on the Rights of Persons with Disabilities has addressed the multiple forms of discrimination faced by women with disabilities. See, for instance, CRPD/C/ARG/CO/1 and CRPD/C/HUN/CO/1. [back]

²³ OHCHR (2012). "Thematic study on the work and employment of persons with disabilities: report of the United Nations High Commissioner for Human Rights", A/HRC/22/25. [back]

²⁴ ILO (2009). "The price of exclusion: The economic consequences of excluding people with disabilities from the world of work", Employment Working Paper no. 43, ILO, Geneva. [back]

Furthermore, research published in 2014 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 society and to persons with disabilities and their families²⁵.

The human rights case for labour market inclusion

The right to employment and being able to benefit from economic development is a concern for persons with disabilities. The points below further elaborate the key issues for women and men with disabilities in accessing employment, many of them align with those of civil society and its demands for a more inclusive and equitable international development cooperation.

“We must ensure that growth is inclusive and leaves no one behind. Actions are needed so that men, women, and youth have access to decent work and social protection floors. Labour market policies should put a special focus on young people, women and people with disabilities”

Ban Ki-moon, UN Secretary General (2014)²⁶

1. Ensuring access to economic opportunities and accessible workplaces

As a consequence of their exclusion from economic activity, persons with disabilities are more likely to find themselves in poverty²⁷. This situation is perpetuated by the fact that persons with disabilities are generally excluded from economic opportunities and when they are included, they earn much less than those without disabilities, yet their expenses (such as the costs of disability) are more, therefore contributing to their susceptibility to poverty²⁸. This creates the need for governments, as they advance the discussion on the goals and targets for a future development framework, to ensure that investments made for implementing the future development framework are inclusive of persons with disabilities.

Article 27 of the CRPD calls for just and favourable conditions of work for persons with disabilities; access to vocational and rehabilitation training; promotion of self-employment and entrepreneurship; and protection from exploitation and forced labour. Disability advocates have called for the post-2015 development framework to take a twin-track approach to ensuring full and productive

²⁵ Banks, L. M., and Polack, S. (2014). [\[back\]](#)

²⁶ Speech at the high level event of the General Assembly in New York: “Decent work related to all facets of sustainable development”. Retrieved on May 22, 2015 from: http://www.ilo.org/global/about-the-ilo/activities/WCMS_244571/lang--en/index.htm [\[back\]](#)

²⁷ Banks, L.M., and Polack, S. (2014). [\[back\]](#)

²⁸ Ibid. [\[back\]](#)

employment of all women and men with disabilities²⁹. This means there must be targeted support to enable persons with disabilities to take up employment (e.g. accessible infrastructure and transport and reasonable accommodation), at the same time, inclusive mainstream initiatives to promote the full and productive employment for persons with disabilities must be created.

Box 2: Reasonable accommodation

The concept of reasonable accommodation is a key provision that is also referred to throughout the CRPD, in Article 2, Article 5, Article 14, and Article 24, concerning education and in Article 27 concerning work and employment. In countries that have ratified the CRPD, it is now a requirement that employers have to take steps to ensure that work environments are both generally accessible to persons with disabilities as well as that reasonable accommodation is provided to enable an employee or job seeker with disability to compete on an equal basis with others. Denial of reasonable accommodation is considered an act of discrimination according to the CRPD.

Measures to include women and men with disabilities in employment opportunities benefit both society and the economy. Research has shown how persons with disabilities who have access to employment opportunities can reduce economic costs for individuals, their families and society as a whole. Examples of this include: estimates from Pakistan, which highlight how rehabilitation services made available for people with incurable blindness would lead to gross aggregate gains in household earnings of US\$ 71.8 million per year. In the USA, efforts by the major companies Walgreens and Verizon to employ significant numbers of persons with disabilities saw a 20% increase in productivity and a 67% return on investment, respectively³⁰. The inclusion example below highlights a good practice of productive employment for persons with disabilities.

Finally, data is also important for improving measures of inclusive growth and economic opportunities for persons with disabilities. Statistics used by government to measure employment and unemployment, vocational training and government-sponsored employment schemes must include persons with disabilities.

²⁹ IDA and IDDC (2014). "The Inclusion of Persons with Disabilities in Financing for Development Policy Paper", Retrieved on May 22, 2015 from: http://www.cbm.org/article/downloads/54741/IDA_IDDC_FfD_Paper.pdf [back]

³⁰ Banks, L.M., and Polack, S. (2014). [back]

Example 1: Being part of productive team work in Palestine



Mohammad is working in the reception of the rehabilitation and surgery hospital BASR in Beit-Jala. © BASR

Mohammad, 23 years old, organises the medical reports and patients' files on the shelves and hands over all the documents needed to his colleagues at the reception area of the outpatient clinic of a specialised rehabilitation and surgery hospital in Beit-Jala in Palestine called BASR. Mohammad has been working at BASR in a full time job as an archive employee for a number of months. He comments, "I know that I'm still new here, but it is highly promising to feel that you're a part of a productive team work." When Mohammad was nine years old he underwent several middle ear surgeries. Afterwards, he attended speech therapy sessions for around four years to improve his language abilities. He was enrolled at Paul VI Catholic School for pupils with hearing impairment in Bethlehem until he completed tenth grade, after which he had to continue with self-study, because at that time regular schools were not inclusive of pupils with disabilities in Palestine.

After completing high school, Mohammad obtained a diploma in office equipment maintenance at a vocational training centre but could not find a job. However, through BASR's economic empowerment programme for persons with disabilities, he was offered the job at BASR reception. In no time, Mohammad has proved his efficiency at work and is respected and appreciated by all his colleagues. "I'm glad to start my career at such a distinguished organisation, where I have been recruited not because of my disability but rather my abilities," said Mohammad. He further comments, "I wish every organisation in Palestine becomes as accessible as BASR for persons with different types of disabilities, which will decrease the unemployment rate among persons with disabilities and pave the way for a better future for all."

2. Accessible workplaces

“Unless our public spaces are accessible, neither education nor employment is possible. If a person with a disability cannot even step out of his or her home, cannot get into a bus or a train, how will he or she be able to go to college or university? Will the college or university be accessible? If persons with disabilities obtain educational qualifications will their future workplace be accessible?”³¹

The provision of an accessible workplace was identified in a recent UN study as a prerequisite for employing persons with disabilities³². The report found that many States had taken measures to make workplaces accessible for persons with disabilities, including through legislative and policy measures. Other measures included building ramps, accessible toilets, elevators and also providing communication support for persons with hearing and visual impairments. Article 9 of the CRPD on accessibility applies to workplaces and requires prospective employers of persons with disabilities to consider access requirements. It is applicable not only to government funded bodies and workplaces but also places obligations on private sector employers. The CRPD sets out a number of obligations on State Parties to ensure that all employers provide a safe place of work that respects the rights of persons with disabilities. General Comment no 2 from the CRPD committee further clarifies the obligation for an accessible workplace³³. The example below highlights six steps taken by an organisation for ensuring an inclusive and accessible work environment for persons with disabilities³⁴.

Example 2: Accessible and inclusive work practices in CBM

CBM South Asia Regional Office (SARO) based in India works with partners in Bangladesh, Nepal, India, and Sri Lanka. CBM 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. 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. 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.



³¹ UNDP (2013). “Towards an Inclusive and Accessible Future for All”, a quote from a person with a disability. UN Partnership on the Rights of Persons with Disabilities, New York: p. 43. [\[back\]](#)

³² OHCHR (2012). [\[back\]](#)

³³ OHCHR (2014). General comment no 2: Accessibility, CRPD/C/GC/2, Office of the High Commissioner of Human Rights, Committee on the Rights of Persons with Disabilities. [\[back\]](#)

³⁴ CBM (2014). “The Future is Inclusive. How to Make International Development Disability-Inclusive”, CBM, Germany. [\[back\]](#)



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

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.
- 3. Changes to physical structure:** measures included installing railings, anti-skid flooring, colour coding for better visual accessibility, accessible working space and toilets and accessible 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.

3. Social protection inclusive of persons with disabilities

“Social protection programmes should support persons with disabilities in seeking and maintaining work, and avoid creating so called ‘benefit traps’ which discourage persons with disabilities from engaging in formal work”³⁵

Social security and income-maintenance schemes are particularly important for many persons with disabilities, given their overall low participation in the labour force and their susceptibility to poverty. Yet, most of the limited social safety net programmes that have been developed in poor countries have given little attention to persons with disabilities³⁶. Furthermore, while richer countries have in place a range of long-term and short-term social protection, there is a failure to recognise the direct and extra costs incurred by persons with disabilities as part of such social protection programmes. Persons with disabilities often face additional costs, which are typically paid for out of their own pockets; for example, studies have shown that the additional costs related to transportation, health care, assistive devices, or lost income for persons with disabilities and their carers can amount to up to 40% extra in costs in some countries³⁷.

Article 28 of the CRPD recognises the right of persons with disabilities to enjoy social protection without discrimination on the basis of disability. It requires that governments take appropriate steps to safeguard and promote the realisation of this right, including through measures to ensure access by persons with disabilities, in particular women, girls and older persons with disabilities, to social protection programmes and poverty reduction programmes. It also, as outlined earlier, recognises that governments must create an environment where persons with disabilities can take up employment opportunities without fear of losing their social security.

The challenge for the global development framework is to ensure that persons with disabilities are afforded the opportunity to access employment and livelihood opportunities and where necessary social protection. This must be done in such a way that recognises and supports the human rights of persons with disabilities.

³⁵ OHCHR (2012): p. 18. [\[back\]](#)

³⁶ ILO (2014). “World Social Protection Report 2014/15. Building economic recovery, inclusive development and social justice”, International Labour Organization, Geneva. [\[back\]](#)

³⁷ World Bank (2005). “Disability and Social Safety Nets in Developing Countries”, World Bank Social Protection Unit, Washington: p. 10. [\[back\]](#)

CBM's recommendations

- ✔ **Equality, human rights and sustainability** should be core principles for promoting decent employment and universal social protection, which contribute to inclusive economic development.
- ✔ In order to combat poverty, the implementation of future global development frameworks should have both a **robust system for data collection, and clear targets on maintaining and creating decent work and livelihood opportunities for all**, including women and men with disabilities.
- ✔ **Public investment in creating decent employment as well as universal social protection systems** for all is fundamental. Such measures will combat poverty and exclusion, promote social justice and cohesion and strongly benefit persons with disabilities.
- ✔ **Social Protection Floor recommendations and guidelines** should recommend the unbundling of schemes related to income maintenance and to schemes for disability-related extra costs. This would enhance the possibilities for accessing employment and economic and social security.

2. Inclusive societies and accountable and effective institutions

“We will spare no effort to promote democracy and strengthen the rule of law, as well as respect for all internationally recognized human rights and fundamental freedoms”

Millennium Declaration³⁸

The link between governance and development

Emanuele Sapienza

Studies indicate that people who are the most marginalised and poor are often the least able to access or benefit from development initiatives such as the Millennium Development Goals. These populations are also adversely affected by conflict and violence³⁹. In this respect it is vital that good governance is an essential part of future development initiatives if they are to respect human rights and create opportunities where all of the world's people can flourish⁴⁰.

The demand for honest and responsive government and political freedom as priorities for the post-2015 development framework were clearly stated in the World We Want survey and voted for by people from all over the world⁴¹. Good

³⁸ UN (2000). Millennium Declaration. Retrieved on May 5, 2015 from: <http://www.un.org/millennium/declaration/ares552e.htm> [back]

³⁹ UNDESA and UNDP (2013). Technical Support Team (TST) Issues brief: Conflict prevention, Post-conflict Peacebuilding and the Promotion of Durable Peace, Rule of Law and Governance. [back]

⁴⁰ UNDP (2014). “Governance for sustainable development. Integrating Governance in the Post-2015 Development Framework”, Discussion paper, UNDP, New York, March 2014. [back]

⁴¹ My World 2015. Retrieved on May 25, 2015 from: <http://data.myworld2015.org> [back]

governance is not easily definable as it relates to a range of areas that are crucial for human, social, cultural, political and economic development. For example, how people are supported to have their voices heard and can put their choices into action; how institutions are organised and resources are allocated to people and how accountability is implemented. Where consensus can be found on good governance is that it is not just about elections but is much broader. Countries the world over struggle with good governance and its different aspects.

This chapter highlights three aspects of governance: human rights, democratic governance and transparent governments and discusses why these are important for sustainable development and for creating inclusive societies.

1. The human rights normative framework

The first dimension is the **human rights normative framework**.

Organisations such as the UNDP recognise the role of human rights in providing a foundation for good governance and also for international cooperation. Historically, there has been significant progress made by States in embracing the human rights normative framework.

Most countries have ratified the International Convention on Civil and Political Rights and the International Convention on Economic, Social and Cultural Rights and many have also ratified the Convention on the Rights of the Child, the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of Persons with Disabilities.

While much progress has been made, it is important to highlight the areas

where less progress has been made, for example in the area of sexual and reproductive rights, space for civil society's voice to be heard, and protection for workers' rights. Organisations such as Human Rights Watch and Amnesty International provide constant reminders that human rights violations occur on a frequent basis in fledgling democracies as well as in developed and established democracies. One of the key challenges with human rights norms is how they are implemented so as to improve the lives of the people they were developed to protect. This was a concern for the MDGs and it remains so for the post-2015 development framework. In this respect, bi-directional accountability has a vital role to play.



CRPD Committee member from Nigeria signing a document at UN with guidance from his assistant. © Nigel Kingston

One good example of accountability is the Universal Periodic Review, which is a unique mechanism for peer-to-peer accountability of States by States under the auspices of the Human Rights Council. The Universal Periodic Review is not about developed countries telling developing countries what standards to adhere to when it comes to implementing human rights. Rather it is about peer-to-peer accountability, thereby equalising the power dynamic and creating place for discussion on sensitive topics in highly constrained political spaces. The review process encourages international cooperation on human rights, and also provides a space for civil society to have its voice heard, both of which are crucial elements for good development.

2. Democratic governance

“Countries can promote human development for all only when they have governance systems that are fully accountable to all people – and when all people can participate in the debates and decisions that shape their lives.”

UNDP⁴²

The second dimension is governance from a **democratic perspective**. As noted in the 2002 Human Development Report “democratic governance is valuable in its own right. But it can also advance human development, for three reasons”⁴³: (1) enjoying political freedom and participating in the decisions that shape one’s life are fundamental human rights; (2) democracy helps protect people from economic and political catastrophes such as famines and descents into chaos; and (3) democratic governance can trigger a virtuous cycle of development—as political freedom empowers people to press for policies that expand social and economic opportunities. People have a right to have a say on the decisions that shape their lives and open debates help communities shape their priorities. All countries claim to have a number of mechanisms in place for the participation of their citizens; however, it is important that people are able to participate meaningfully and in so doing to hold their decision-makers to account. Box 3 highlights some of the factors, which enable meaningful participation.

⁴² UNDP (2012). “Human Development Report: Deepening Democracy in a Fragmented World”, UNDP, Oxford Press, New York. [\[back\]](#)

⁴³ Ibid: p.17. [\[back\]](#)

Box 3: Factors that enable meaningful participation

1. Mechanisms that allow a strong civil society and a legal and regulatory environment in which individuals can participate.
2. A political environment where participation is seen as legitimate and valuable and recognition that dissent is useful to the political process.
3. The right to information.
4. An environment that is conducive to resource mobilisation for civil society expression.
5. Measures to address barriers that impact on people's participation, for example persons with disabilities, women, or people without a formal education or those who live in rural remote areas.

3. Transparent governments

The third and final dimension of governance discussed in this chapter is **transparency**, a pre-requisite for democratic governments. The Open Government Partnership declaration elaborates four points as valuable and helpful ways of structuring a conversation on transparency⁴⁴. Box 4 highlights these points and their relevance to persons with disabilities.

Central to advancing the transparency agenda are three key elements. Firstly, creating supply and demand: if the desire is for open government, then there needs to be a strong demand side and an effective civil society that makes that demand. At the same time, confrontation cannot be the whole story. It is important to engage with governments to show that increased openness is an investment. By opening up to greater scrutiny, by engaging more with different sectors of society, there is a pay-off for governments. The demand side has to buy into this. Secondly, there needs to be an infrastructure that is transparent, affordable and accessible, from standards to procurement processes, to technologies. Thirdly, the potential of peer-to-peer support needs to be leveraged; there is a requirement for standard horizontal accountability, but there is also a need for vertical accountability where people hold their governments to account. The international fora have a key role to play here, particularly in any future developments on partnerships for development. 🗨️

⁴⁴ Read more about the Open Government Partnership at: <http://www.opengovpartnership.org/about/open-government-declaration#sthash.DzsbyI1l.dpuf>, retrieved on May 5, 2015. [back]

Box 4: Four commitments for an Open Government Partnership and disability

- **Increase the availability of information about governmental activities.** For citizens to be able to participate, hold their governments accountable and claim their rights, it is essential that information about government policies and activities are available to the public. For persons with disabilities, as required by the CRPD, all information must be made available in accessible formats, including Braille, sign language, or easy-to-read format. In addition, all government services provided to the public must be accessible and inclusive of persons with disabilities.
- **Support civic participation.** Civic participation is of utmost importance for persons with disabilities. Article 4.3 of the CRPD calls on all States to ensure that persons with disabilities, their families and their representative organisations are actively consulted on decisions and policies concerning their lives. Investing in quality participation would therefore mean that people would be able to share constructively their views with governments who, in turn, will be able to respond to the real needs of their communities.
- **Implement the highest standards of professional integrity throughout public administrations.** Article 12 on equality before the law and Article 13 on access to justice of the CRPD offer guidance to States on how to protect the rights of all persons with disabilities living under their jurisdiction. The implementation of these Articles must specifically be inclusive of persons with psychosocial disabilities and women and girls with disabilities.
- **Increase access to new technologies for openness and accountability.** New technologies allow greater access to information in a globalised world and are equally improving the quality of communication between people in different areas and regions of the world. New technologies are increasingly becoming accessible for persons with disabilities; however accessibility is not always considered. Both governments and private actors in their development of new technologies must consider persons with disabilities.

How governance enables equal participation of persons with disabilities

The three aspects of governance discussed earlier in this chapter - human rights standards; meaningful participation in matters of public and political life; and transparent and accountable governments - are necessary conditions to overcome the exclusion of poor and marginalised people, including the one billion persons with disabilities worldwide⁴⁵.

⁴⁵ WHO and World Bank (2011). [\[back\]](#)


With respect to the first aspect, **human rights standards**, the CRPD clarifies the existing human rights normative framework in relation to persons with disabilities. A number of its Articles require States to look closely at governance and its different dimensions. For example, Article 12 on equality before the law; Article 13 on access to justice; Article 21 on the right to freedom of expression and access to information; and Article 29 on the right of persons with disabilities to participate in political and public life.

Of importance for the implementation of the CRPD is how national governance systems adopt mechanisms to ensure the Convention is embedded in decision-making structures and departments with responsibility for policy development and resource allocation. Article 33 places responsibility for domestic implementation with the national government and for a framework to monitor and implement the Convention to be put in place. It also requires civil society and organisations of persons with disabilities to be involved in implementing and monitoring the rights provided for. Article 4(3) also requires States to ensure that the voices of persons with disabilities are included in decision-making in the development of laws and policies that affect their lives. The experience of Peru below highlights an example of this.

Example 3: Peru Congress approves disability law

On 6 December 2012 the Peruvian Congress approved a new disability law in line with the CRPD. The Peruvian community-based rehabilitation (CBR) consortium and DPOs strongly lobbied for this law to be developed. The CBR consortium and DPO partners realised that in the absence of a good national disability law it would be impossible to effectively lobby and bring about real change in the lives of people with a disability. For this reason a few years ago, it became involved in advocacy efforts to have a new disability law approved through a civil society initiative. An essential step for the law to be introduced into Congress was the validation of signatures by the National Office for Elections. The CBR consortium financed this process and then lobbied the Congress to get the respective commission to revise the law and to consult with the relevant institutions in the public sector. The CBR consortium is part of a civil society network that is committed to monitoring the full implementation of this law. It demonstrated the power of participatory action by civil society. The initiative was successful through strong partnerships, where persons with disabilities were at the heart of the action, as well as the strong conviction that local implementation of the CRPD is possible.

The second aspect of **political participation and freedom to participate in decision-making** and consultative processes discussed earlier is also found in the CRPD. The Convention requires all States to promote and protect the political rights of all persons with disabilities (Article 29) and freedom of expression (Article 21) and also implicitly recognises the right to political participation. On the one hand, all persons with disabilities are guaranteed the right to vote and be



elected, which allows for full and effective participation in their communities. This enables persons with disabilities to assert their individual autonomy, including their freedom to make their own choices and be recognised as equal before the law. On the other hand, States have a duty to guarantee persons with disabilities the opportunity to exercise their political rights by adopting positive measures. Thus, the formal recognition of the right to vote is not enough. Polling stations and voting booths must be made accessible for wheelchair users. Assistive technologies should be used to allow persons with visual impairments to vote independently, and information should be made available in accessible formats, such as easy-to-read versions⁴⁶.

However this is far from being a reality in many countries around the world, as Béral Mbaikoubou, a member of the Chadian Parliament with a visual impairment eloquently points out:

“When the environment keeps telling you that you are not free to make choices nor able to participate in decision-making processes, you start thinking that they are right. Including persons with disabilities in political processes does not only contribute to the empowerment of the person itself, but it brings about a huge change in the perception of the community. The environment, your environment, would realise that people with disabilities are simply human beings”

In addition, the rights contained in the CRPD are not limited to the pure electoral processes but begin in the local communities where persons with disabilities live, in their homes, and in their families. It stems from the recognition that all persons with disabilities have the capacity to make their own choices and be part of decision-making processes. Ensuring the participation of all persons with disabilities in political and public life will increase the accountability of those exercising authority by including the needs of the most marginalised in their societies as well as encouraging them to engage and take on more responsibility as rights-holders, thereby strengthening policy-making and the delivery of services⁴⁷.

The third and last aspect of governance discussed is **transparency**. If accountability and quality participation are enablers of change in both fully-fledged and developing democracies, transparency is the fundamental condition for holding national and international stakeholders accountable, accessing information and making citizens' voices heard, as well as creating peaceful and inclusive societies. The four points and their relevance to persons with disabilities were elaborated in Box 4.

⁴⁶ OHCHR (2011). Thematic study by the Office of the United Nations High Commissioner for Human Rights on participation in political and public life by persons with disabilities, A/HRC/19/36. [\[back\]](#)

⁴⁷ OHCHR and Center for Economic and Social Rights (CESR) (2012). “Who will be accountable? Human rights and the post-2015 development agenda”, New York and Geneva. [\[back\]](#)

CBM's recommendations

- ✔ **Inclusive governance is key in sustainable development processes** and fair redistribution schemes of national wealth. **Inclusive growth will ensure equal access to fundamental services** such as education, employment, health and social welfare.
- ✔ **The involvement and participation of persons with disabilities** in political, social and economic decision-making through deliberative processes that are accessible to persons with disabilities need to be strengthened.
- ✔ **Persons with disabilities and their representative organisations must be included in all governance-related aspects** of development, as part of the human rights principles.
- ✔ **Disability must be systematically included across all aspects of peace building and conflict management.** Provision must be made for disability awareness and inclusion training of security personnel, legal and judicial staff and government officials, at national, local and community levels.

Social sustainability

1. Universal health coverage and disability

“There is ... plenty of evidence that not only does universal healthcare powerfully enhance the health of people, its rewards go well beyond health”

Amartya Sen⁴⁸

Anybody can, and is likely to, experience disability directly at some point in life. Disability impacts on many elements of life, including health, access to health care, and poverty. This is not yet reflected in the global development or health agenda. For instance, within the Millennium Development Goals (MDGs) the disease-specific health goals resulted in vertical intervention programmes in many developing countries and did not always promote equity and health care based on human rights⁴⁹. Therefore, any future development framework needs to include health as a basic human right and consider access to health care more broadly than the treatment of specific diseases or stages in life. Health systems and facilities have to be inclusive and accessible to all persons that need them.



What is universal health coverage?

Dr Hannah Kuper

Universal health coverage (UHC) means that everyone can access quality health services without having to suffer financial hardship⁵⁰. It includes the full range of essential health services, covering the prevention, promotion, treatment and rehabilitation of diseases, hospital care and pain control. The concept of UHC has gained an enormous amount of attention around the world. The UN passed a landmark resolution endorsing UHC in December 2012, which was followed by the celebration of ‘UHC day’ two years later. WHO and the World Bank also give strong support to UHC, and it currently looks set to become part of the Sustainable Development Goals in September 2015. This means that UHC will influence the development agenda for decades to come.

There are many reasons to support UHC. A key rationale is ethical because health is a fundamental human right and consequently all people have the right to access health care. Yet one billion people around the world lack basic health

⁴⁸ Sen, A. Universal healthcare: the affordable dream. The Guardian, 6 January 2015. [\[back\]](#)

⁴⁹ WHO (2012). Positioning Health in the Post-2015 Development Agenda. WHO discussion paper, October 2012; Campaign Beyond 2015. The post-2015 development agenda: What good is it for health equity? Paper submitted for the post-2015 consultation, December 2012. Retrieved on May 5, 2015 from: <https://www.worldwewant2015.org/health> [\[back\]](#)

⁵⁰ WHO (2010). “The World Health Report 2010. Health Systems Financing: The path to universal coverage”, WHO Press, Geneva. [\[back\]](#)

care, making them vulnerable to preventable deaths and ill health⁵¹. This gap must be filled so that access to health does not depend on where you live, how much money you have, or your religion, colour, age or gender. This list must also include persons with disabilities, who make up 15% of the global population⁵².

There is also a strong economic argument for UHC as health is one of the cornerstones of sustainable development; healthier people are able to work more productively and have better educational performance. A large analysis has shown that a quarter of the growth in income that occurred in developing countries between 2000 and 2011 was due to improvements in health⁵³. If this trend continues, then for every US\$1 that is invested in health we can expect to see a US\$9-US\$20 increased income over the next 20 years. Research also shows that ensuring access to quality health care for persons with disabilities increases their productivity and the wealth of their household⁵⁴. These arguments imply that health should be seen as an investment rather than expenditure and have led several international agencies as well as many countries to identify UHC as a top priority for sustainable development.

UHC will also protect people from escalating poverty. The poorest people are most at risk of ill health and also most likely to lack basic health care. This means that they will be susceptible to catastrophic health expenses when they fall ill. Every year 150 million people face severe financial hardship and 100 million people fall into poverty because they pay out-of-pocket for their health care⁵⁵. Overall, a third of households in Africa and Southeast Asia report that they need to borrow money or sell assets to pay for health care⁵⁶. Persons with disabilities may be particularly at risk in this respect, as they are more likely to be poor⁵⁷.

There are also global benefits to UHC, particularly with respect to the control of infectious diseases, especially due to better immunisation coverage and access to treatment. The 2014-2015 Ebola crisis would likely have been controlled more efficiently and faster if the public health systems had been stronger in the countries affected. This failure has led to global panic about Ebola, costing a great deal of time and money in efforts to control the epidemic, on top of thousands of lives lost⁵⁸. The rationale for UHC is therefore strong and broad ranging.

⁵¹ WHO (2013). Universal Health Coverage: Report by the Secretariat. January 2013. EB/132/22. Retrieved on March 10, 2015 from: http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_22-en.pdf [\[back\]](#)

⁵² WHO and World Bank (2011). [\[back\]](#)

⁵³ Jamison, D.T., et al. (2013). "Global Health 2035: A world converging within a generation". The Lancet, Volume 382, Issue 9908, 1898 – 1955. [\[back\]](#)

⁵⁴ Danquah, L., et al. (2014). "The long term impact of cataract surgery on quality of life, activities and poverty: results from a six year longitudinal study in Bangladesh and the Philippines". PLoS One. 2014 Apr 18;9(4):e94140. [\[back\]](#)

⁵⁵ WHO (2013). [\[back\]](#)

⁵⁶ Kruk, M.E., et al. (2009) "Borrowing and Selling to Pay for Health Care in Low- and Middle-Income Countries". Health Affairs 28, no. 4: 1056–1066. [\[back\]](#)

⁵⁷ Banks L.M., and Polack, S. (2014). [\[back\]](#)

⁵⁸ Global Health Check (2014). The global health workforce crisis: What can we learn from the Ebola outbreak. Blog from Laura Searle, Oxfam. Retrieved on March 10, 2015 from: <http://policy-practice.oxfam.org.uk/blog/2014/11/the-global-health-workforce-crisis> [\[back\]](#)

Universal health coverage must prioritise persons with disabilities

Universal health coverage should prioritise access for the people living in poverty. This is because they are often excluded and are the ones who face most difficulties in accessing basic services, including health care.

Persons with disabilities must be among the foremost in this group for three reasons. First, the obligation to secure access to health care for persons with disabilities is made explicit in Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) and was further endorsed by the WHO Global Disability Action Plan in 2014⁵⁹ and so should be central to discussions on UHC. Second, they are a large group – making up 15% of the world’s population⁶⁰. Third, they are more likely to be poor, and so more likely to lack health coverage⁶¹.

It is clear that persons with disabilities often have higher health care needs. The World Health Surveys, which included data from 51 countries, show that persons with disabilities were significantly more likely to seek inpatient and outpatient care than persons without disabilities⁶². There are several reasons why persons with disabilities may have higher health care needs. Treatment is often needed as a result of the underlying impairment (e.g. cataract surgery) or the underlying cause of impairment (e.g. arthritis or diabetes). Persons with disabilities may be more susceptible to secondary conditions, like malnutrition and pneumonia. They may engage in riskier health behaviours, such as smoking or physical inactivity, which increases the risk of ill health. This could be because they do not have access to health promotion, often have less financial means or recreational activities are not accessible or available.

Persons with disabilities often need rehabilitation services or assistive technology; having access to these services improves their chances to access work, education, health care, and participate in their community life. Unfortunately, evidence clearly shows that not only is the awareness and uptake of rehabilitation services and assistive devices very low among persons with disabilities but services are rarely available in low income settings⁶³.

The higher health care needs and greater difficulties in accessing health care among persons with disabilities are likely to translate into poorer health care coverage in this group. The World Health Surveys showed that women and men with disabilities were significantly less likely to receive health care when needed⁶⁴. However, far more research on health coverage among persons with disabilities is needed in order to better understand how both coverage and utilisation of services can be improved.

⁵⁹ WHO Global Disability Action Plan 2014-2020. Retrieved on March 10, 2015 from: <http://www.who.int/disabilities/actionplan/en/> [back]

⁶⁰ WHO and World Bank (2011). [back]

⁶¹ Banks, L.M., and Polack, S. (2014). [back]

⁶² WHO and World Bank (2011). [back]

⁶³ Danquah, L., et al. (2014). "Disability in post-earthquake Haiti: prevalence and inequality in access to services", *Disabil Rehabil.* Sep 2:1-8. [back]

⁶⁴ WHO and World Bank (2011). [back]

Box 5: Barriers to access quality health care for persons with disabilities

- **Costs:** evidence from the World Health Surveys shows that one third of people without disabilities (32-33%) were unable to afford health care compared to half of people with disabilities (51-53%) and they are also likely to spend more on their health care⁶⁵.
- **Access to transport:** persons with disabilities often report that they find it difficult to travel to the health centre, and the transport or the health centre itself may not be accessible.
- **Health care staff and training:** inadequately trained staff to accommodate the needs of persons with disabilities or do not treat persons with disabilities with respect is a key concern.
- **Gender:** women and girls with disabilities face additional barriers, for example enhanced constraints on travelling independently or preconceptions about whether they need certain services, such as sexual and reproductive health services.

Women and girls with disabilities must have equal access

Women with disabilities have at least the same risk of developing health problems as women without disabilities. However, in general they may not receive the same level of preventative and curative health care due to barriers to access and the discriminatory attitudes of health care workers⁶⁶. As well as these barriers, numerous violations of women's rights have been reported from residential health care institutions, with women with psychosocial and/or intellectual disabilities being particularly exposed in such, often very deprived settings⁶⁷.

Article 17 (Protecting the integrity), Article 23 (Respect for home and family) and Article 25 (Health) of the CRPD protect the rights of women and girls with disabilities to the necessary support and services related to their health and also their right to have a family.

Mental health is integral to universal health coverage policy and practice


Persons with psychosocial disabilities are a large and important group - by 2030 depressive disorders alone are predicted to be the single greatest contributor to the global burden of disease⁶⁸. Yet this group are among the most marginalised in many communities. Lack of community support and access to adequate health care can force many to live their entire life in institutions or in poverty, excluded

⁶⁵ The World Health Surveys showed across 30 countries that households with a disabled member spent a third more on health care than other households. (WHO and World Bank 2011). [\[back\]](#)

⁶⁶ WHO and World Bank (2011). [\[back\]](#)

⁶⁷ Center for Human Rights and Humanitarian Law (2013). "Torture in Healthcare Settings, Reflections on the Special Rapporteur on Torture's 2013 Thematic Report". Center for Human Rights and Humanitarian Law Anti-Torture Initiative, Washington College of Law. [\[back\]](#)

⁶⁸ WHO (2008). "The Global Burden of Disease: 2004 update", WHO Press, Geneva: p. 51. [\[back\]](#)



by their communities. Studies show that between 76% and 85% of persons in developing countries with psychosocial disabilities do not receive adequate treatment⁶⁹. The result is a large proportion of the population might not have the chance to be economically active throughout their most productive years⁷⁰.

Similarly, recognising the key mental health component of other health sectors and routinely including indicators on mental health in management information systems will strengthen efforts to achieve targets and reduce the invisibility of persons with psychosocial disabilities.

Making universal health coverage a reality

There are already many success stories of places that have achieved or are rapidly moving towards UHC. The emerging economies of Brazil, Russia, India, China and South Africa, which make up half the global population, are all taking steps towards UHC. Kerala state in India was one of the first regions in the developing world to focus on provision of UHC in the mid 1990s, even though it was one of the poorest states in India at the time. Today Kerala provides a universal health care system and as a result life expectancy is high and the occurrence of infectious diseases low compared to other regions in India. Other areas in Asia have followed suit. In Thailand, the universal coverage scheme introduced in 2001 has resulted in a significant increase in life expectancy and a decrease in the proportion of families facing catastrophic health care costs. Malaysia and South Korea are also success stories⁷¹. Several African countries are also working towards UHC. Ghana is one example, where a national health insurance scheme has been introduced. Even Rwanda, which suffered devastating genocide in 1994, has scaled up health coverage to cover the whole nation through a health insurance scheme.

There is no 'one size fits all' approach to how UHC is achieved, but there are common features that need to be in place. A strong, efficient and well-run health system is needed. This must include effective primary health care services. The health system needs to be staffed by well-trained and motivated health workers. These services and staff need to be located close to the populations who they serve and need reliable access to essential medicines and equipment. Maintaining these structures requires strong systems' management of information and governance. Underlying these structures there needs to be strong political will, including governmental support. And, perhaps crucially, a system is needed for financing the health services.

The last question, on the cost and financing of UHC, is perhaps the biggest source of concern. The key point is that UHC is achieved through reducing high out-of-pocket spending on health, as the poorest households may not be able to afford to make any payment for health at all. This is done by increasing the


⁶⁹ WHO and World Bank (2011): p. 62. [\[back\]](#)

⁷⁰ Funk, M., and Saraceno, B. (2010). "Mental Health and development: targeting people with mental health condition as vulnerable group", WHO Press, Geneva, pp. 21-23. [\[back\]](#)






⁷¹ Savedoff, W.D., et al. (2012). "Political and economic aspects of the transition to universal health coverage. The Lancet, Sep 8, 380(9845): 924-32. [\[back\]](#)

share of health spending that is pooled, rather than paid for individually at the point of care. This means that more people can be covered, without paying out-of-pocket and that the range of services available is increased. The costs must be met somehow, and there are many ways in which this can be and is done. Taxes can be raised to cover costs, or people can contribute from their salaries. Health insurance schemes can also be implemented, which can ask for voluntary contributions or be provided free for the poorest.

Donor aid may be critical for the poorest nations to achieve UHC, which may require an increase in donor funds overall⁷². The costs of UHC may not, however, be as large as feared. Estimates suggest that US\$60 must be spent per person in order to provide the minimum essential health services⁷³. Although implementing UHC is not without cost, there are also substantial costs that will be incurred through inactivity or failure to achieve UHC. These costs include lost opportunities for economic development, catastrophic health expenditure for poor families and in the future higher expenses for health care if treatment or prevention is not given early.

WHO Director-General Margaret Chan may well be right that “universal coverage is the single most powerful concept that public health has to offer”. Persons with disabilities may be one of the groups that benefits the most from UHC, but currently may be among the most excluded. Universal health coverage therefore will not be achieved without specifically making sure that access to UHC is provided to persons with disabilities. Age, sex and disability disaggregated data is one key to monitor progress and make sure that health investment and system strengthening equally benefit all the population. 

CBM's recommendations

-  Universal health coverage should deliver **accessible services** that are consistent with the CRPD and the WHO Action Plan on Disability 2014-2021. This requires the provision of **rehabilitation services and social protection measures** that include disability related extra costs such as assistive technology, support services and additional health care costs.
-  Universal health coverage has to be **properly resourced** to make sure that everyone has access to quality health care, including persons with disabilities.
-  Data systems to collect health care outcomes must be **inclusive of data on persons with disabilities**.
-  All health related policies, programmes and services need to address **gender inequalities**.
-  **Mental health services** must be properly resourced and seen as an **integral part of the universal health coverage**.

⁷² Sachs, J.D. (2012). “Achieving universal health coverage in low-income settings”. The Lancet, Sep 8, 380(9845): 944-7. [\[back\]](#)

⁷³ WHO (2010). “World Health Report 2010”, WHO Press, Geneva. [\[back\]](#)

Example 4: Inclusive primary health care in Pakistan⁷⁴



A consultation with a doctor in one of the reconstructed health clinics after the monsoon floods © CBM

“My healthcare needs are the same as other people’s. Health is for all”

After a devastating monsoon hit the Charsadda District of north-west Pakistan, 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 health care. The reconstruction of badly damaged health care infrastructure gave CBM and its partner CHEF International the opportunity to launch a project to ensure the inclusion of persons with disabilities in the rebuilt health care system.

Persons with disabilities must receive the same levels of health care as other members of the public

According to Mr Jehangeer, who is blind, the CBM/CHEF project has enabled him to achieve his right to access health care 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 teach my other colleagues for the same thing”, he says. With regards to accessing health care, he asserts, “My health care needs are the same as other people’s. Health is for all”.

⁷⁴ CBM (2014): pp. 46-47. [\[back\]](#)

Creating accessible and inclusive health care

It is not always easy to access health care. For example, lack of access to transport or personal assistance can prevent persons with disabilities accessing health services. Mr Jehangeer 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 has 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 persons 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 health care 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, 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."

Governments need 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 rights 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 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."

2. Inclusive and equitable quality education and life-long learning

“Inclusion is not the individual’s adaptation to a standard model of development, but the appropriate response of the society through the goods and services, that should be given to each individual according to their characteristics and needs”

David Lopez, President Organización de Ciegos Marisela Toledo and Government adviser, Nicaragua

Why inclusion makes sense

Education is often considered to be the main pillar in human development, conditioning success in life. Aiming for disability-inclusive development through inclusive education is an important step to take. Inclusion begins at birth and access to early education and support is essential for any child, particularly for the most marginalised groups, such as girls and boys with disabilities. Such programmes can provide both children and families with not only pedagogical support but also better understanding of the challenges and solutions of some of the educational barriers.

CBM advocates for inclusive education in mainstream schools. This way a child can attend school with other children from the same community, learning from each other and develop social networks, all of which are important for improving quality of life and future opportunities for generating income. It should be noted that inclusive education needs support systems and resources that can be developed based on local skills and capacities, as well as educators⁷⁵ that are trained and aware about the specific requirements of children with disabilities. The case for inclusive education as an investment can also be made. The 2014 report from the London School of Hygiene & Tropical Medicine highlights some key statistics on this⁷⁶:

- In Nepal, the inclusion of persons with sensory or physical impairments in schools was estimated to generate wage returns of 20%.
- Education can close the poverty gap between people with and without disabilities: across 13 low- and middle-income countries, each additional year of schooling completed by an adult with a disability reduced the probability by 2-5% that his/her household belonged to the poorest two quintiles.
- The evidence would seem to suggest that lack of access to education leads to economic loss.

Since establishing the campaign Education for All in 2000 much progress has been achieved. However, despite this, over 77 million children are estimated

⁷⁵ In this chapter we refer to ‘educators’ rather than ‘teachers’. The term, ‘educators’ covers a wider range of teaching personnel, from early childhood workers to formally trained school and university lecturers. [\[back\]](#)

⁷⁶ Banks, L.M., and Polack, S. (2014). [\[back\]](#)

to be out of school, with at least 25 million of these being girls and boys with disabilities⁷⁷. It is widely recognised that 'Education for All' will not be achieved by the end of 2015, partly due to the fact that education for learners with disabilities was not recognised as a priority, and partly because achieving goals was based on national averages⁷⁸. In low- and middle-income countries particularly, children with disabilities have limited access to quality educational services and a higher dropout rate than children without disabilities.

The World Report on Disability notes that in a survey of 51 countries 50.6% of males with disabilities have completed primary school compared to 61.3% of males without disabilities⁷⁹. For females with disabilities, the completion rate of primary school is 41.7% compared to 52.9% of females without disabilities⁸⁰. Scarcity of reliable data makes it challenging to estimate exactly how many girls and boys with disabilities are in school (or out of it). Existing global figures suggest that approximately half of girls and boys with disabilities will either not begin their primary education or will not progress beyond primary-level schooling. For example in Nepal, almost 6% of school-age children are out of school. Of these, an estimated 85% are children with disabilities⁸¹. A study in Thailand reported that 34% of children with physical disabilities had never attended school⁸² and in Iraq, 19% of children who were deaf or hard-of-hearing and 51% of children with psychosocial or intellectual disabilities had never been to school⁸³.

Discrimination in attaining an education not only applies to primary but also secondary and university education as well as vocational training. Depriving persons with disabilities of the benefits of learning and building social networks is not only an individual loss but also a loss for the whole society. For example, up to US\$ 26 million annually was estimated to be lost to the Bangladesh economy due to reduction in wage earning of persons with disabilities with a low level of education⁸⁴.

Access to quality technical and vocational training and higher education, which reflect both livelihood opportunities within a community as well as the needs of industry and the public sector within a country, are key to ensuring employment opportunities for persons with disabilities.

⁷⁷ Inclusion International (2010). "The implication of the Convention on the Rights of Persons with Disabilities (CRPD) for education for all", London, UK. Retrieved on May 29, 2015 from: <http://inclusion-international.org/the-implication-of-the-crpdp-for-education-for-all> [back]

⁷⁸ UNESCO (2014). "Teaching and Learning: Achieving quality for all", EFA Global Monitoring Report, UNESCO, Paris. [back]

⁷⁹ WHO and World Bank (2011). [back]


⁸⁰ Ibid: p. 207. [back]

⁸¹ Ministry of Education Nepal, from Education figures released in 2011, quoted in the Leonard Cheshire, 2012: "Inclusive Education: An Introduction". Retrieved on May 29, 2015 from: https://www.leonardcheshire.org/sites/default/files/LCD_InclusiveEd_012713interactive.pdf [back]

⁸² UNESCO (2014). "Teaching and Learning: Achieving quality for all", EFA Global Monitoring Report. UNESCO, Paris: p. 56. [back]

⁸³ Ibid: p. 9. [back]

⁸⁴ World Bank (2008). Project appraisal document on a proposed credit to the People's Republic of Bangladesh for a disability and children-at-risk project. Washington, World Bank. [back]

**Box 6: Barriers and enablers to education for children with disabilities in Nepal**

Measures must be taken to identify and address the different barriers to education. In this regard, Plan International published a qualitative study on the barriers and enablers to education for children with disabilities in Nepal⁸⁵. The study found that the main barriers to education included caregiver and teacher attitudes, lack of transportation and poor accessibility within schools, economic factors, behavioural problems and the health of the children. The core enablers included children's attitudes towards school, supportive caregivers, teachers and peers, and the role of Plan International and other NGOs who supported children with disabilities in accessing education.

It is also essential that schools are learner-friendly, safe, secure, and healthy places for all children and that child protection (i.e. the elimination of corporal punishment, child marriage, gender-based violence and child labour) is a key goal of the framework.

Source: Pram Ayril, Learning Coordinator, Plan Nepal

The right to inclusive education

Education is a fundamental human right. It is central to achieving economic development, increasing income and sustaining a healthy society. It helps to improve lives, give better job opportunities and increases earning capacity and provide chances for people to influence and have a say about their destiny. Education is a powerful tool for all learners, including those with disabilities: it equips them with the knowledge, confidence and effective communication and social skills to break down institutional barriers.

Three international human rights treaties refer to inclusive education. Article 24 of the Convention on the Rights of Persons with Disabilities reinforces the right to education for persons with disabilities, and that it shall be provided in an inclusive way within the general education system. It stresses, amongst others, the importance of local education, reasonable accommodation, and that education is provided in accessible methods and communication, such as Braille, sign and/or audio language and easy-to-read format.

Articles 28 and 29 of the Convention on the Rights of the Child address the right to education and that education includes support for children to develop their full physical and mental potential, their talents, respect for human rights and the environment, respect and tolerance for others.

Article 10 of the Convention on the Elimination of all forms of Discrimination Against Women recognises the right of women, including women and girls with disabilities, to have the same opportunities as men in all aspects of education and training throughout the whole education cycle.

⁸⁵ Plan International, London School of Hygiene & Tropical Medicine and the International Centre for Evidence in Disability (2014). "Include Us in Education! A qualitative research study on barriers and enablers to education for children with disabilities in Nepal", Plan International. [[back](#)]

Inclusive learning environments

An inclusive education system is good for all learners, as it is based on a strategy on learning that accepts the diversity of children as a general value. There is a benefit to everyone of having children, educators, parents and community members with disabilities participating in school. Inclusive education requires the development of local skills and capacity.

With the support of CBM, the Organización de Ciegos Marisela Toledo is implementing a programme that helps the practical preparation of future educators. The organisation visits different teacher training colleges to build students' awareness and capacity in the subjects they would need to lecture blind students, i.e. Braille, abacus work, orientation and mobilisation. "This is an example that we hope the government can adopt and institutionalise in the future," says the president of the organisation, David Lopez⁸⁶.

To fully implement inclusive principles, educators and schools should be empowered to instruct learners with a variety of educational needs and learning styles; facilitate academic and social inclusion within and beyond the classroom; and explore flexible approaches to school organisation, teaching and learning materials, curriculum development and assessment. In addition to eliminating obstacles and barriers to education, access to affordable and quality health and social services, assistive devices and technology is fundamental for children to access and learn in schools.

For example:

- If a learner with a physical disability cannot enter or move around a school building, efforts need to be made to improve physical accessibility, such as: installing ramps, handrails and smoothing paths; arranging desks to facilitate movement around the classroom; and rethinking school management with accessibility in mind, e.g. adjusting timetables so that lessons are located within accessible rooms.
- If a learner with an intellectual disability cannot learn at the same rate as his/her peers, adjustments to the curriculum and working in teams, where everyone adds to the result based on his/her capacities, will make it possible that at the end of the process, all participants identify with their progress which is based on individual resources, interests and needs.

Social environments need to be adjusted as well. If a girl or boy with a disability is consistently excluded from classroom discussions, they will be limited in making progress with learning, due to not being given opportunities to participate on an equal level with their peer group. Educator and peer attitudes, as well as teaching and learning practices, need to be transformed so that all learners are enabled and empowered to participate equally⁸⁷.

⁸⁶ President Organización de Ciegos Marisela Toledo and Coordinator of the National Cabinet of Persons with Disabilities (Government Advisor). [\[back\]](#)

⁸⁷ Tesni, S., and Keenon, A. (2014). "Inclusive Education is for Everyone: CBM and the Global Campaign for Education 2014", CBM, November 2014. [\[back\]](#)

Example 5: Inclusion – the vision of a head teacher in Ethiopia



Children attending a class where sign language is taught at the Jerusalem Inclusive School in Ethiopia. © CBM

Jerusalem Inclusive School (a CBM partner), in Ethiopia was established by head teacher, Mr Yihayes Chane, who is deaf himself. The emphasis is on including children with and without disabilities, so they can learn, play and live in an inclusive and diverse environment. Each class includes learners who are deaf or hard of hearing, with intellectual disabilities, physical disabilities and visual impairments. Every teacher is able to communicate fluently in sign language. Community members are also encouraged to attend lessons in sign language. Changing the attitude of the community towards inclusive education took some time initially, but through community awareness and school children achieving academic as well positive experiences of inclusion, parents became convinced of the benefits of inclusive environments. The Jerusalem Inclusive School now has a waiting list of learners wanting to attend.

This example indicates that with a positive, determined vision for inclusion, quality teacher preparation and commitment from educators, education for all is possible.

It is vital to consider how the education environment could be transformed to support the intersection between gender and disability. Social and cultural barriers can severely impede girls and women with disabilities from accessing educational institutions as both learners and educators. For example, when schools do not provide safe, private and accessible sanitation facilities for girls and women, or when educators and parents do not believe that girls and women

with disabilities should or could be educated, then they will face additional barriers to accessing education⁸⁸.

Schools, vocational training centres and universities should be safe and welcoming places, celebrating diversity and enabling people's voices in all aspects of their daily lives. This is especially true of marginalised groups such as persons with disabilities, indigenous peoples and in multi-linguistic contexts.

Box 7: Plan International's recommendations for transforming education

A transformative education agenda should ensure the availability and accessibility of quality education in all situations, including in emergencies and conflict. In order to prioritise inclusive education in such contexts, it is crucial that indicators on school safety and the integration of emergency prevention, preparedness, response and recovery in education sector plans and budgets are recorded. It is also important to include indicators on school safety that provide an impetus for ensuring that children's education is not interrupted during disasters and education contributes to resilience building, including peace building and climate change adaptation.

In order to achieve equitable and inclusive quality education and life learning for all, a number of indicative target areas should be considered. For instance, by 2030, all children, including those with disabilities, should complete primary and secondary education and all forms of violence in and around learning environments should be eradicated, to ensure safe, supportive, healthy and inclusive learning environments for all. Plan International recommends a range of measures that can be adopted by communities, schools and governments, to improve access to education and safety for all children. For instance, the improvement of physical accessibility, including accessible water and sanitation facilities, curricula, resources and teacher training, as well as improved measures to address violence, bullying, stigma and discrimination in and out of the classroom. It is also recommended that children with disabilities should have greater access to health and rehabilitative services, including the provision of assistive devices. The health needs of children must also be addressed in order to achieve improved educational outcomes.

Source: Aidan Leavy, Inclusion Specialist, Plan International

Accessibility and inclusive education

Access to assistive devices and technology improves quality of life, access to school, employment, and community activities for persons with disabilities. The Committee on the Rights of Persons with Disabilities adopted a General Comment on accessibility in 2014, which also gives guidance on education. "Modes and

⁸⁸ Tesni, S., and Keenon, A. (2014). [\[back\]](#)

means of teaching should be accessible and should be conducted in accessible environments. The whole environment of students with disabilities must be designed in a way that fosters inclusion and guarantees their equality in the entire process of their education”⁸⁹.

Digital media has become an increasingly important means of information, communication and social interaction. Children with disabilities face barriers in accessing the benefits of digital media and information and communication technology (ICT), for a number of reasons including inaccessible design of devices, websites and social media platforms and, more importantly, the high costs of technology⁹⁰. Those living in rural areas are even less likely to have access due to poverty, lack of electricity and knowledge of the existence of accessible technology. The impact of digital media and ICTs in education has great potential to either significantly enhance and ensure the inclusion of children with disabilities, or to sustain unequal opportunities for learning.

Some good examples are provided by UNICEF, who in collaboration with partners, systematically identifies, assesses and develops promising innovations in educational ICT such as accessible children’s stories in various formats e.g. audio and sign language, or easy-to-read text⁹¹.

CBM’s recommendations

- ✔ **Inclusive education and vocational training must be a priority** with a focus not only on access but also on learning outcomes at primary, secondary and tertiary levels for all learners, including women, men, girls, and boys with disabilities in rural as well as urban areas.
- ✔ Ensure that all schools and other educational institutions provide safe, healthy, **non-discriminatory and inclusive learning environments for all**.
- ✔ **Data regarding access to, and retention in education must be disaggregated** so that it covers all marginalised groups, including women, men, girls, and boys with disabilities living both in rural and urban areas.
- ✔ **Human resource capacities** in the educational sector need to be strengthened and adequately financed, in order to promote retention and quality of learning outcomes.
- ✔ **Children affected by emergencies and conflicts** must be given the possibility of continuing their education and children with disabilities must be given equal opportunities and the necessary support.
- ✔ **Access to inclusive early education, early intervention and support** is essential for any child, including girls and boys with disabilities.

⁸⁹ CRPD/C/GC/2 General comment No. 2 (2014) Article 9: Accessibility. [\[back\]](#)

⁹⁰ Observatorio Accesibilidad TIC Discapnet, Accesibilidad de plataformas de Redes Sociales, December 2010. Retrieved on May 29, 2015 from: http://www.discapnet.es/Observatorio/Observatorio_Accesibilidad%20redes%20sociales_Version_detallada.pdf [\[back\]](#)

⁹¹ UNICEF. Innovations in education. Retrieved on May 29, 2015 from: www.unicef.org/education/bege_73537.html [\[back\]](#)

3. Gender equality and women's empowerment

“To be truly transformative, the post-2015 development agenda must prioritize gender equality and women's empowerment. The world will never realize 100 per cent of its goals if 50 per cent of its people cannot realize their full potential”

Ban Ki-moon



Women's rights at the heart of development cooperation

John Hendra

In mid-July 2014 a key negotiating mechanism for the post-2015 development framework, the Open Working Group on Sustainable Development, released its report outlining a set of 17 proposed Sustainable Development Goals (SDGs) to be achieved by 2030⁹². Their report included a dedicated goal for gender equality and women's empowerment, as well as gender-specific targets under a number of other goals.

Indeed, looking back over the past years since the Open Working Group began its work, there has been a groundswell of support for ensuring gender equality and women's empowerment is robustly addressed in the new generation of sustainable development goals.


The millions of people who participated in the UN Development Group consultations, and who have had their say in the MY World survey prioritised gender equality. As recent analysis by the UK's Overseas Development Institute shows⁹³, equality between men and women ranks 8th among women and 11th among men globally, and was selected as a priority by 35% of women and girls. Moreover, about four in ten of female respondents in the most unequal countries according to UNDP's Global Inequality Index selected gender equality as a priority, and about half of women in the most gender equal countries also selected it as a priority⁹⁴.

The UN Secretary-General's High-Level Panel on post-2015 called for a dedicated gender goal, as did the Global Compact, and the Sustainable Development Solutions Network prioritised gender equality within a social inclusion goal. At the 58th session of the Commission on the Status of Women, Member States recognised that some of the most critical gender equality challenges were missing from the MDGs - such as violence against women, women's disproportionate responsibility for unpaid care work, and women's unequal access to productive assets, including land - and called for these issues to be addressed in the post-2015 development framework.

⁹² United Nations. Sustainable development. Retrieved on May 29, 2015 from: <https://sustainabledevelopment.un.org/owg.html> [back]

⁹³ Bhatkal, T. (2014). "What do women want? Gender, perceptions data and development priorities", Overseas Development Institute, London. Retrieved on May 29, 2015 from: <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9117.pdf> [back]

⁹⁴ UNDP. Gender inequality index. Retrieved on May 29, 2015 from: <http://hdr.undp.org/en/content/gender-inequality-index-gii> [back]



So it was becoming clear even before the Open Working Group released its report that a gender goal was likely to be included in the outcome document. What was less clear was just how transformative such a goal would be, and in particular, to what extent it would build on MDG number 3 to address the structural inequalities and discrimination that underpin and reinforce gender inequality, and also address the critical gender equality challenges that were missing from the MDGs.

In this regard, it was very welcome indeed to see the targets in the gender equality goal proposed by the Open Working Group on Sustainable Development go much further, by addressing key structural constraints to gender equality, including gender-based discrimination, violence against women and girls, harmful practices such as early, child and forced marriage, women's disproportionate share of unpaid care work, lack of equal participation in decision-making in political, economic and social life, and lack of access to sexual and reproductive health and rights. It was also very welcome to see some important gender equality targets included in other SDGs, including reducing maternal mortality, equal rights to economic resources, eliminating gender disparities in education, full and productive and decent work for all women and men, and equal pay for work of equal value. This is because commitment and action in these areas really has the potential to transform gender relations and the lives of women and girls everywhere.

What is more, the Open Working Group recognised the importance of addressing inequalities, which is so important in light of the intersection between gender inequality and multiple forms of discrimination. The Open Working Group retained a dedicated SDG on reducing inequality within and among countries that includes a target on ensuring equal opportunity and reducing inequalities of outcome. The SDG on cities and human settlements calls for access for all to housing and basic services, transport systems, and safe public spaces including for women, children, older persons and persons with disabilities. Also important for efforts to promote gender equality and women's rights is the inclusion of the goal on peaceful societies, access to justice and institutions, which includes specific targets on reducing all forms of violence, inclusive, participatory decision-making at all levels, and providing legal identity for all, including birth registration.

As the discussion increasingly turns to considering not only the 'what' of the new generation of sustainable development goals, but also the 'how' – means of implementation - it was also particularly welcome to see the call by the Open Working Group for increased availability of data disaggregated by income, gender, age and disability characteristics in the proposed SDG number 17. Further, the recently released report of the Intergovernmental Committee of Experts on Sustainable Development Financing has highlighted the need for a people-centred, inclusive approach to achieve results on the ground, stressing that gender equality and the inclusion of marginalised groups including persons with disabilities must be ensured. The Dialogues on Implementation⁹⁵ supported by the UN Development Group in 50 countries have also underscored the need

⁹⁵ Dialogues on Implementation of the Post-2015 Development Agenda. Retrieved on May 25, 2015 from: <https://www.worldwewant2015.org/sitemap> [back]

for participation, inclusion and accountability if the new agenda is to succeed. In particular, they have highlighted the importance of including the full diversity of stakeholders, and paying specific attention to the inclusion of marginalised groups and individuals, including women and girls, and all persons with disabilities.


Looking forward on gender and equality

It will be very important to keep the level of ambition high – if not to raise it even higher. Especially critical will be to ensure a much greater focus on human rights throughout any future development framework, to better recognise the important linkages between the enjoyment of human rights, and all three dimensions of sustainable development. Retaining a strong focus on addressing multiple, intersecting forms of inequality and discrimination will be key. Stronger language in some targets of the SDGs on gender is essential to deliver real change for women and girls, for example:

- The target on ending discrimination should refer to ending discrimination in laws, policies and practice, as well as referring to substantive gender equality.
- The target on unpaid care work should call for the reduction and redistribution of unpaid care work as well as its recognition.
- The target on participation should refer to equal participation in public and private spheres to ensure equality in decision-making within the household is also captured, and women's participation in peace building must be specifically included.

Also critical is inclusion of a strong target on sexual and reproductive health and rights, which recognises that these concepts have advanced since the Beijing Platform for Action and International Conference on Population and Development were agreed. Finally, a substantive target on access to resources including land is vital, as equal rights to inheritance, assets, and resources are intrinsically important and not only a means to achieving gender equality.

Regarding means of implementation, ensuring the full participation of women and girls in implementation, monitoring and accountability mechanisms, and partnerships, as well as adequate investment in gender equality commitments is essential. Supportive national laws and policies that are rights based and in line with international commitments, the right indicators, and gender responsive data to measure progress are also vital to create an enabling environment for gender equality and women's empowerment.

As the world nears the finish line for formulating the post-2015 development framework, we must lift our game, and really tackle discrimination and inequality in all its forms, and put gender equality, women's rights, and women's empowerment at the heart of a new generation of sustainable development goals. We owe the world's women and girls, and most of all those who are poorest, most at risk, and most marginalised, nothing less. 

Intersectionality of gender and disability

Women and girls with disabilities make up a significant percentage of the world's female population; yet their experiences and issues, which are mostly similar to those faced by all women and girls, have traditionally remained invisible from both disability and gender policies. Typically, women and girls with disabilities in the context of development have not received sufficient attention, and when they do, it is usually within the context of 'vulnerable' populations, or as 'special concerns' or at the end of a list of marginalised groups⁹⁶. This is also true from a human rights standpoint, for example, some international human rights lawyers have suggested that women and girls with disabilities have failed to be afforded, or benefit from provisions in international, regional and national laws, standards and agreements⁹⁷.

Progress is being slowly made to increase the visibility of the issues faced by women and girls with disabilities in both the disability and gender movements. Studies have highlighted the common issues and shared experiences between women and girls with disabilities and women and girls without disabilities in areas such as gender-based violence, access to sexual and reproductive health, lack of visibility in decision-making fora and lack of access to social and economic opportunities.

Box 8: Exclusion of women with disabilities in development

Exclusion from participating in a sustainable inclusive economy:

women and girls with disabilities face barriers in accessing traditional routes used to escape poverty, including education and employment. Statistics from the World Report on Disability highlight that 41.7% of females with disabilities completed primary school compared to 52.9% of females without a disability and 50.6% of males with disabilities. Employment rates were also shown to be lower for women, 52.8% for men with disabilities and 19.6% for women with disabilities⁹⁸.

Increased risk of violence and abuse: women and girls with disabilities by virtue of being female as well as having a disability are at an increased risk of violence and face barriers in accessing the vital support services to recover and escape from violence. A study by the UNDP found that women with disabilities were less likely to access support, refuge or legal redress than their peers without disabilities⁹⁹.

Access to justice: women and girls with disabilities in seeking justice face barriers, particularly in the area of redress for violence and abuse and control over their own bodies. A Human Rights Watch report highlighted how the

⁹⁶ For example, see "Issues brief prepared by the TST for the Open Working Group meeting on Gender Equality and Women's Empowerment". p. 6. [\[back\]](#)

⁹⁷ Ortoleva, S., and Frohmader, C. (2013). "The Sexual and Reproductive Rights of Women and Girls with Disabilities". ICDP Beyond 2014, International conference on human rights, Issues paper, July 1st 2013. [\[back\]](#)

⁹⁸ WHO and the World Bank (2011). [\[back\]](#)

⁹⁹ UNDP (2009). "Pacific sisters with disabilities: at the intersection of discrimination", UNDP Pacific Centre, Fiji. [\[back\]](#)

women and girls with disabilities they interviewed had tried to seek redress for sexual violence but failed¹⁰⁰.

Prejudice and discriminatory attitudes in sexual health, reproductive rights and in the right to family life: prejudicial views of women and girls with disabilities impact negatively on their rights to access information and programmes on sexual and reproductive rights.

Minimal participation in political and public life: while women's political participation rates in general are low compared to men's, the participation rates of women with disabilities are low to non-existent.

However, while most of the experiences are shared between women and girls with disabilities and women and girls without disabilities, some however are also distinctly related to being a woman with a disability, as eloquently pointed out by a quote from Silvia Quan, Chief Officer of the Disability Rights Defence Unit at the Guatemalan Human Rights Procurator's Office, interviewed by CBM for International Women's Day 2014.

“Women with disabilities, even within the broader group of women, encounter severe disadvantages because of the few or non-existent conditions of physical accessibility, accessibility to information and communication, the limited access to education and basic health and rehabilitation services. In addition, the stigma that exists about women with disabilities does not affect women without disabilities, the perception that women with disabilities are economic and social burdens, and asexual, therefore makes them more likely to be victims of sexual violence”

A lot achieved and more to be done

As the post-2015 development framework deadline approaches, it is important to highlight the progress that has been made on a number of fronts with regard to issues faced by women and girls with disabilities. First of all, there has been progress in strengthening and clarifying how human rights apply to women and girls with disabilities. The rights of women and girls with disabilities are protected by the Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child (in the case of girls with disabilities) and the Convention on the Rights of Persons with Disabilities. This latter clarifies existing rights and includes an Article specific to women and girls with disabilities ensuring that it takes account of issues specific to gender equality while also providing specific protection for women and girls with disabilities. Furthermore, in 2014, the UN Committee on the CRPD began preparing a General Comment on women and girls with disabilities. This General

¹⁰⁰ Human Rights Watch (2010). “As if we weren't human: Discrimination and Violence Against Women”, Uganda. [[back](#)]



Jemimah Kutata trained at a tailoring workshop and afterwards took a secretarial course at college in Mombasa. Today, she works as personal assistant to the executive officer of the Association for the Physically Disabled of Kenya. In addition, she designs clothes and models. © CBM/argum/Einberger

Comment when finally adopted will, it is hoped, ensure a thorough understanding of the issue and also look at different ways treaty committees can work together on strengthening human rights for women and girls with disabilities.

Secondly, as stated earlier in this chapter the recognition of the need for development to address inequalities opens up opportunities for women and girls with disabilities to be included in measures which tackle inequality on a broader level, rather than solely through a disability specific perspective. Tackling inequality for women and girls with disabilities requires a shift in thinking from addressing issues solely through a disability lens, to one that also incorporates a gender perspective. More often than not the discrimination experienced by women and girls with disabilities is not easily attributable to one factor, or as a result of their disability, but instead a range of factors, which include the different economic, social, political and cultural contexts they may live in, and the stigma they face within these contexts. Developing future programmes and policies to tackle inequality must recognise these intersections.

Thirdly, the post-2015 processes have opened up many opportunities for alliance building and sharing of common experiences among different advocacy movements. The international disability community in setting out its message for an inclusive post-2015 development framework has done so in collaboration with a range of different actors coming from the perspectives of gender, HIV/AIDS, ageing and the environment. A continuation of this collaboration, and its approach to highlighting how inequality affects everyone regardless of belonging to one particular identity, is vital. For women and girls with disabilities and the

organisations representing them, this means there must be positive engagement and dialogue with both the gender and disability movement if governments are to be held accountable to the commitments they make in the future development framework.

In conclusion, tackling the discrimination and inequalities experienced by women and girls with disabilities requires an approach that addresses both gender inequalities and the specific issues that women and girls with disabilities face. It also requires a positive dialogue between women and girls with disabilities and the wider gender movement and a celebration of how disability and gender makes them who they are. Ola Abu Alghaib, an expert in disability, gender and development, from Ramallah in Palestine, interviewed by CBM for International Women's Day 2014, illustrates this powerfully:

“Women's rights are important for me because I see myself first and foremost as a woman, not as a woman with disability and that's my identity”

CBM's recommendations

- ✔ Ensure that the future development frameworks and programmes support gender equality and **recognise the intersectionality between gender and disability.**
- ✔ Inclusive **growth strategies must address the barriers women and girls with disabilities face** in accessing education and employment opportunities.
- ✔ Responses to **gender based violence must address the unique aspects of violence against women and girls with disabilities**, including their access to vital support and recovery services.
- ✔ Measures to improve **women's access to justice must address the barriers faced by women and girls with disabilities**, and in particular include a range of measures to build capacity and awareness of their rights.
- ✔ Measures to support the rights of women in **exercising control over their own bodies and family planning must be inclusive of women and girls with disabilities.**
- ✔ Action taken to improve **women's participation in political and public life must include women and girls with disabilities.**

Example 6: A brighter future for families of children with disabilities in Kenya

It is generally accepted that women and men with disabilities and families with disabled members are more susceptible to poverty. Persons with disabilities face discrimination on a number of grounds and this can be further intensified for women with disabilities. Also, families, which include children or adults with disabilities, are more at risk of poverty and marginalisation than the general population and much of the caring rests with the mother or the daughters in the family.

As a response to the drought in Kenya in 2011, CBM in partnership with SPARK, a local community-based rehabilitation programme facilitated women and men 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 have continued to operate 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.

Three people who are active participants of the self-help groups include Alice Igoki, Eunice Muriuki and Brighton Mwende.

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. The name of the self-help group Alice is involved with translates to mothers supporting one another. The members of the group have children with different disabilities.

Quote from Alice: "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."

Brighton Mwende is 21 years old and has cerebral palsy. For many years Mwende constantly had to fight the prejudice that men with disabilities cannot support their families. As a result of the self-help groups Mwende is now a businessman. He crushes mortar for sale, and is also a farmer who employs two coffee pickers. In addition, Mwende buys maize from the market and sells it at a profit to his neighbours. All this enables him to support his mother and brothers.

Quote from Mwende's mother: "Mwende is 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."

Eunice Muriuki is a woman with disability. Involvement in the self-help groups has made her more independent and less reliant on others, thus increasing her status. Eunice has positive hopes for the future.

Environmental sustainability

1. Achieving 'Cities for All'

“Our future will be decided in cities. The world is failing in how it plans, builds and manages its cities, and subsequently failing in creating a sustainable future for us and our next generations”

Joan Clos, Executive Director of the UN Settlements Program¹⁰¹

In 2014, for the first time in history, and irreversibly, more than half of the population live in cities. The dominance of cities as the preferred habitat of humankind places the process of urbanisation among the most significant trends of the twenty-first century¹⁰².

A major trend accompanying urbanisation is the growing proportion of the world's poor living in cities where seven out of ten urban residents in the world are found in developing countries¹⁰³. Official forecasts of the United Nations estimate that 93% of urban growth will occur in low-income nations, with 80% of urban growth occurring in Asia and Africa¹⁰⁴.

While cities in high-income countries continue to face issues such as social exclusion and residential segregation with persistent pockets of poverty, these problems in low- and middle-income countries become magnified due to the lack of proper urban management. Uncontrolled urbanisation raises multiple challenges: poor access to land and housing, reduced or non-existent access to basic infrastructure services, risks due to natural disasters and climate change, residential segregation, social violence, poor living conditions, insufficient public transport, and the prevalence of insecure jobs in an informal economy¹⁰⁵.

Future cities and human settlements

An inclusive city promotes growth with equity. It is a place where everyone, regardless of their economic means, gender, race, ethnicity, disability or religion, is enabled and empowered to fully participate in the social, economic and political opportunities that cities have to offer.

Governments are beginning to recognise the challenges and opportunities that are shaping cities and urban places across the world¹⁰⁶. Urbanisation provides

¹⁰¹ Joan Clos, executive Director of UN Human Settlements Program, United Nations Special event on sustainable cities in December 2013. [\[back\]](#)

¹⁰² UN Habitat. World Habitat Day, October 6, 2014. Retrieved on May 29, 2015 from: <http://unhabitat.org/wp-content/uploads/2014/07/WHD-2014-Background-Paper.pdf> [\[back\]](#)

¹⁰³ Ibid. [\[back\]](#)

¹⁰⁴ UNFPA (2007). “State of world population: Unleashing the Potential of Urban Growth”, United Nations Population Fund, New York. [\[back\]](#)

¹⁰⁵ Sustainable Development Solutions Network (2013). “The Urban Opportunity: Enabling transformative and Sustainable Development”, Background paper for the High-Level panel of Eminent Persons on the Post-2015 Development Agenda. SDSN: p.13. [\[back\]](#)

¹⁰⁶ United Nations (2012). “The Future we want”, Resolution 66/288 adopted by the General Assembly July 2012. [\[back\]](#)



both the setting and the momentum for global change. Identifying the progress made and the challenges remaining in achieving the MDGs and improving the life of slum dwellers have led to governments and international agencies reaffirming the importance of sustainable urbanisation in order to achieve the post-2015 development framework. During 2014, discussions and debates in the light of this new framework resulted in a key negotiating mechanism called the Open Working Group proposing 17 Sustainable Development Goals (SDGs) to be achieved by 2030, including a goal for ensuring inclusive, safe, resilient and sustainable cities and human settlements¹⁰⁷.

The Sustainable Development Solutions Network and its thematic group on sustainable cities outlines the “unprecedented opportunity to use the urbanisation process as a catalyst for sustainable economic and social development: amongst opportunities, urban infrastructure investment can enable growth, employment and poverty reduction”¹⁰⁸. Urbanisation, when properly planned, can contribute positively to the creation of inclusive cities and sustainable development for all. For instance, access to basic services is more achievable in well-managed urban areas.

While cities are interrelated to all aspects of the SDGs (i.e. poverty eradication, protection of the environment, gender equality), a ‘City for All’ remains an unrealised utopia in many countries where the necessary conditions and resources do not exist or remain insufficient to transform cities and urban places along sustainable development pathways¹⁰⁹. More than shaping a sustainable long-term vision for cities, it is the provision of the means of implementation and concrete solutions to achieve such a vision, which are indispensable and necessary. Indeed, without political will, tools (e.g. legislation, design standards and norms), expertise, and financial resources, answers to urbanisation will remain difficult and incomplete.

Participatory planning for sustainable and inclusive cities

Participatory planning and decision-making are at the heart of the concept of an inclusive city. In this process, local government as well as local communities have a critical role to play. The key to a successful urban improvement project lies in the relationship with the community, as this relationship will guide the nature and quality of the urban project and its implementation¹¹⁰.

Tools to facilitate participation in dialogues at a local level have been developed to make the connection between community expectations and the requirements of town planning. Experiences such as the Community Action Plan of Villa Rosa in Haiti are good examples of collaborative work helping informal urban

¹⁰⁷ United Nations (2014). Open Working Group proposal for Sustainable Development Goals. Retrieved on May 29, 2015 from: <https://sustainabledevelopment.un.org/focussdgs.html> [back]

¹⁰⁸ Sustainable Development Solutions Network (2013). [back]

¹⁰⁹ Ibid. [back]

¹¹⁰ Deprez, S., and Labuttut, E. (2011). “La reconstruction de Port-au-Prince, Analyse et réflexions sur les stratégies d’interventions en milieu urbain”, Mission d’appui du 5 septembre au 1er octobre, Solidarités international. Retrieved on April 8, 2015 from: <http://www.alnap.org/pool/files/mission-appui-retour-quartier-rapport-final.pdf> [back]

neighbourhoods to recover public spaces, sustainable housing, and circulation paths (see Box 9). The principle of the strategy is that the communities themselves actively participate in the planning process (via focus group discussions, planning workshops, validation sessions, field visits and surveys), and ultimately improve their neighbourhoods in collaboration with local authorities with technical and financial assistance from international and local partners¹¹¹.

Box 9: Community-led planning supported by Architecture for Humanity

As part of the Haiti post-2010 earthquake efforts to improve the quality of life of urban dwellers, the community led planning approach in the neighbourhood of Villa Rosa resulted in:

1. An urban diagnosis aimed at identifying main issues and priorities that the community wanted to address such as: improving mobility and safety, developing public spaces and green areas, collecting waste and preserving the ravines.
2. A community action plan that aimed to translate these priorities into actions through the design and the implementation of planning recommendations by the community itself such as wider and safer pathways or shaded public spaces with solar powered lighting for evening use¹¹².
3. The enhancement of social inclusion and community ownership thus creating an opportunity for marginalised groups to participate and for the community to make its own decisions.

In Haiti today, participatory planning approaches are numerous and they all emphasise the importance of citizen engagement in local urban development plans and processes in order to enable better governance and accountability. Participatory planning requires a good knowledge of the national and local context, the mechanisms, and the social rules that conditioned the spontaneous urbanisation of a specific area¹¹³.

Successful urbanisation can be achieved only if the needs and community practices are taken into account to produce an environment that incorporates mechanisms for public participation and representation of all users, including women, older people, and persons with disabilities¹¹⁴.

¹¹¹ Read more about the Villa Rosa project at http://openarchitecturenetwork.org/projects/villa_rosa_ipa [back]

¹¹² Read the full online article at <http://architectureforhumanity.org/blog/06-18-2012/intense-collaboration-community-planning-and-urban-acupuncture-villa-rosa-port-au> [back]

¹¹³ Preuvot, N., Chaboche, M., and Dukhan, A. (2014). "L'AFD & l'intervention en quartiers précaires. Retours d'expériences et recommandations stratégique", Agence Française de Développement, Paris. Retrieved on May 29, 2015 from: <http://issuu.com/objectif-developpement/docs/afd-quartiers-precaires-vf> [back]

¹¹⁴ Forsman, Å. (2010). "A situational analysis of metropolitan Port-au-Prince, Haiti", Strategic citywide spatial planning, Summary report, UN Habitat, Nairobi. Retrieved on May 29, 2015 from: http://sheltercentre.org/sites/default/files/un-habitat_2010_strategic_citywide_spatial_planning_-_a_situational_analysis_of_metropolitan.pdf [back]

Accessibility – a key to build ‘Cities for All’

Barriers to the inclusion of persons with disabilities in urban environments encompass a range of interrelated physical, social, economic and attitudinal factors. A quick look at cities and towns around the world shows a challenging picture faced by persons with disabilities. They face considerable discrimination regarding mobility and accessing urban infrastructures and services (i.e. housing, clean water, education, employment, health services), which not only results in exclusion but fewer opportunities for employment, education or political participation, thus maintaining the status of poverty.

Box 10: Barriers to inclusion in cities

- Access to land rights is often restricted for persons with disabilities.
- Housing opportunities are limited due to design and construction being inaccessible and there is often a lack of accessible and adequate information on housing options¹¹⁵.
- Economic disadvantage of persons with disabilities (affecting general affordability and ability to secure financing).
- Negative attitudes of actors involved in the process of building, selling, and allocating housing towards persons with disabilities.
- Lack of access to public transportation and the increased use of individual motorised transport are also examples of the pervasive barriers to mobility that contribute significantly to the social and physical isolation of persons with disabilities. For example, in Port-au-Prince, Haiti, the majority of daily trips are made on foot, mostly on hazardous walkways that are uneven and narrow under normal conditions and become impassable or completely disappear under rain or erosion.
- Lack of participation in the decision-making and voting processes that eventually influence the future of their communities is restricted due to the lack of access to information (i.e. accessibility of voting sites and ballots).

These barriers highlight the crucial role of accessibility and the necessary interventions that should be made in areas such as the physical environment and transport. The cost of investing in accessible infrastructure and services is often mentioned as an obstacle but the initial capital has proven well worth the social and economic returns in sectors such as tourism¹¹⁶.

The Convention on the Rights of Persons with Disabilities emphasises the need for policy makers and planners to develop inclusive planning strategies in close

¹¹⁵ Hemingway, L. (2014). "Housing and Independent Living", Chapter 22 in *Disabling Barriers-Enabling Environments*, Third Edition. Ed. Swain J. et al. SAGE Publications, London. [\[back\]](#)

¹¹⁶ European Commission (2014). "Economic impact and travel patterns of accessible tourism in Europe, Final Report", European Commission, DG Enterprise and Industry. [\[back\]](#)



Wheelchair user and urban traffic in the streets of Port-au-Prince. © GBM Haiti/ F. Dupoux 2012.

collaboration with organisations of persons with disabilities. Article 9 of the CRPD on Accessibility makes clear that governments must take appropriate measures to ensure that persons with disabilities have access to built environments, transportation and information and communications technologies. Accessibility is thus a vital key in the interaction between people and their physical and digital environments. Universal and equitable access is a key element of an inclusive sustainable development, which demands respect for differences and emphasises variety over conformity. Among the ideas and values that constitute the concept of an inclusive city are accessibility, multi-functionality, equity, partiality, and universality¹¹⁷.

Although 80% of the world's one billion persons with disabilities live in developing countries, very few of them actually benefit from development efforts¹¹⁸. In July 2013, during the UN Department of Economic and Social Affairs (UN DESA) forum and dialogue on the post-2015 development frameworks and disability, major stakeholders reaffirmed that the future framework will not succeed without the inclusion of disability and its exclusion will pose a significant missed opportunity for development.

“Designing for the needs of disabled people has never been a significant feature of the development process, nor of urban design theories and practices”¹¹⁹

¹¹⁷ Prince, J. (2008). “Inclusive City Life: Persons with Disabilities and the Politics of Difference”, *Disabilities Studies Quarterly*, Volume 28, No.1. [\[back\]](#)

¹¹⁸ Braithwaite, J., and Mont, D. (2008). “Disability and poverty: a survey of World Bank poverty assessments and implications”, *Social Protection discussion paper No. 0805*, World Bank. [\[back\]](#)

¹¹⁹ Imrie, R., and Hall, P. (2003). “Inclusive Design: Designing and Developing Accessible Environments”, Spon Press, London. [\[back\]](#)

Urban planning as a tool for inclusion

The introduction in the post-2015 development framework of a target around inclusive, safe, resilient, and sustainable cities and human settlements is an opportunity to reduce the barriers faced by persons with disabilities in urban cities and low-income settlements. If the cities and human settlements of tomorrow have to reflect the diversity of society, the needs of all social stakeholders will have to be addressed through an inclusive, flexible approach to urban design and planning.

Box 11: Universal design principles

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 design¹²⁰. Universal design does not exclude assistive devices for particular groups of persons with disabilities where this is needed¹²¹.

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.

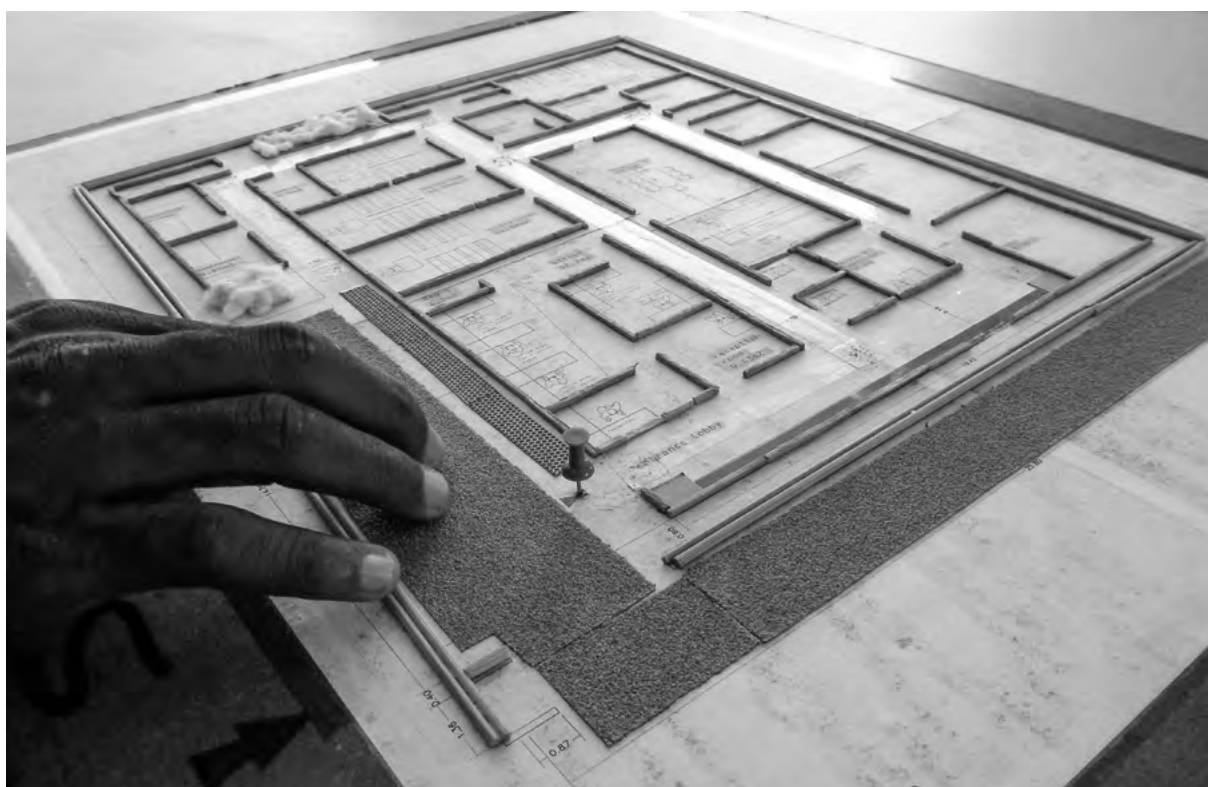
¹²⁰ Australian Aid (2013). "Accessibility Design Guide: Universal design principles for Australia's aid program. A companion volume to Development for All: Towards a disability-inclusive Australian aid program 2009–2014". Retrieved on February 20, 2015 from: <http://www.dfat.gov.au/about-us/publications/Documents/accessibility-design-guide.pdf> [back]

¹²¹ DFAT (2013). Accessibility Design Guide: Universal design principles for Australia's aid program. Department of Foreign Affairs and Trade (DFAT). [back]


Disability-inclusion in urban planning requires new guidelines and a reshaping of practice so that persons with disabilities are no longer just recipients but become empowered to effectively participate in all aspects of planning and decision-making processes. Innovative methods can be used to include persons with disabilities in early stages of the design. For instance, a tactile floor plan made with matchsticks allows persons with visual impairment to participate in the design process and discuss solutions with the architect. In the end, the noteworthy achievement is not only the accessible built environment, but also the meaningful participation of the people who have contributed to the creation of their universally designed environment. Capacity building of professionals (i.e. policy makers, architects, engineers, craftsmen, teachers and students) as well as persons with disabilities plays a key role in the process of creating barrier-free environments.

A legal framework alone is of little use if the professionals doing the planning and the building are not aware of disability issues and accessibility standards. The integration of new tools and methods in urban development projects such as accessibility audits would provide an opportunity to enhance participation of persons with disabilities and ensure their needs are properly addressed in urban planning strategies.

Accessibility audits are therefore useful assessment and evaluation tools to examine the environment; they also provide a common ground for professionals, persons with disabilities, and the community to initiate this collaboration.



Tactile floor plan of a public building in Haiti. © CBM/Benjamin Dard



Using community led planning approaches where persons with disabilities participate in creating an accessibility plan within a broader community action plan can lead to:

- Reduced physical and digital barriers and improved ease of access to basic infrastructure services (e.g. clean water, schools, health facilities) and information (e.g. accessible website of government institutions).
- Increased usability and safety of the architectural and urban environment including pathways, public spaces, and transportation systems¹²².
- Greater social cohesion between all community members.

The participation of persons with disabilities also provides a more holistic approach to design accessibility 'for all' while remaining sensitive to customised adaptations, such as installing tactile guide systems on pedestrian routes to enhance mobility and safety of persons with visual impairments. The pursuit of inclusive design is an opportunity to create more equitable solutions to urban traffic and improve the walkability of a city in a way that benefits everyone¹²³.

Building without barriers reduces exposure to risk

Barrier-free spaces are an important contribution to safety in the event of disasters and emergencies. Not only do barrier-free environments promote access to public buildings and information, but they also reduce everyone's exposure to risk in the event of a disaster (for example, creating wide escape routes, covering open manholes, and removing tripping hazards on roads and footpaths; posting written and pictorial routes to assembly points)¹²⁴.

It is also necessary to ensure the gender perspective is mainstreamed when designing, developing and executing urban planning policies for public and private facilities, based on accessibility, independence, sociability and habitability criteria. Taking into account that women in different cultures have diverse roles and responsibilities their involvement in planning is crucial. Women and girls with disabilities have equally to be consulted as they often face additional barriers and discrimination if markets, public transport and safety are not considered. The built environment and urban design must be planned in accordance with civil safety standards to enable citizens to circulate on foot safely, while ensuring that those at greater risk of violence and abuse (such as women, girls and boys, older people and persons with disabilities) feel safe and protected.

Other forms of human settlements like refugee camps or displaced persons camps are also ideal for the implementation of universal design principles. They

¹²² Examples of interventions in the built environment can include: resurfacing of the pathways and corridors, building stairs and rest areas, installing handrails and railings for pathways exposed to steep slopes, installing street lighting, and creating and harmonising signage systems so services and pathways are easily identifiable. [\[back\]](#)

¹²³ Montgomery, C. (2013). "Happy City. Transforming Our Lives Through Urban Design", Farrar, Straus & Giroux, United States. [\[back\]](#)

¹²⁴ UN University-EHS and Alliance Development Works (2014). "World Risk Report 2014. Focus: the city as a risk area", Druckerei Conrad GmbH, Berlin. [\[back\]](#)

are essentially 'new-born cities'¹²⁵. Camps are usually set up on a grid plan due to time constraints, the need for simplicity, and with the general idea that the camp itself will be temporary. With refugees spending an average of 17 years in what was to be a temporary camp, a strong argument for the inclusion of universal design principles in camp construction can be made¹²⁶. Incorporating accessibility creates barrier-free access to pathways and community facilities (i.e. health centres, public spaces, schools and religious centres, and water, sanitation and hygiene (WASH) facilities in the camp. This reduces risk and uncertainty for all residents and improves household autonomy by developing readily accessible spaces, places and services of everyday life.

Moving forward

Historically, persons with disabilities in cities were often segregated and, in some countries, institutionalised in residential care far away from public services and transportation. They were considered as beneficiaries of charity and were seldom thought of as contributing members of society. This perception is changing. The last few decades have seen the increased mobilisation of persons with disabilities and a shift towards a human rights and social perspective on disability. People have started to demand accessible infrastructure, more options to move around independently and freely, and to participate in the social and economic opportunities cities bring. The result is that the decision-makers and professionals that are responsible for building sustainable and inclusive cities have to take into account the needs of persons with disabilities and the legal obligations of the CRPD, as well as local and national planning laws.

The rapid and uncontrolled urbanisation taking place in intermediate cities, market places, and villages in middle- and low-income countries has a strong impact on the at-risk population in society and generating segregation and exclusion of persons with disabilities. Article 9 of the CRPD requires States to make sure that persons with disabilities can access the physical environment, transportation and services as well as information and communication means, including emergency services and, together with Article 32, the obligation extends to signatory countries' international cooperation to be accessible to, and inclusive of, persons with disabilities. There is an urgent need for planning and building for diversity in recognition of the rights of persons with disabilities. A city accessible to persons with disabilities is one accessible to all.

¹²⁵ Agier, M. (1999). "L'invention de la ville, banlieues, townships, invasion et favelas", Éditions des Archives contemporaines, Paris. [\[back\]](#)

¹²⁶ UNHCR (2006). "The State of the World's Refugees", UNHCR, Oxford University Press Inc., New York: p. 109. [\[back\]](#)

CBM's recommendations

- ✓ **Persons with disabilities must be included as partners** in all development and humanitarian programmes including disaster risk reduction from policy-making of accessibility to the implementation and monitoring of accessible digital and physical environments.
- ✓ **Universal design and comprehensive accessibility** have to be incorporated in building and transportation standards and codes as well as in general infrastructure programmes and local development projects.
- ✓ **Participatory planning approaches and tools such as accessibility audits** should be used to engage persons with disabilities and the whole community in all mechanisms for urban planning and implementation.
- ✓ Ensure the development of technical expertise on universal design by supporting **capacity building of organisations of persons with disabilities, policy makers and local authorities and professionals** involved in urban planning, including by gathering and sharing evidence and information around new technology.

2. Equal access to clean water, sanitation and hygiene

WASH – an essential element to eradicate poverty and inequality Chelsea Huggett

The call for a dedicated goal on water, sanitation and hygiene (WASH) in the post-2015 agenda has been the resounding theme in the advocacy efforts of many WASH stakeholders. The WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation has led a global consultation process over the past four years to reflect on the on-going debate and gather feedback received from experts and member states involved in developing the post-2015 agenda¹²⁷. Overall, the Joint Monitoring Programme and global WASH actors have been advocating for the new framework to reflect the central importance of water, sanitation and hygiene in social and economic development.

It is therefore no surprise that a sense of achievement was felt when, in 2014, a key negotiating mechanism for the post-2015 development framework, the Open Working Group produced its final report on the proposed Sustainable Development Goals (SDGs) and included WASH as a central pillar in global poverty eradication efforts¹²⁸. A dedicated goal for water and sanitation overcomes the shortcomings of the MDGs' attention to WASH. The MDGs aimed to halve the proportion of people without access to safe water and sanitation

¹²⁷ WASH Post-2015 Factsheet Proposed Targets and Indicators for drinking water, sanitation and hygiene (April 2014). Retrieved on May 5, 2015 from: http://www.wssinfo.org/fileadmin/user_upload/resources/post-2015-WASH-targets-factsheet-12pp.pdf [back]

¹²⁸ Open Working Group of the General Assembly on Sustainable Development Goals, Open Working Group Proposal for Sustainable Development Goals (July 2014). Retrieved on May 5, 2015 from: <http://sustainabledevelopment.un.org/focussdgs.html> [back]

between 1990 and 2015. However the sanitation target is clearly off track, with 2.5 billion people, nearly 40% of the world's population, currently lacking access to improved sanitation¹²⁹. Although the water target has now been met, one in ten of the world's people still do not have access to clean drinking water sources¹³⁰. The MDGs also overlooked hygiene and waste management.

The priority given to sanitation in the proposed SDGs is a landmark achievement. Sanitation has previously been a neglected area and is progressively being recognised as a poverty issue holding back progress on health, education, nutrition, and gender equality. Globally WASH stakeholders are advocating for the new development framework to include:

- **A dedicated goal on water and sanitation and ambitious targets to achieve universal access to WASH by 2030.**

This means no-one practises open defecation and everyone has safe water, sanitation and hygiene at home. Crucially this would recognise the importance of ending open defecation, which disproportionately affects the poor. In addition these targets make explicit reference to improving equity and addressing the needs of marginalised groups including women and girls.

A limitation of the MDGs was that monitoring of access to drinking water and sanitation was measured at the household level. The forthcoming global development framework is an opportunity to include non-household settings, in particular schools and health facilities:

- **Explicit recognition in the future that universal access to WASH is an essential component of an integrated approach to tackling poverty, hunger, ill-health and inequality.**

WASH targets should be integrated across the development goals because it is now well understood that improving access to WASH is critical to increasing the income, health, dignity and wellbeing of individuals and households living in poverty. Three key examples include:

- Diarrhoea associated with inadequate WASH is a leading cause of preventable death in children under five globally, and together with other WASH-related infections contributes significantly to under-nutrition and stunted growth. Better WASH significantly reduces the burden of disease, thereby improving health at all stages of life and enabling people to be more productive.
- Safe drinking water, sanitation and hygiene also play a crucial role in enabling good nutrition.
- Improving WASH in schools is vital to improving school attendance and education outcomes, particularly among adolescent girls.

¹²⁹ WHO/UNICEF Joint Monitoring Programme (2013). Progress on drinking-water and sanitation, 2013 Update, Retrieved on May 5, 2015 from: http://apps.who.int/iris/bitstream/10665/81245/1/9789241505390_eng.pdf [back]

¹³⁰ Ibid. [back]

It is also important to recognise that achieving and sustaining universal access to WASH depends on establishing accountable systems for equitable and sustainable management and distribution of water resources¹³¹. Equitable access requires progressive elimination of inequalities between population sub-groups. Intra-group inequalities related to individual status based on gender, disability, age and chronic illness should also be eliminated. 🗑️

Access to WASH for all

“When addressing this issue on access to water, the needs of persons with disabilities should also be looked upon. As a person with mobility impairment and using wheelchair, it is very difficult for people like me to access water when coming from the well. Reasonable accommodation should be provided to ensure that persons with disabilities can have access to clean water”

Abner Manlapaz¹³²

The United Nations General Assembly explicitly recognised access to safe drinking water and sanitation as a human right, and acknowledged the essential nature of water and sanitation to the realisation of all human rights in 2010¹³³. However, in many contexts persons with disabilities continue to be excluded from accessing WASH services¹³⁴. Despite persons with disabilities estimated as representing up to 20% (1 in 5) of the world’s poorest persons in developing countries¹³⁵, and 15% of populations globally¹³⁶, their situation has remained largely unrepresented in international development policies for WASH. In this regard, Article 28 of the CRPD clarifies existing rights to (amongst others) an adequate standard of living for persons with disabilities and their families, and specifically includes a duty on State Parties to ensure access to clean water services.

Disability groups have welcomed recommendations from the Open Working Group for a sustainable development framework that has equity as its focus¹³⁷. An emphasis on addressing disparities of marginalised groups, including persons with disabilities opens an opportunity to focus and is critical to ensuring that

¹³¹ JMP/UNICEF Proposed Targets & Indicators for Water, Sanitation and Hygiene. Retrieved on May 5, 2015 from: <http://www.wssinfo.org/post-2015-monitoring/> [back]

¹³² The World We Want 2015 Water Thematic Consultation. The Post 2015 Water Thematic Consultation Final Report, p. 13. Retrieved on January 21, 2015 from: <http://www.worldwewant2015.org/node/366798> [back]

¹³³ UN General Assembly 64/292 Resolution. Retrieved on January 21, 2015 from: <http://www.un.org/en/ga/64/resolutions.shtml> [back]

¹³⁴ Noga, J., and Wolbring, G. (2012). “The economic and social benefits and the barriers of providing people with disabilities accessible clean water and sanitation”, *Sustainability*, 4, 3023-3041. [back]

¹³⁵ WHO and World Bank (2011). p. 27. [back]

¹³⁶ WHO and World Bank (2011). [back]

¹³⁷ IDA and IDDC (2014). *Disabilities and Inequalities in the Sustainable Development Process: Briefing Paper for the Open Working Group Session on Promoting Equality – 5th February 2014.* [back]

persons with disabilities are not left behind in WASH development efforts. Global research has indicated that persons with disabilities face multiple barriers in accessing WASH, as highlighted in Box 12 below.

Box 12: Barriers to access WASH for persons with disabilities

- **Prejudice and discriminatory attitudes** prevent participation in communities, including in decision-making processes associated with WASH programmes and sharing water sources with others; this results in people not benefitting from the WASH programmes, namely water and sanitation services and infrastructure and adequate standards of hygiene.
- **Exclusion from participating in school or the workplace due to inaccessible public facilities.** Although many governments and agencies have policies about the inclusion of children with disabilities in school, these rarely consider WASH facilities¹³⁸. Lack of accessible WASH facilities in school and the workplace are important barriers for many persons with disabilities to have equal opportunity for economic and social development.
- **A lack of accessible sanitation can multiply the burden for women and girls with disabilities** for example, in communities that practise open defecation, women and girls must defecate at night, which poses hazards and increases exposure to violence and abuse. Not having access to adequate and safe latrines also affects the self-esteem of the person, can result in dependency on family members or care givers, who are mainly female, which further impacts inequalities.
- **Persons with disabilities have been neglected from discussion in many leading WASH documents.** The 2012 United Nations World Water development report written under the leadership of UNESCO being a case in point¹³⁹.
- **Inaccessible information on hygiene, or hygiene information that does not consider the needs of persons with disabilities** leaves persons with disabilities exposed to poorer health outcomes.
- Cramped urban settings are often linked to decrease in water and sanitation access and have a disproportional **negative impact on persons with disabilities**¹⁴⁰.

Tackling inequalities in access to water, sanitation and hygiene, opens up the opportunity to address issues faced by women, men, girls and boys with disabilities, as well as revealing any inequities for persons with different types of disabilities.

¹³⁸ Jones, H. (2011). Inclusive design of school latrines – how much does it cost and who benefits, briefing note 1, Water, Engineering and Development Centre, Loughborough University, UK. Retrieved on May 5, 2015 from: https://sanitationupdates.files.wordpress.com/2011/09/wedc-inclusive_design_of_school_latrines2011.pdf [back]

¹³⁹ Noga, J., and Wolbring, G. (2012). [back]

¹⁴⁰ Lee, J., and Sedana, R. (2011). "Improving Equity in Health by Addressing Social Determinants", WHO, Geneva. [back]



Joyce Simon Kaaya is a farmer and lives in Arumeru in Tanzania. She is blind and needs someone to guide her to fetch water for her household and her animal. Women with disabilities face additional challenges when water points are located far away from villages. © CBM/argum/Einberger

Inclusive WASH essential in eradicating poverty

The World Report on Disability places safe water, sanitation and hygiene at the centre of breaking the cycle of poverty and disability¹⁴¹. The interrelationship between development efforts in WASH, education and employment, gender, and health are essential to realise the rights of persons with disabilities under the CRPD.

WASH providers play a key role in removing barriers to education and employment to persons with disabilities. When persons with disabilities are included in WASH programmes they will often experience greater dignity and self-reliance, improvements in health and nutrition, and greater access to education and livelihood opportunities¹⁴². Evidence indicates that there are monetary gains experienced when persons with disabilities are provided with accessible infrastructure, and a resultant greater opportunity to attend school or participate in the labour market¹⁴³.

The Open Working Group recommendations do well to identify the importance of gender to WASH, and future development frameworks must recognise the intersection between gender, disability and WASH. Goals promoting the safety and dignity of women and girls will need to consider the increased risk of

¹⁴¹ WHO and World Bank (2011). [\[back\]](#)

¹⁴² CBM (2012). "Inclusion Made Easy. A quick program guide to disability in development", CBM Australia. Retrieved on May 5, 2015 from: <http://www.cbm.org/Inclusion-Made-Easy-329091.php> [\[back\]](#)

¹⁴³ Noga, J., and Wolbring, G. (2012). [\[back\]](#)

violence experienced by women with disabilities, particularly in open defecation and the daily burden of fetching potable water. One quote from a woman with a disability highlights these issues:

“I tie[d] shoes on my hands and I went to the toilet but it was very difficult. I went early in the morning when no one was getting up...I was using my hands to go to the toilet and I became very dirty”

Alyaka Gebrim, 18 year old woman in Ethiopia¹⁴⁴

The equal access to WASH for persons with disabilities cannot be addressed in the WASH sector alone. National efforts to address WASH must also work towards development goals that address access to health and disability-specific services which in turn support holistic access to WASH.

Addressing the barriers persons with disabilities face in everyday life through rights-based, disability-inclusive approaches is closely linked to furthering the interests of many women and girls. Where WASH programmes increase the inclusion of persons with disabilities, the workloads of women and girls with and without disabilities will be lightened. This is especially true for younger girls with disabilities who are more likely to be excluded from school than girls without disabilities, and thus may be undertaking water-carrying and other WASH-related chores at home. Particular attention must be given to ensuring the involvement of women and girls with disabilities in WASH programming¹⁴⁵.

Gains of inclusive and accessible WASH services

The Convention on the Rights of Persons with Disabilities talks of States Parties progressive realisation towards disability inclusion; the WASH sector is well positioned to provide the first stage of this through mainstreaming disability inclusion in WASH programming and through disability-specific initiatives at the household and community level, thus supporting social change.


1. Disability-inclusive programming

Through building the capacity of international organisations working in WASH on disability inclusion, persons with disabilities would have better chances to access WASH services and infrastructure. This includes partnering with persons with disabilities and their representatives; ensuring reasonable accommodation in the workplace and in the field; working in collaboration with disability and development organisations; implementing universal accessibility, and promoting the dignity and capacities of persons with disabilities.

The integration of inclusive practices within existing WASH programme approaches such as Community-Led Total-Sanitation and Participatory Hygiene

¹⁴⁴ Wilbur, J., and Jones, H. (2014). “Disability: Making CLTS fully Inclusive”, *Frontiers of CLTS: Innovations and Insights*, Issue 3, 2014, Water Aid and Water, Engineering and Development Centre. [\[back\]](#)

¹⁴⁵ Morris, J. (1992). “Personal and political: a feminist perspective on researching physical disability”, *Disability, Handicap & Society*, 7(2), 157-166. [\[back\]](#)



and Sanitation Transformation will enable all community members to benefit from improved health outcomes¹⁴⁶. Both methods engage and require a whole-of-community response, including from persons with disabilities, to eradicate open defecation.

Beyond construction of latrines and water points, hygiene promotion is integral to changes in hygiene behaviour within households and communities. Inclusive approaches to hygiene promotion can have sustained benefits for the participation of persons with disabilities generally. Working with disability services can ensure that persons with disabilities have access to assistive technology and other assistance for disability-related needs, empowering persons with disabilities in their hygiene management. Likewise, working with health and social service providers in inclusive hygiene activities can strengthen equal access by persons with disabilities to clean water services and accessible health and social services.

2. Disability included in national WASH guidelines

Evidence from practice has provided a range of resources on technical specifications for accessible water and sanitation facilities that providers can adapt using local resources¹⁴⁷. Experience shows that voluntary efforts on accessibility are not sufficient to remove barriers. Instead, mandatory minimum standards are necessary¹⁴⁸. As governments and international development agencies and organisations work together towards national ownership of WASH services, these need to be based on universal accessibility and developed with the participation of organisations of persons with disabilities. It is very hard to change national guidelines once formed so ensuring that inclusion is embedded in national policy from the outset is vital.

3. Universal design enhancing access to WASH

Applying universal design principles (see Box 11) to WASH will create greater inclusion for all community members including persons with disabilities, pregnant women, families with small children and the elderly. These focus on good design that is accessible to all at a low cost in comparison to the cost of exclusion. Research carried out by the Water, Engineering and Development Centre shows that making school latrines accessible costs less than 3% of the overall cost of a latrine¹⁴⁹. Article 9 of the CRPD is specific to accessibility and seeks to ensure that private and public entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities; this includes WASH facilities.

4. Disability-disaggregated data

The 2012 Report of the United Nations Special Rapporteur and the UNICEF-WHO Joint Monitoring Programme working group highlighted that in order to measure

¹⁴⁶ Tipple, G. et al. (2009). "Enabling environments: reducing barriers for low-income disabled people", Global Urban Research Unit, Newcastle University, Newcastle. [\[back\]](#)

¹⁴⁷ Jones, H., and Reed, B. (2005). "Water and sanitation for disabled people and other vulnerable groups", Water, Engineering and Development Centre, Loughborough. [\[back\]](#)

¹⁴⁸ WHO (2011): p. 173. [\[back\]](#)

¹⁴⁹ Jones, H. (2011). [\[back\]](#)

equity, modifications to data collection are required to uncover disparities¹⁵⁰. Access to water and sanitation services is measured at the household level and currently does not enable the generation of data on intra-household differences in access such as by sex, age, or disability.

The emphasis on sustainable development goals and associated targets on equitable access to safe drinking water and sanitation, stipulates that data should also be disaggregated by disability. International cooperation is needed to support national capacity to measure disparities in access to, and participation in decision-making, in WASH. The UNICEF/Joint Monitoring Programme recommendation to measure facilities for public spaces, must seek to ensure the needs of persons with disabilities are identified and benefit from programmes. In addition, the CRPD requires States to consult with organisations of persons with disabilities in data collection on persons with disabilities, and should be accounted for when planning local partnerships for WASH at household level, for public institutions such as schools and hospitals, or camps and settlements of internally displaced persons or refugees.

Example 7: Partnership for inclusion

WaterAid Australia and CBM Australia have a long-term partnership focused at building the capacity of country programmes in disability-inclusive WASH. Along with their implementing partners, WaterAid in Timor are demonstrating the learning and benefits of disability inclusion actions across the project cycle in their rural Community-Led Total Sanitation programme in the district of Liquica. The project team reported that despite including a question about disability in the household baseline survey, households with family members with disability were not disclosing this and so difficulties in access to WASH were not identified until the end of the programme, if at all. The CBM Technical Advisor worked with the WaterAid team to analyse the barriers to disclosure and, in collaboration with a local organisations representing persons with disabilities, devised questions about disability based on the internationally recommended proxy questions for disability, the Washington Group short set of questions¹⁵¹. CBM, the representative of persons with disabilities and the WaterAid Equity and Inclusion Officer conducted training with staff on how to ask households about individuals and strengthen engagement with the family on the rights of persons with disabilities to WASH. Staff reported a 30% increase in the number of persons with disabilities identified at the household level following piloting of the new approach.

¹⁵⁰ WHO/UNICEF Joint Monitoring Programme (2013). Progress on drinking-water and sanitation, 2012 Update. Retrieved on January 21, 2015 from <http://www.unicef.org/media/files/JMPReport2012.pdf> [back]

¹⁵¹ Washington Group on Disability Statistics. The Washington Group Short Set of Questions. Retrieved on January 21, 2015 from: http://www.cdc.gov/nchs/washington_group/wg_questions.htm [back]

Measuring of inequity in WASH must be followed by actions to address these in the forthcoming development frameworks and sustainable development goals, to ensure that persons with disabilities are not left behind.

CBM's recommendations

- ✓ WASH infrastructure and international development cooperation programmes need to be **disability-inclusive and address the barriers** women, men, girls and boys with disabilities face to use WASH facilities.
- ✓ **Disaggregated data on disability** must be included in WASH efforts and further investments made in data collection that uncovers disparities.
- ✓ Ensure that actions taken to improve WASH in public places and support to national strategies and guidelines **include persons with disabilities in consultations and are based on universal design principles.**
- ✓ Measures to **strengthen local community participation in WASH** must include a range of actions to **build capacity and knowledge of the rights of persons with disabilities** and make sure that persons with disabilities are effectively included.

Example 8: WaterAid's engagement with disability inclusion in Timor-Leste

During one household baseline survey implemented by WaterAid and local partners, the lack of proper latrines was identified in one Aldea (village) in Timor-Leste. Some people had to go to nearby bushes for defecation and needed to walk some 200 metres to fetch untreated water. The WaterAid WASH team facilitated a Community-Led Total Sanitation programme in the community whereby awareness was raised about faecal transmission and the community members encouraged to plan sanitation needs to prevent transmission. The Chefe (leader) of the village participated actively in the triggering process and built a pit latrine for his household. His wife, Fatima, has a disability, so he placed a stool over the new latrine to make it more accessible for her. The WASH team, who had received training in inclusive infrastructure visited and assisted the Chefe to build a collective water point using the National Standard Structure, which is based on universal design principles.

During follow-up of the programme, the monitoring officer, who had been trained on inclusive WASH made sure information was collected from persons with disabilities. It showed that Fatima was still unable to use the latrine due to the distance (50 metres). Fatima had not been asked to participate to the community 'triggering' activities and it was held 200 metres away up a hill. The WASH team decided to visit the household over the next few weeks to facilitate positive interpersonal relationships, in particular, encouraging the





WaterAid Australia Equity and Inclusion Officer trialing the new water point access in the Aldea.
© WaterAid Timor-Leste

Chefe to include his wife in decision-making about the location of the latrine, which was successful.

While facilitating the access to WASH facilities for the household and listening to Fatima, there was also an opportunity to connect her with a DPO and to direct her to nearby rehabilitation services where she could get walking aids. Now she can independently access the water point and latrine and can ensure the hygiene of her family as she could join the awareness meetings organised.

The community was verified open defecation-free by the Government department. The Chefe, showed the district officials his new toilet and said "I am very happy for my community to be declared open defecation-free status and proud to have toilet access for my wife."

3. Disability-inclusive disaster risk reduction for a resilient society

“In the face of increasing humanitarian needs and avoidable losses, the EU will continue to prioritise, persuade and help others to act - so resilience and risk management becomes a normative developmental process and more assistance is provided to vulnerable sections of society”

Christos Stylianides, Commissioner for Humanitarian Aid and Crisis Management European Commission¹⁵²



Disaster risk reduction from a European civil protection perspective

Alfonso Lozano Basanta

The European Union is increasingly investing in supporting Disaster Risk Reduction (DRR) programmes and capacity building, within and outside Europe. The Directorate General for Humanitarian Aid and Civil Protection (ECHO) of the European Commission considers DRR to be a key element of humanitarian action while Disaster Risk Management has traditionally been a core function within the field of civil protection. With the entry into force in January 2014 of the Union Civil Protection Mechanism, a culture on prevention and preparedness has also gained relevance within the civil protection sector¹⁵³. In both cases, what ECHO promotes is a culture of resilience and safety at all levels, based on a person-centred approach and the institutionalisation of DRR.

ECHO's approach to DRR projects is two-fold. The ECHO Programme on Disaster Preparedness (DIPECHO) funds targeted DRR initiatives implemented by its partners (UN agencies, Red Cross/Red Crescent movement, international NGOs). This programme has been leading the support and funding for community based DRR for the last 20 years. More recently, the programme has evolved to include a wide array of activities to build capacities at every level, from community to national and even regional. In parallel, ECHO funding criteria require a sound assessment of risk and the promotion of reduction of future risks in all interventions. This integrated DRR approach covers every sector of humanitarian assistance.

The Council Conclusions adopted at the end of 2014, during the Italian Presidency of the EU, encourage further collaboration between humanitarian aid and civil protection in disaster response operations as well as in prevention and preparedness missions¹⁵⁴. The new framework of the DIPECHO programme promotes the inclusion and strengthening of civil protection to institutionalise

¹⁵² European Commission (2014). “Resilience Compendium. Saving lives and livelihood”. European Union, United Nations and the World Bank Partnership on post-crisis and recovery planning. Retrieved on May 5, 2015 from: http://ec.europa.eu/echo/files/policies/resilience/eu_resilience_compendium_en.pdf [back]

¹⁵³ Official Journal of the European Union (2013). Decision 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism. Retrieved May 5, 2015 from: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32013D1313> [back]

¹⁵⁴ Press release, 3362nd Council meeting, General Affairs, Council of the European Union, 16 December 2014, p. 27. Retrieved on May 5, 2015 from: www.consilium.europa.eu/en/workarea/downloadasset.aspx?id=40802192315 [back]

DRR as a complement to the wider community based approach in order to create more synergies and enhance resilience building.

Once the links between the local and national disaster risk management authorities have been created, strengthening disaster risk governance is one way to connect isolated community based DRR initiatives and the existence of national emergency plans or frameworks. Here, the Union Civil Protection Mechanism may facilitate the involvement of civil protection experts from the EU Member States in advisory or risk assessment missions, capacity building or peer reviews and create useful exchanges oriented to both risk management and risk mitigation. The newer institutional based component of the DIPECHO programme, together with a wider community based DRR, may prove in the near future to be more sustainable, linking relief to development.

ECHO's continuous commitment to support DRR is now reinforced with the combination of the humanitarian aid and civil protection fields under the same Directorate-General of the European Commission.

In January 2014 the European Commission introduced a Gender-Age Marker to ensure that relief assistance is better targeted and adapted to the needs of all people affected by disasters, conflicts and protracted emergencies. At the beginning of 2015 the Latvian Presidency of the EU went further and proposed Council Conclusions on disability-inclusive disaster management, which were adopted in March¹⁵⁵. These Conclusions resonate strongly with the recently adopted Sendai Framework for DRR 2015-2030 in which disability, accessibility and inclusion are an integral part of principles and the key actions. 🇷🇺

“Sustainability begins in Sendai...the world must find solutions by reaching agreements on disaster risk management, long-term sustainable development goals and climate change”

Ban Ki-moon at the launch of the 2015 Global Assessment Report on DRR¹⁵⁶


The Sendai Framework for Disaster Risk Reduction¹⁵⁷ and the 2015 Global Assessment Report on Disaster Risk Reduction¹⁵⁸ both suggest that disasters are increasing in frequency and intensity, and thus are important barriers on progress towards sustainable development. Evidence further indicates that exposure of persons and assets to disaster risks in all countries has increased faster compared to the decrease of social, economic and environmental

¹⁵⁵ European Council (2015). Council Conclusions on disability-inclusive disaster management. Retrieved on June 1, 2015 from: <http://data.consilium.europa.eu/doc/document/ST-6450-2015-INIT/en/pdf> [back]

¹⁵⁶ <http://www.unisdr.org/archive/42814> [back]

¹⁵⁷ UNISDR. Sendai Framework for DRR 2015-2030. Retrieved on May 29, 2015 from: http://www.wcdr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf [back]

¹⁵⁸ UNISDR (2015). “Making Development Sustainable: The Future of Disaster Risk Management. Global Assessment Report on Disaster Risk Reduction”, UN Office for Disaster Risk Reduction, Geneva, Switzerland. [back]



challenges. Recurring small-scale disasters and slow-onset disasters particularly affect communities, households and small and medium-sized enterprises and constitute a high percentage of all losses. All countries, especially developing countries where the mortality and economic losses from disasters are disproportionately higher, are seeing increasing challenges to meet financial and other obligations to prepare for and respond to disasters effectively.

While the predecessor to the Sendai Framework on DRR, the Hyogo Framework for Action, succeeded in raising awareness of the importance of strengthening DRR in many countries and resulted in some progress across all five priority areas¹⁵⁹ a number of challenges remain, among them¹⁶⁰:

- Limited progress in reducing the underlying causes of risk.
- Limited connectivity with sustainable development policy and planning.
- An implementation gap between national DRR policy intent and local practices.

In addition to these shortcomings, disability was not given sufficient recognition in the Hyogo Framework for Action, despite the fact that persons with disabilities are at particularly high risk with respect to disasters caused by natural hazards and conflicts or by low-severity high-frequency disasters¹⁶¹. Disasters disproportionately place persons with disabilities and their families in situations of risk and uncertainty and they experience increased problems due to separation from family, loss of assistive and mobility devices, and difficulties with accessing information. For example, research indicates that the mortality rate among persons with disabilities was twice that of the rest of the population during the 2011 Japan earthquake and tsunami¹⁶².

The Convention on the Rights of Persons with Disabilities, Articles 11 and 32, requires that States ensure that persons with disabilities benefit from and participate in disaster relief, emergency response and DRR strategies.

The Sendai Framework on Disaster Risk Reduction, adopted at the World Conference on DRR in March 2015 aims to achieve: “The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses and communities and countries”¹⁶³. For the first time ever, a key international framework has adopted an inclusive language and includes several references to persons with disabilities. One of the guiding principles states: “Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation,

¹⁵⁹ UNISDR. Hyogo Framework for Action. Retrieved on May 29, 2015 from: <http://www.unisdr.org/we/coordinate/hfa> [back]

¹⁶⁰ UNISDR (2014). “Rationale for a post-2015 development framework for disaster risk reduction – Evidence from the Global Assessment Report 2009, 2011 and 2013”, UN Office for Disaster Risk Reduction, Prevention Web. [back]

¹⁶¹ Women’s Commission for Refugee Women and Children (2008). “Disabilities among refugees and conflict affected populations”, Women’s Commission for Refugee Women and Children, New York. [back]

¹⁶² United Nations (2013). Panel Discussion on Disaster Resilience and Disability: ensuring equality and inclusion. United Nations Headquarters, October 10, 2013. [back]

¹⁶³ UNISDR. Sendai Framework on Disaster Risk Reduction 2015-2030. [back]

paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective in all policies and practices; and the promotion of women and youth leadership; in this context, special attention should be paid to the improvement of organised voluntary work of citizens.”¹⁶⁴



Rajendra in front of his hut. © CBM/Ashok Shah

Rajendra lives with his family in a makeshift mud hut in Rajbiraj, the headquarters of Saptari district – about 450 kilometres from Kathmandu. Rajendra is unable to walk, having never received treatment for polio. He shares his experience during the Nepal earthquake in May 2015.

“As I heard others shouting, I tried my best to get out of the house. But I couldn’t leave the house immediately. It took me twenty minutes to crawl and reach an open field where I felt I was safe... while others had reached there within a minute.”

When asked about the biggest difficulties for persons with disabilities during such an emergency situation, he said:

“I think the biggest challenge is our difficulty with mobility... For a moment that day, I thought I would not survive to see the next day. The other thing is the lack of awareness about safety measures during such a disaster.”

¹⁶⁴ UNISDR. Sendai Framework for Disaster Risk Reduction 2015-2030. Paragraph 19 (e). [\[back\]](#)

Understanding disaster risks and addressing their causes

The impact of disasters and the effect of climate change depend not only on the magnitude of the hazard but also on the choices we make for our lives and our environment. How we grow our food, where and how we build our homes and businesses, how the wealth is distributed, to what is taught in schools. And, more importantly, how we make sure that everyone has equal access to information and opportunities to make such choices.

Disaster Risk Reduction policies and programmes are increasingly recognising that there has to be more investment in understanding disaster risks in all its dimensions of vulnerability, capacity and exposure of persons and assets as well as types of hazards and the environment. This knowledge is crucial not only for pre-disaster risk assessment and for prevention and mitigation, but also for developing inclusive and effective responses to disasters.

Understanding the impact of disaster risks and its causes on persons with disabilities is important and active engagement of persons with disabilities in comprehensive disaster risk analysis is crucial. Policies and practices for disaster risk reduction management therefore need to involve the knowledge and experiences of persons with disabilities through making sure of their active participation in research around disaster risks. This is also reiterated in the new DRR framework, where persons with disabilities are explicitly defined as stakeholders who are “critical in the assessment of disaster risk and in designing and implementing plans...taking into consideration, inter alia, the principles of universal design.”¹⁶⁵

There are several examples illustrating how the involvement of persons with disabilities in DRR programmes have led directly to a more inclusive response and better community preparedness.

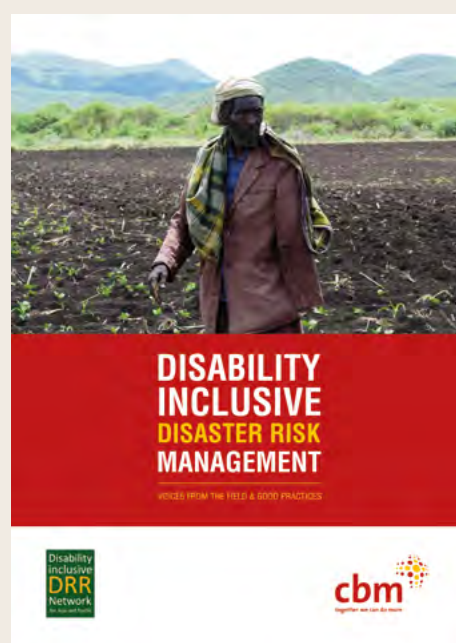
Example 9: Contributing to disaster risk management

“I benefitted a lot from this project but what I liked most is the change of community attitude. The way they treat me has totally changed, it is dignifying and respectful.”

Mr Bore participated in cash-for-work activities and could plant drought resistant seeds in a project supported jointly by Intermon Oxfam and CBM in Ethiopia.

Read more about persons with disabilities’ contribution to disaster risk management on CBM website:

www.cbm.org/publication-on-didrm



¹⁶⁵ Ibid. [back]

Investing in disability-inclusive disaster risk reduction

The vulnerabilities of communities at risk and high-risk population groups are often rooted in power imbalances and inequalities. Even if there is no robust data it is widely recognised that poverty and disability are closely associated, with some estimates suggesting that 80% of persons with disabilities live in developing countries^{166,167}. Research also shows that one in five of the world's poorest people have some kind of disability¹⁶⁸.

Persons with disabilities are often overlooked throughout the disaster risk management cycle and they are seldom considered as important actors in disaster mitigation or preparedness planning, even though they are more vulnerable during disasters, conflicts and displacements¹⁶⁹. The 2013 global UN International Strategy for Disaster Reduction (UNISDR) survey found that 71% of persons with disabilities said that they had no personal preparedness plan; only 17% knew about any disaster management plan in their community and only about 14% had ever been consulted on it¹⁷⁰.

“Persons with disabilities need to know how to help themselves. In terms of warning communication, government should make sure that warning message would accommodate all types of disabilities...It is universal right for all people to have access and make use of available services, especially in disaster situations”

Mr Chaiporn, Director of the Council of Persons with Disabilities, Thailand¹⁷¹

There are now a number of examples of disability-inclusive practices across high-risk communities covering the entire disaster management cycle:

- **Preparedness** – e.g. ensuring accessible early warning systems and the construction of emergency shelters, which persons with disabilities can access.
- **Response** – e.g. evacuation assistance that is adapted to persons with disabilities and rescuers that have been trained in how to reach and get persons with disabilities out of danger or ensuring information is produced in audio language, easy to read format, or provided in sign language.
- **Recovery** – e.g. rebuilding accessible infrastructure and basic services based on universal design principles or implementing inclusive food security projects after droughts or famines.

¹⁶⁶ Braithwaite, J., and Mont, D. (2008); [\[back\]](#)

DFID (2000). “Disability, Poverty and Development”, Department for International Development, United Kingdom. [\[back\]](#)

¹⁶⁷ Banks, L.M., and Polack, S. (2014). [\[back\]](#)

¹⁶⁸ United Nations (2013). “A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015”, UN General Assembly, New York. [\[back\]](#)

¹⁶⁹ Women’s Commission for Refugee Women and Children (2008). [\[back\]](#)

¹⁷⁰ <http://www.unisdr.org/2013/iddr/#survey> [\[back\]](#)

¹⁷¹ CBM (2013). “Disability-Inclusive Disaster Risk Management. Voices from the field”, CBM Emergency Response Unit, Brussels. [\[back\]](#)

Towards empowerment and resilience

The Sendai Framework for Disaster Risk Reduction 2015-2030 is ambitious and aspirational and goes beyond measuring disaster loss and damage, and strives for building resilient and empowered communities¹⁷². This means that communities and nations have the ability to understand the disaster risks they may face, to mitigate those risks, and to respond to disasters that may occur thus minimising loss of, or damage to, life, livelihoods, property infrastructure, economic activity and the environment. It also includes the ability to adapt to underlying risks and invest sufficient resources to 'bounce forward', which requires a fiscal system, supported by international cooperation funding, that invests in risk financing, such as insurance and a social protection system.

Building resilient and strong communities requires that other post-2015 development frameworks that aim to improve governance, eradicate poverty and fight inequalities equally incorporate disaster risk reduction under sustainable development goals, where resilience provides the capacity for communities and authorities to sustain development even when endangered by extreme disasters and emergencies.

Investing in safer and more resilient communities also requires building the capacities of local authorities and community groups. Key aspects will be accountability and strengthening local governance, and the public, private and civil society sectors working together. This also requires sufficient financial and technical resources.

In the face of climate change and in times of environmental or humanitarian disaster, the relative poverty of persons with disabilities, combined with inaccessible relief services and low prioritisation of disabled populations, may place persons with disabilities at greater likelihood of facing hardship, illness and death during a disaster and with limited resources and means to rebuild their lives¹⁷³. Disability-inclusive efforts to increase resilience are therefore necessary. Such examples include:

Health structures – health systems at national and community level need to be prepared to respond in emergencies but also be resilient to disasters and major epidemics of disease. Not only should they be accessible to people using mobility aids but also to people with sensory impairments; providing information in sign language and by audio material, being sensitive to the needs of persons with disabilities as well as interacting with them respectfully is crucial.

Education – schools and child care need to be resilient to disasters, which includes teaching children how to take care of the environment, how to live peacefully and respect human rights; children need to be made aware of their social responsibilities as well as to be prepared in the event of disasters. Children with disabilities must be included; unfortunately many are still not included in the

¹⁷² UNISDR. Sendai Framework for Disaster Risk Reduction 2015-2030. [\[back\]](#)

¹⁷³ UNDESA (2011). "Disability and the Millennium Development Goals. A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts", UN Department of Economic and Social Affairs (UNDESA). [\[back\]](#)

education system and thus need to be reached by other means, in their homes or in the institutions that care for them.

Livelihood and social protection – poor communities and at-risk groups, among them persons with disabilities are more vulnerable to the impact of disasters as their livelihoods are often linked to small farming, fishing or cattle breeding. Social protection mechanisms and building capacities for additional livelihood means are important as leverages for at-risk and marginalised populations to help them both face disasters and re-start during the recovery and development phase. They also enhance equality and social cohesion, which makes communities more resilient.

Gender equality and women's rights – gender equality is one important pillar in a resilient society. Empowering women and ensuring their rights are respected, as well as eradicating violence against women and children are drivers for sustainable development. Women and girls with disabilities often face double discrimination and therefore need to be specifically supported in participating in planning and implementing risk reduction and thus contributing to making their communities more resilient.

“Previously I was afraid of the prospect of flooding, but now that we are prepared I know what to do and can face it. Now I am no longer a burden to my family and I am proud that I am a valuable and contributing member of my community”

Kazol Rekha a young woman from Bangladesh, tells her story of being the President of the Ward Committee on Disaster in her local community. Watch her story at End the Cycle <http://bit.ly/1gdoQIF>

CBM's recommendations

- ✓ DRR policies and strategies must be designed to address the different capabilities of each socio-economic group and empower people to reduce disaster risk by **having access to the necessary information in accessible format, to resources, and to authority and decision-making processes.**
- ✓ Disasters also provide an opening to **build back better**; therefore recovery and reconstruction in all sectors must aim to build a safer and more resilient community. Building back better also means to think inclusive and ensure that **persons with disabilities become equally resilient**, as well as participate in the process.
- ✓ **Local authorities and community leaders are key actors in promoting change and strengthening their communities' resilience** towards disasters; national policies and actions must be transferrable to building capacities at local level, where the risk burden falls.

- ✓ The role of civil society, including representative organisations of persons with disabilities, must be recognised in widening the participation of citizens in the formulation and implementation of **people-centred disaster risk management strategies**.
- ✓ **Full accessibility of all disaster and emergency relief interventions** in keeping with the needs of persons with disabilities must be ensured.
- ✓ **Targets and indicators on measuring resilience**, such as effective governance, fiscal capacity, DRR plans and policies as well as disaster loss and damages, must be **inclusive of data on disability**.

Example 10: Disability-inclusive disaster risk reduction in rural Nepal – Mission East

Nepal is highly susceptible to natural hazards, such as earthquakes or floods and suffers the adverse effects of climate change. In remote and mountainous areas, such as in the Karnali region, disasters resulting from these hazards are usually of small scale, very frequent, hard to anticipate, and do not attract the attention of national level authorities, thus posing a serious threat to development initiatives and individual lives. The remoteness and extreme poverty of the region significantly increases the vulnerability of its population, especially for the most marginalised groups that already experience discrimination and exclusion, such as persons with disabilities, children, women, minorities, or people living with HIV/Aids.

In this context, Mission East decided to initiate work on disaster risk reduction focusing on marginalised groups and to identify a Community-Based Disaster Risk Reduction framework that could be inclusive for all, with specific focus on remote regions. Together with other international NGOs implementing DIPECHO funded projects, Mission East formulated a pilot approach to address exclusion of most of the marginalised groups in DRR programmes.

This pilot proposed a framework called ACAP, which stands for Accessibility, Communication, Attitude and Participation. It embraces four principles initially used for inclusion of persons with disabilities and addresses the challenges related to the variety and complexity of existing tools that address inclusion of marginalised groups by using one single framework. The development of the ACAP framework also enabled the international organisations representing the DIPECHO group in Nepal to incorporate four outcome indicators into their monitoring frameworks:

Indicator 1: the number of marginalised people that have access to DRR services has increased through the baseline/end line survey.

Indicator 2: 100% of DRR, emergency and early warning communication messages are developed and disseminated.





A community worker working together with community members during a mapping exercise. ©Mission East

Indicator 3: 50% of the marginalised people acknowledge a change of attitude from other people in the community towards them through appropriate media, which is accessible by the different marginalised groups.

Indicator 4: proportionate representation of all groups (including the marginalised) is ensured across all processes of DRR activities including decision-making (meaningful participation).

What changed for persons with disabilities?


Accessibility: persons with disabilities had access to training on DRR and were particularly encouraged to participate, with the necessary adaptation and accommodation being provided. This means that their access to DRR information and therefore preparedness increased tremendously.

Communication: the two-way communication through simple, local, respectful language as well as the use of pictures was much appreciated and opened the door for persons with different abilities to participate in the activities.

Attitude: people felt welcome in the training sessions where facilitators created an enabling environment and where ethnicity, age and disability seemed to be forgotten: people felt as one unique group!

Participation: a participation of 8% of persons with disabilities was achieved, whereas the official statistics state that there are 5% of persons





with disabilities in the Karnali region. Community members realised that the participation of people from all parts of society made a difference in the outcome of the planning meetings: disaster planning had become more inclusive of, and participatory of persons with disabilities.

Improved collaboration among national and international actors

Forming an alliance of seven district NGOs (Alliance for Disaster and Climate Resilience) representing several marginalised groups, including persons with disabilities together with local development agencies, Mission East trained all members on inclusive DRR, and advocacy actions. This Alliance was a key group to advocate towards local government for better consideration of marginalised groups in Disaster Preparedness Planning processes and for the promotion of inclusive DRR.

A year after this action, while the impact on governmental DRR practices remains modest, the Alliance representatives now have a seat on the District Disaster Relief Committee that deals with disaster preparedness and response at community levels. Their efforts have led to district authorities now systematically mentioning marginalised people in meetings related to DRR. Tangible effects on increased resilience for these groups of the population are yet to be seen based on longer practices of such inclusive DRR framework.

“The project made a platform to keep the issues related to disability and DRR with stakeholders and helped to build the capacity of my organization as well”

Keshav Raj Devkota, member of the Alliance for Disaster and Climate Resilience.

Source: Vera Van Ek, Mission East

Way forward

The rights of persons with disabilities have remained on the margins of international development cooperation, in areas such as access to education, health services, and decent livelihood opportunities and social protection. However this is now changing. In addition to the obligations set out in the Convention on the Rights of Persons with Disabilities to include persons with disabilities in development activities, global development actors have also recognised that unless persons with disabilities are involved and included, progress on improving the lives of the world's poorest people will be limited.

World leaders will continue to deliberate and define what the post-2015 development framework should be, and CBM will continue its work to ensure the rights of persons with disabilities are included. But the advocacy is not over, the different tools for implementing and monitoring the framework need to be disability-inclusive and there will be a need for continued advocacy not only at international level but also at national level where the challenges of implementation will arise. Representative organisations of persons with disabilities, in alliances with other civil society groups will need to be vigilant to ensure that national plans, dialogues and monitoring systems are inclusive of the rights of persons with disabilities. CBM, with its network of partners worldwide, will continue to make sure that the new development framework will result in actions that promote inclusive societies and empowerment of persons with disabilities.

Economic sustainability

- Equality, human rights and sustainability must be core principles for promoting decent employment and universal social protection.
- Poverty eradication must include clear targets on maintaining and creating decent work and livelihood opportunities for all, including persons with disabilities.
- Governance must ensure the involvement and participation of persons with disabilities in political, social and economic decision-making through deliberative processes that are accessible to persons with disabilities.

Inclusive sustainable development

Nobody is left behind and people are fully included in all development processes, which are measured by progressive inclusive data collection methods, disaggregated by sex, age, disability and geographic location.

Environmental sustainability

- Universal design and comprehensive accessibility must be incorporated in building and transportation standards and codes as well as in general infrastructure programmes and local development projects.
- WASH infrastructure and international development cooperation programmes need to be disability-inclusive and address the barriers persons with disabilities face to use WASH facilities.
- The role of civil society, including representative organisations of persons with disabilities, must be recognised in the formulation and implementation of people-centred disaster risk management strategies.

Social sustainability

- Universal health coverage should deliver inclusive and accessible health and rehabilitation services.
- Inclusive education and vocational training must be a priority at primary, secondary and tertiary levels for all learners, including girls and boys, women and men with disabilities.
- Future development frameworks and programmes must support gender equality and recognise the intersectionality between gender and disability.

Bibliography

- Agier, M. (1999). "L'invention de la ville, banlieues, townships, invasion et favelas", Éditions des Archives contemporaines, Paris.
- Australian Aid (2013). "Accessibility Design Guide: Universal design principles for Australia's aid program". A companion volume to Development for All: Towards a disability-inclusive Australian aid program 2009–2014.
- Banks L.M., & Polack S. (2014). "The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities", CBM, International Centre for Evidence in Disability and London School of Hygiene & Tropical Medicine.
- Bhatkal, T. (2014). "What do women want? Gender, perceptions data and development priorities", Overseas Development Institute, London.
- Braithwaite, J., and Mont, D. (2008). "Disability and Poverty: A Survey of World Bank Poverty assessments and Implications", World Bank Social Protection discussion paper, Washington.
- Canadian Human Rights Commission (2006). International Best Practices in Universal Design, A Global Review, Ottawa.
- CBM (2012). "Inclusion Made Easy. A quick program guide to disability in development", CBM, Australia.
- CBM (2013). "Disability-Inclusive Disaster Risk Management. Voices from the field", CBM Emergency Response Unit, Brussels.
- CBM (2014). Policy brief on Sustained and Inclusive Growth: employment and social protection. CBM International Advocacy and Alliances Department.
- Centre for Human Rights and Humanitarian Law (2013). "Torture in Healthcare Settings. Reflections on the Special Rapporteur on Torture's 2013 Thematic Report", Centre for Human Rights and Humanitarian Law Anti-Torture Initiative, Washington College of Law.
- Danquah, L., Kuper, H., Eusebio, C., Rashid, M.A., Bowen, L., Foster, A., and Polack S. (2014). "The long term impact of cataract surgery on quality of life, activities and poverty: results from a six year longitudinal study in Bangladesh and the Philippines", *PLoS One*. Apr 18;9(4).
- Danquah, L., Polack, S., Brus, A., Mactaggart, I., Houdon C.P., Senia, P., Gallien, P., and Kuper, H. (2014). "Disability in post-earthquake Haiti: prevalence and inequality in access to services", *Disabil Rehabil*, Sep 2:1-8.
- Deprez, S., and Labattut, E. (2011). La reconstruction de Port-au-Prince, Analyse et réflexions sur les stratégies d'interventions en milieu urbain, Mission d'appui du 5 septembre au 1er octobre, Solidarités International.
- DFID (2000). "Disability, Poverty and Development", Department for International Development (DFID), United Kingdom.

- European Commission (2014). "Economic impact and travel patterns of accessible tourism in Europe, Final Report".
- European Commission (2014). "Resilience Compendium. Saving lives and livelihood". European Union, United Nations and the World Bank Partnership on post-crisis and recovery planning.
- European Council (2015). Council Conclusions on disability-inclusive disaster management.
- Forsman, Å. (2010). "A situational analysis of metropolitan Port-au-Prince, Haiti", Strategic citywide spatial planning, Summary report, UN Habitat, Nairobi.
- Funk, M., and Saraceno, B. (2010). "Mental Health and development: targeting people with mental health condition as vulnerable group", WHO Press, Geneva.
- Groce, N., et al. (2011). "Poverty and disability – a critical review of the literature in Low and Middle Income Countries", Working Paper Series No. 16. Leonard Cheshire Disability and Inclusive Development Centre, London.
- Groce, N. and Murray, B. (2013). "Disabled Beggars in Addis Ababa, Ethiopia", Employment Working Paper No. 141, International Labour Organization, Geneva.
- Hemingway, L. (2014). "Housing and Independent Living", Chapter 22 in *Disabling Barriers-Enabling Environments*, Third Edition. Ed. by Swain, J., French, S., Barnes, C., and Thomas, C.
- Human Rights Watch (2010) "As if we weren't human: Discrimination and Violence Against Women", Uganda.
- Inclusion International (2010). "The implication of the Convention on the Rights of Persons with Disabilities (CRPD) for education for all", London, United Kingdom.
- IDA and IDDC (2014). *Disabilities and Inequalities in the Sustainable Development Process: Briefing Paper for the Open Working Group Session on Promoting Equality – 5th February 2014*.
- IDA and IDDC (2014). "The Inclusion of Persons with Disabilities in Financing for Development Policy Paper".
- ILO (2009). "Facts on Disability and Decent Work", International Labour Organization, Geneva.
- ILO (2009). "The price of exclusion: The economic consequences of excluding people with disabilities from the world of work", Employment Working Paper no. 43, ILO, Geneva.
- ILO (2014). "World Social Protection Report 2014/15. Building economic recovery, inclusive development and social justice", International Labour Organization, Geneva.
- ILO (2014). "World of Work Report 2014: Developing with Jobs", International Labour Organization, Geneva.

ILO and Irish Aid (2007). "Achieving equal employment opportunities for people with disabilities through legislation. Guidelines", International Labour Office, Geneva.

Imrie, R., and Hall, P. (2003). "Inclusive Design: Designing and Developing Accessible Environments", Spon Press, London.

Jones, H. (2011). "Inclusive design of school latrines – how much does it cost and who benefits", briefing note 1, Water, Engineering and Development Centre, Loughborough University, United Kingdom.

Jones, H., and Reed, B. (2005). "Water and sanitation for disabled people and other vulnerable groups", Water, Engineering and Development Centre, Loughborough, United Kingdom.

Kruk, M.E., et al (2009). "Borrowing and Selling to Pay for Health Care in Low- and Middle Income Countries", *Health Affairs*, 28, no. 4: 1056-1066.

Kuper, H., Monteath-van Dok, A., Wing, K., Danquah, L., Evans, J., Zuurmond, M., and Gallinetti, J. (2014). "The impact of disability on the lives of children; cross-sectional data including 8,900 children with disabilities and 898,834 children without disabilities across 30 countries", *PLoS One*, Sep 9;9(9):e107300.

Lancet Commission on Investing in Health (2013). "Global Health 2035: A world converging within a generation", *The Lancet*, December 2013.

Lee, J., and Sedana, R. (2011). "Improving Equity in Health by Addressing Social Determinants", WHO, Geneva.

Leonard Cheshire (2012). "Inclusive Education: An Introduction", United Kingdom.

Mission East (2013). "Survey report on status of women and girls with disabilities in Humla district", Mission East, Nepal

Montgomery, C. (2013). "Happy City. Transforming Our Lives Through Urban Design", Farrar, Straus & Giroux, United States.

Morris, J. (1992). "Personal and political: a feminist perspective on researching physical disability", *Disability, Handicap & Society*, 7(2), 157-166.

Noga, J., and Wolbring, G. (2012). "The economic and social benefits and the barriers of providing people with disabilities accessible clean water and sanitation", *Sustainability*, 4, 3023-3041.

Official Journal of the European Union (2013). Decision 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism.

OHCHR (2011). Thematic study by the Office of the United Nations High Commissioner for Human Rights on participation in political and public life by persons with disabilities, A/HRC/19/36.

OHCHR (2012). Thematic study on the work and employment of persons with disabilities: report of the United Nations High Commissioner for Human Rights, A/HRC/22/25.

- OHCHR (2014). General comment no 2: Accessibility, CRPD/C/GC/2, Office of the High Commissioner for Human Rights and the Committee on the Rights of Persons with Disabilities.
- OHCHR and Centre for Economic and Social Rights (CESR) (2012). "Who will be accountable? Human rights and the post-2015 development agenda", New York and Geneva.
- Ortoleva, S., and Frohmader, C. (2013). "The Sexual and Reproductive Rights of Women and Girls with Disabilities", ICDP Beyond 2014, International conference on human rights, Issues paper, July 1st 2013.
- Oxfam (2015). "Wealth: having it all and wanting more", Oxfam Issue Briefing, January 2015.
- Plan International and London School of Hygiene & Tropical Medicine and the International Centre for Evidence in Disability (2014). "Include Us in Education! A qualitative research study on barriers and enablers to education for children with disabilities in Nepal", Plan International.
- Preuvot, N., Chaboche, M., and Dukhan, A. (2014). "L'AFD & l'intervention en quartiers precaires, retours d'expériences et recommandations stratégique", Agence Française de Développement, Paris.
- Prince, J. (2008). "Inclusive City Life: Persons with Disabilities and the Politics of Difference", *Disabilities Studies Quarterly*, Volume 28, No.1.
- Quick, J., Jay, J., and Langer, A. (2014). "Improving women's health through universal health coverage", *PLoS Med*, Jan;11(1):e1001580.
- Sachs, J.D. (2012). "Achieving universal health coverage in low-income settings", *The Lancet*, Sep 8;380(9845):944-7.
- Savedoff, W.D., de Ferranti, D., Smith, A.L., and Fan, V. (2012). "Political and economic aspects of the transition to universal health coverage", *The Lancet*, Sep 8; 380(9845):924-32.
- SDSN (2013). The Urban Opportunity: Enabling transformative and Sustainable Development, Background paper for the High-Level panel of Eminent Persons on the Post-2015 Development Agenda, Sustainable Development Solutions Network.
- Sen, A. Universal healthcare: the affordable dream. *The Guardian*, 6 January 2015.
- Tesni, S., and Keenon, A. (2014). "Inclusive Education is for Everyone: CBM and the Global Campaign for Education 2014", CBM, Germany.
- Tipple, G., et al. (2009). "Enabling environments: reducing barriers for low-income disabled people", Global Urban Research Unit, Newcastle University, Newcastle.
- UNDESA (2011). "Disability and the Millennium Development Goals. A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts", UN Department of Economic and Social Affairs, New York.

UNDESA (2013). Dialogue on Post-2015 Development Frameworks and Disability, Department on Economic and Social Affairs.

UNDESA and UNDP (2013). Technical Support Team (TST) Issues brief: Conflict prevention, Post-conflict Peacebuilding and the Promotion of Durable Peace, Rule of Law and Governance.

UNDP (2002). "Human Development Report: Deepening Democracy in a Fragmented World", UNDP, Oxford Press, New York.

UNDP (2009). "Pacific sisters with disabilities: at the intersection of discrimination", UNDP Pacific Centre, Fiji.

UNDP (2013). "Towards an Inclusive and Accessible Future for All", UN Partnership on the Rights of Persons with Disabilities, New York.

UNDP (2014). "Governance for sustainable development. Integrating Governance in the Post-2015 Development Framework", Discussion paper, UNDP, New York.

UNDP and Government of India (2012). "Livelihood Opportunities for Persons with Disabilities", United Nations Development Programme, India.

UNESCO (2014). "Teaching and Learning: Achieving quality for all", EFA Global Monitoring Report, UNESCO, Paris.

UNFPA (2007). "State of world population: unleashing the potential of urban growth", United Nations Population Fund, New York.

UNHCR (2006). "The State of the World's Refugees", UN High Commissioner for Refugees, Oxford University Press Inc., New York.

UNISDR (2005). Hyogo Framework for Action 2005-2015.

UNISDR (2014). "Rationale for a post-2015 development framework for disaster risk reduction – Evidence from the Global Assessment Report 2009, 2011 and 2013", UN Office for Disaster Risk Reduction, Prevention Web.

UNISDR (2015). Sendai Framework for DRR 2015-2030.

UNISDR (2015). "Making Development Sustainable: The Future of Disaster Risk Management. Global Assessment Report on Disaster Risk Reduction", UN Office for Disaster Risk Reduction, Geneva.

United Nations (2006). Convention on the Rights of Persons with Disabilities.

United Nations (2012). The Future we want, Resolution 66/288 adopted by the General Assembly July 2012.

United Nations (2013). "A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015", UN General Assembly, New York.

United Nations (2013). Panel Discussion on Disaster Resilience and Disability: ensuring equality and inclusion. United Nations Headquarters, October 10, 2013.

United Nations (2014). Open Working Group proposal for Sustainable Development Goals.

United Nations (2014). CRPD/C/GC/2 General comment No. 2 (2014) Article 9: Accessibility.

United Nations University-EHS and Alliance Development Works (2014). "World Risk Report 2014. Focus: the city as a risk area", Druckerei Conrad GmbH, Berlin.

Wilbur, J., and Jones, H. (2014). "Disability: Making CLTS fully Inclusive", Frontiers of CLTS: Innovations and Insights, Issue 3, 2014, Water Aid and Water, Engineering and Development Centre.

WHO (2008). "The Global Burden of Disease: 2004 update", WHO Press, Geneva.

WHO (2010). "The World Health Report 2010. Health Systems Financing: The path to universal coverage", WHO Press, Geneva.

WHO (2011). "World Report on Disability", WHO Press, Geneva.

WHO (2012). "Positioning Health in the Post-2015 Development Agenda", WHO discussion paper, October 2012, Geneva.

WHO (2013). Universal Health Coverage: Report by the Secretariat. EB/132/22.

WHO (2014). Disability Global Action Plan 2014-2021.

Women's Commission for Refugee Women and Children (2008). "Disabilities among refugees and conflict affected populations", Women's Commission for Refugee Women and Children, New York.

World Bank (2005). "Disability and Social Safety Nets in Developing Countries", World Bank Social Protection Unit, Washington.

World Bank (2008). Project appraisal document on a proposed credit to the People's Republic of Bangladesh for a disability and children-at-risk project. World Bank, Washington.

WHO and UNICEF Joint Monitoring Programme (2013). "Progress on drinking-water and sanitation, 2012 Update", WHO and UNICEF.



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