



Africa Disability Alliance

ADVOCACY TOOLKIT FOR DISABILITY MAINSTREAMING

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Commissioner Lawrence Mute
Commissioner of the AUCHPR

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ABBREVIATIONS

ADA	Africa Disability Alliance
ADP	African Disability Protocol
AU	African Union
CBR	Community Based Rehabilitation
CSO	Civil Society Organisation
COPDAM	Community of Practice in Disability Advocacy for Mainstreaming
CPoA	Continental Plan of Action
DPO	Disabled People's Organisation
DPSA	Disabled People South Africa
FEDOMA	Federation of Disability Organisations in Malawi
FODPZ	Federation of Organisations of Disabled People in Zimbabwe
INGO	International Non-Government Organisation
LNFOOD	Lesotho National Federation of Organisations of the Disabled
M & E	Monitoring and Evaluation
MDG	Millennium Development Goals
MTEF	Mid-Term Evaluation Framework
NDC	National Disability Council
NDMP	National Disability Mainstreaming Plan
NDP	National Development Plan
NGO	Non-Government Organisations
NHRI	National Human Rights Institution
PFPH/MAD	Platform of Federations of Persons with Disabilities in Madagascar
SWOT	Strengths, Weaknesses, Opportunities and Threats
ToRs	Terms of Reference
UN	United Nations
UNCPRD	United Nations Convention on the Rights of persons with Disabilities
UNDP	United Nations Development Plan
ZAFOD	Zambia Federation of Disability Organisation

FOREWORD

When the African Union (AU) declared the period 2010 – 2019 as the extended African Decade of Persons with Disabilities, and subsequently adopted a Continental Plan of Action [CPoA] to govern the implementation of the Decade, the AU continued to provide leadership to African governments. The CPoA established priority areas in which governments would set targets for achieving change in the empowerment of persons with disabilities.

Stakeholders led by disability rights organizations across Africa supported the initiative, with strong acknowledgement and recognition of mainstreaming disability as the best method for including disability in national development plans and as central in achieving the goals of the African Decade as well as the Millennium Development Goals .

I commend the African Disability Alliance [ADA] for deploying its depth of knowledge and expertise to share with stakeholders across Africa the materials and information which is in this toolkit on mainstreaming disability in national development plans. There is a great demand for training on how to mainstream disability by government departments, development agencies and programmes. This toolkit uses a disability lens to explore the most desirable and feasible approaches to mainstream disability.

This tool kit is designed to be hands on and helps in building the capacities and skills of government officials, disability advocates, development agencies, experts and disabled persons who are in the frontline in promoting disability inclusive policies.

The use of this toolkit should be a partnership between stakeholders. The toolkit is disability accessible and comes in print, soft copy and daisy formats.

CHAPTER ONE - ABOUT THE TOOLKIT

Background

The development of the advocacy toolkit is part of a project called Community of Practice in Disability Advocacy for Mainstreaming (COPDAM) that is being implemented by the Africa Disability Alliance (ADA) with the support of European Union (EU) and Christoffel Blindenmission (CBM). The project is being implemented in six countries, Lesotho, Madagascar, Malawi, South Africa, Zambia and Zimbabwe. The project is also at continental level targeting the 15 Continental Disabled People Organisations (CDPOs) who are members of the ADA and working with the African Union (AU). The long term development goal of the project is to contribute to effective participation of Persons with Disabilities in the development process in Africa. Its immediate objectives is to empower the continental and regional disability network to take a leading role in the process of mainstreaming disability and inclusive development as a cross-cutting issue in national and regional policies in African society.

ADA has noted that in most countries on the African continent, the signing and ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is emerging as a development agenda. However, people with disabilities and their respective organisations are not exploiting the opportunities to effectively communicate with governments to promote inclusion of disability into their policies and programmes and to unlock budgets. This project therefore aims at building capacity of continental disability networks and their member organisations in the six target countries to lobby continental networks and governments to mainstream disabilities in their national plans through the development of continental and national disability mainstreaming plans.

It is against this background that the development of an easy to use advocacy toolkit for disability mainstreaming will be instrumental in guiding Disabled People's Organisations (DPOs) and ADA in the process of influencing governments and AU to mainstream disability in their policies and programmes. The toolkit is also intended to be a reference where one can search for answers to questions faced in relation to advocacy and disability mainstreaming.

It is hoped that the publication of this toolkit will help ADA and its partners to develop clear and

targeted advocacy strategies and, ultimately, to improve its contribution to the advancement of human development for persons with disabilities in Africa.

1.1 Purpose of the tool kit

In its preamble, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) emphasizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development. In light of this, the tool kit aims:

- i. To guide development of an advocacy structure in the Africa Disability Alliance (ADA) and Disabled People's Organisations (DPOs).
- ii. To assist users with strategies on how to advocate for disability mainstreaming and how to measure it.
- iii. To contribute to enhancing implementation of the Continental Plan of Action for the Decade of Persons with Disabilities 2010 - 2019 (CPoA) and United Nations Convention on the Rights of Persons with Disabilities.

1.2 Who should use the toolkit?

- i. Disabled People's Organisations (DPOs).
- ii. The Africa Disability Alliance (ADA).
- iii. Government e.g the disability focal points in ministries and departments
- iv. The African Union.
- v. National Human Rights Institutions.
- vi. National councils or agencies for persons with disabilities (or other name for State Corporation established for purposes of promoting the rights of persons with disabilities at national level).
- vii. Disability rights activists.
- viii. Civil Society Organisations (CSOs).
- ix. Development organisations

The toolkit be used to influence relevant governments departments that provide services to the general population to mainstream disability in policies, plans and programmes as outlined by the CPoA and UNCRPD.

1.3 Structure of the toolkit

The toolkit is divided into seven chapters that are based on the whole chain of mainstreaming process. Chapter 1 contains general information about the

toolkit; other chapters are as follows:

- Chapter 2: Mainstreaming Process
- Chapter 3: Initiation Stage
- Chapter 4: Analysis Stage
- Chapter 5: Formulation Stage
- Chapter 6: Implementation Stage
- Chapter 7: Monitoring and Evaluation Stage

1.4 How can this toolkit be used?

The different actors involved in the disability sector such as governments, DPOs, AU, UN agencies, international non-government organisations (INGOs) and civil society organisations (CSOs) are encouraged to follow the stages of mainstreaming process while ensuring that unnecessary repetition of the recommended steps does not occur. For example if the key actors in the disability sector have already conducted a stakeholders analysis, identified allies and carried out a baseline study, the key actors could proceed to the formulation stage in Chapter 4.

However, an actor will need to confirm that the content of the baseline report is accurate and adequate. If some information is missing in the baseline report, the actor should gather additional information needed and use it along with the baseline report before proceeding to the next stage. Different tools referenced within different stages, have been attached as annexes to the toolkit.

1.5 Definition of concepts

To ensure that everyone has the same understanding of disability mainstreaming, this section of the toolkit provides definitions of some concepts that will be commonly used in the toolkit.

a) **Disability**

According to the UN Convention on the Rights of Persons with Disabilities (UNCRP), disability is an evolving concept which results from the interaction between persons with impairments and attitudinal and environmental barriers. It recognises persons with disabilities as those persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full participation in society on an equal basis with others.

b) **Key actors in disability:**

- i) Disabled People's Organisations (DPOs), including the Africa Disability Alliance (ADA)
- ii) Government e.g the ministry or department designated as the disability focal point
- iii) The African Union

- iv) UN agencies
- v) National Human Rights Institutions
- vi) National councils or agencies for persons with disabilities (or other name for state corporation established for purposes of promoting the rights of persons with disabilities at national level)
- vii) Disability rights activists
- viii) Civil Society Organisations (CSOs)
- ix) Other Stakeholders

c) **Inclusion**

Inclusion is the process whereby every person (irrespective of disability, age, gender, religion, sexual preferences race, marital status, health status, ethnic or social origin, culture, belief, dress, language, birth or nationality) can access and participate fully in all aspects of an activity or service in the same way as any other member of the community.

d) **Mainstreaming**

Mainstreaming means include/incorporate into the mainstream. It is a systematic consideration of the differences between the different conditions, situations and needs of disadvantaged groups in all policies and programmes at the point of planning, implementation, monitoring and evaluation

e) **Mainstreaming Vs Inclusion**

Mainstreaming is a process towards the achievement of set objectives and is continuous while inclusion is the achievement of those objectives or the end product. The essence of inclusion is based on the premise that all persons with disabilities have a right to be included in naturally occurring settings and activities on an equal basis with their non-disabled peers.

f) **Disability Mainstreaming**

Disability mainstreaming is a strategy for making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that persons with disability benefit equally" (**Handicap International, 2009**). Disability mainstreaming implies that all development interventions are planned and implemented in such a way that people with disabilities, their needs, rights and potentials are taken into account on equal terms with those of other population groups (**CBM, Disability & Development Policy, 2007**)

Article 4(1) c of the Convention on the Rights of Persons with Disabilities obliges States Parties to 'take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes'. This is widely understood as the mainstreaming clause of the Convention, and should be read together with Article 19 (c) of the Convention which obliges States Parties to ensure that 'community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs'.

those people that have been marginalized or historically left out of the decision making processes are heard and included.

- Being on their side and no-one else's
- Being primarily concerned with their fundamental needs
- Remaining loyal and accountable to them in a way which is emphatic and vigorous and which is, or is likely to be, costly to the advocate or advocacy group

g) **Reasonable Accommodation**

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

h) **Advocacy**

Advocacy can be defined as a deliberate planned and sustained effort to advance an agenda for change. Advocacy consists of organized efforts and actions that use the tools of democracy to establish and implement laws and policies so as to create a just and equitable society. These tools include lobbying, negotiation, bargaining, mass mobilization, civil action, court actions and holding of elections. Advocacy is about:

- Dealing with questioning political power or policy makers and asking them to provide answers to the question of who gets what; how much one gets and how soon?
- Aiming at changing social institutions by helping advocates to gain access and a voice in the decision making of such institutions; and to change the power relationships within and among those institutions.
- Trying to persuade and influence decision makers or those with governmental, political and economic power, to adopt and implement public policies that will improve the lives of those people with less political power and fewer economic resources.
- Resisting the unequal power relations such as patriarchy and dictatorship. It questions the existing unequal power relations in society so as to ensure that the poor, the voiceless and

In this document, stakeholders refers to people or organisations that have an interest, concern or stake in the process and results of your activities.

j) **Civil Society Organisations**

The term civil society refers to the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil Society Organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations". (The World Bank, 2013) DPOs are part of Civil Society Organisations.

k) **Alliance**

In this document, alliance refers to individuals or organisations that can help you reach your advocacy goal

1.6 Principles upon which the toolkit is founded

This toolkit is based on the core principles in disability rights, which are set out in article 3 of the UNCRPD:

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

CHAPTER TWO - THE PROCESS OF MAINSTREAMING DISABILITY IN GOVERNMENT PLANS

2.1 Purpose

To highlight the meaning and the whole process of disability mainstreaming.

2.2 Expected Learning Outcomes

By the end of this chapter, you will be able to:

- Have a general understanding of disability mainstreaming
- List the steps of disability mainstreaming
- Understand government planning process and how they relate to disability mainstreaming

In addition to legislation, other ‘appropriate measures’ that governments take in implementing

States Parties under article 4(1) (a) of the UNCRPD undertake to ‘adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the Convention

rights include government plans. Disability issues should be therefore be mainstreamed in different government plans, from the National Development Plan (NDP) to National Disability Mainstreaming Plan (NDMP) which both should inform other ministerial plans. Since disability cuts across all government ministries, it is necessary for all ministerial plans to also mainstream disability. This chapter, therefore highlights what disability mainstreaming is and describes the plans that are targeted for disability

The process of mainstreaming disability in plans can be divided into five steps, namely; Initiation, Analysis, Formulation, Implementation and Monitoring & Evaluation.

mainstreaming.

2.3 Understanding Disability Mainstreaming

Disability mainstreaming was defined in Section 1.5 above. To reiterate, disability mainstreaming is a method that promotes inclusion and addresses the barriers that exclude people with disabilities from full and equal participation in society.

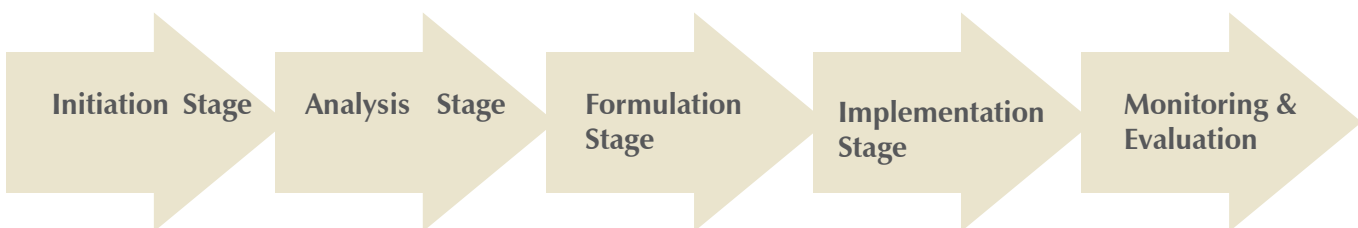
Mainstreaming disability is not about adding a component of people with disabilities or even adding a component of equality, empowerment or rights into an existing activity. It goes beyond increasing their participation; it means bringing the experience, knowledge, and interests of people with disabilities on the development agenda. It may entail identifying the need for changes in that agenda. It may require changes in goals, strategies, and actions so that people with disabilities (both women and men) can influence, participate in, and benefit from development processes.

The following sections of the toolkit will therefore seek to unpack the steps necessary in influencing disability mainstreaming in government plans.

2.4. Understanding Government Planning Process

To ensure that mainstreaming is done effectively, it is useful to understand how government develops its plans. The following section will therefore highlight some of the relevant plans that could be targeted by disability groups.

Diagram 1 - Steps in Mainstreaming Process



For any institution or organisation to operate systematically there should be a plan to guide the implementation. Government operates with several plans from the national to the local level. At one level or sphere of government there are also several plans for different programmes and operations. This tool kit will only focus on three types of plans which are the National Development Plan, National Disability Mainstreaming Plan and Ministerial Plans.

a) ***National Development Plan (NDP) and Medium-Term Expenditure Framework (MTEF)***

The National Development Plan (NDP) is a government development blue print and long term strategy which covers 20 or 30 years. Most NDPs are implemented in stages through short term planning called Medium-term Expenditure Framework (MTEF). The MTEF may be planned to cover two to five years of the development plan. Budgeting for implementation of activities and actions in the MTEF and NDP are done annually by the different Ministries and Finance Ministry. International development agencies or donors usually contribute an additional amount to the national budget.

Some NDP documents additionally include a matrix where responsibilities or different actors are clearly marked. During the NDP formulation process, stakeholders including DPOs are supposed to have already negotiated the different roles and responsibilities in respect of different activities and actions defined in the final NDP document.

b) ***Government Ministerial/Departmental Plans***

Government ministries or departments have annual plans that emanate from NDP. These plans should also mainstream disability as disability is a cross cutting issue. It is envisaged that each ministry/department will incorporate the targets and indicators as they derive from the NDMP.

c) ***National Disability Mainstreaming Plan***

(NDMP)

It is crucial for countries to develop National Disability Mainstreaming Plans to guide different ministries or departments on how to mainstream disability in their own plans, programmes and policies. A government ministry, department or unit responsible for coordinating disability issues in each country should be responsible for leading the development of the NDMP. The development should be done with inputs from different government ministries, national disability federations, DPOs and Civil Society Organisations (CSOs). The NDMP will include targets and indicators for each government sector which will then form part of their individual annual plans.

Baseline study or situation analysis is a prerequisite to development of the NDMP. The results of the study should therefore be used as a basis for the draft of the NDMP.

CHAPTER THREE - INITIATION STAGE

3.1. Purpose of this chapter

The purpose of this chapter is to provide practical steps to DPOs including other stakeholders on how to prepare an advocacy campaign for mainstreaming disability in the government plans. It is also building skills towards analysis of stakeholders/allies needed in the advocacy campaign for disability mainstreaming. It goes further to highlight available key resources needed for advocacy campaign.

3.2. Expected Learning Outcomes

By the end of this chapter, you will be able to:

- Identify stakeholders and allies required for advocacy campaign for disability mainstreaming and establish how to work with them.
- Understand how the roles of civil society organisations including DPOs differ from those of government.
- Identify available key resources required and how they enhance disability mainstreaming

3.3. Stakeholders Analysis

It is important for the federations or DPOs initiating disability mainstreaming process, to carry out consultations with the membership and beneficiaries in identifying different stakeholders who could play a role in disability mainstreaming advocacy work. The members need to be in agreement on who to include and why before the advocacy process

begins. It should also be noted that stakeholders vary from organisation to organisation and from country to country. There is no size fits all as they differ with context.

There are several tools that can be used to map and analyse several stakeholders before deciding which ones will be suitable for the required partnership in influencing disability mainstreaming in government plans. Below is one example of a tool that can be used to analyse stakeholders.

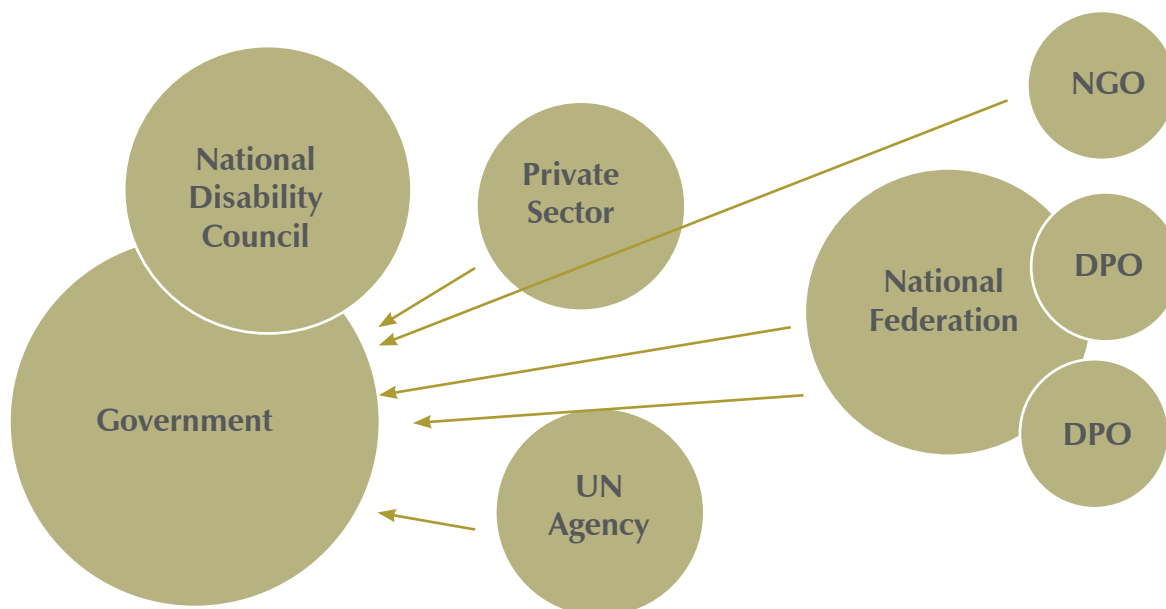
Stakeholder Analysis using Venn Diagramm

The diagram below is an example of a national federation with several stakeholders that it needs to work with in disability mainstreaming process. It should be noted that in this case the government is the main target.

- Circles of different sizes are allocated to different stakeholders
- Circle size varies according to the importance of the stakeholder
- The distance between the different circles (or their overlapping) indicates the intensity of contact and mutual influence

3.4 Roles of different types of stakeholders in disability mainstreaming

The following is a description of different types of key stakeholders that DPOs can work with.



3.4.1. Government Departments and Ministries

People with disabilities are entitled to equal participation with non-disabled people in all spheres of life. Therefore matters concerning people with disabilities should be of concern to all government ministries and departments. Each ministry should be responsible for including matters related to persons with disabilities within their plans and programmes.

A focal point is usually a government ministry or department, or a state corporation such as a national council or agency set up for the specific purpose of implementing the rights of persons with disabilities. In many countries, the ministry for Social Welfare is usually the ministry responsible for disability. However, when we consider promoting the inclusion of persons with disabilities in society it is clear that most ministries will be involved in one way or another; including the ministry responsible for education, employment, health, justice, women's affairs, transport, finance and planning.

Article 33 (2) requires States Parties to establish a framework that includes one or more independent mechanisms to promote, protect and monitor the Convention. Article 33(2) of the UNCRPD makes a clear distinction between three dimensions (promotion, protection and monitoring), where tasks need to be carried out in regard to the implementation of the UNCRPD.

PROMOTION includes scrutiny of compliance of draft legislation to ensure consistency with the obligations under the Convention, scrutiny of existing legislation, regulations and practices, awareness raising, human rights education and research.

PROTECTION shall cover investigation and examination of individual and group complaints, litigation, conducting enquiries, issuing reports and filing amicus curiae briefs.

MONITORING includes collecting data and information on human rights violations, developing indicators and benchmarks, assessing progress, visiting places where violations often occur and the contribution to State Reports to the UN Committee

Article 33 of the UNCRPD is on national implementation and monitoring. Article 33(1) obliges States Parties to designate one or more focal points within government for matters relating to the implementation of the Convention

These activities are listed in the thematic study of the United Nations High Commissioner for Human Rights.¹ The framework, established under article 33(2) of the UNCRPD shall include at least one independent mechanism that is compliant with the Paris Principles.²

Article 33(3) of the UNCRPD requires that civil society, in particular persons with disabilities and their representative organisations shall be involved and participate fully in the process of monitoring Convention. This provision is of a binding nature; the Convention uses the word 'shall'. Article 33(3) should be read together with article 4(3) of the UNCRPD which refers to the importance of involving persons with disabilities in all policy and decision-making processes concerning their lives. Paragraph (o) of the Preamble to the UNCRPD also emphasises that persons with disabilities should be actively involved in decision-making processes, policies and programmes, including those directly concerning them.³

Key roles and functions of governments:

The Convention recognizes the role of resources in meeting state obligations, and incorporates the principle of progressive realization in article 4(2). The principle of 'progressive realization' acknowledges that some of the rights may be difficult in practice to achieve in a short period of time, and that states may be subject to resource constraints, but requires states to act as best they can within their means. The requirement to 'take steps' imposes a continuing obligation to work towards the realization of the rights and rules out deliberately regressive measures which impede that goal. The Committee on Economic, Social and Cultural Rights also interprets the principle as imposing minimum core obligations to provide, at the least, minimum essential

⁴CESCR General Comment 3, paragraph 10

¹G de Beco 'Study on the implementation of article 33 of the UN Convention on the Rights of Persons with Disabilities in Europe' OHCHR study (2011) 4.

²Magdolna Birtha, 'Nothing about CRPD monitoring without us': A case study of the involvement of the disability movement in policy-making in Zambia http://www.pulp.up.ac.za/pdf/2013_07/2013_07.pdf accessed 25 November 2014

³Magdolna Birtha, 'Nothing about CRPD monitoring without us': A case study of the involvement of the disability movement in policy-making in Zambia http://www.pulp.up.ac.za/pdf/2013_07/2013_07.pdf accessed 25 November 2014

⁴CESCR General Comment 3, paragraph 10

⁵CESCR General Comment 3, paragraph 12.

Article 4 of the UNCRPD contains the general obligations of States Parties to the Convention, including to:

- i. Adopt all appropriate measures for the implementation of the rights in the Convention;
- ii. Abolish laws, customs and practices that constitute discrimination against persons with disabilities;
- iii. Eliminate discrimination on the basis of disability by any person, organisation or private enterprise;
- iv. Undertake or promote research and development of universally designed goods, services, equipment and facilities;
- v. Promote the training of professionals and staff working with persons with disabilities;
- vi. Ensure that all public services are accessible to persons with disabilities

levels of each of the rights.⁴ If resources are highly constrained, this should include the use of targeted programmes aimed at the vulnerable.⁵ In many countries around the world, persons with disabilities remain among the vulnerable group who are entitled to targeted programmes to address inequality.

3.4.2. National Disability Councils (NDC)

Some countries have councils, agencies or committees focusing on disability issues. These mixed commissions are usually composed of governmental bodies and Civil Society Organisations including disabled people's organisations (DPOs). NDC could play a vital role in influencing disability mainstreaming in the right direction.

Key roles and functions of NDC:

- i) Coordinating and promoting effective cross sectorial/ cross ministerial action on disability in the country
- ii) Developing capacity on disability within government
- iii) Advising the government on all matters relating to inclusion of persons with disability in all spheres of life
- iv) Promoting disability awareness
- v) Conducting accessibility audits
- vi) Registering persons with disabilities

3.4.3. Parliamentarians

For members of parliament (MP) to be effective in taking the disability agenda forward in parliament, they need to be well informed about disability issues.

The following are examples of government entities that could work as stakeholders with DPOs and federations in advocating for disability mainstreaming in different government plans:

- i. Parliament committees or commissions
- ii. Inter-ministerial councils/clusters
- iii. Line ministries/departments

To be able to convey effective messages and choosing who to target, profile individuals that are premium like:

- i. Co-Chair or member of committees, or a representative from a government ministry at the national level;
- ii. Advisers to decision-makers;
- iii. Influencers or major players

DPOs should endeavour to recognise opportunities for lobbying and advocacy; having a clear agenda, targeting the right people and the right time to exert their influence.

MP are ideal group to partner with for disability mainstreaming; particularly where such mainstreaming targets policy, legislation and national budgets. To get MP to take appropriate action on disability, the following actions are essential:

- i) Capacity building of MP on disability issues
- ii) Sensitisation of MP about disability mainstreaming
- iii) MPs need to be provided with appropriate information and research on disability issues
- iv) MPs should be encouraged to include disability in their oversight and monitoring role
- v) Facilitation of exchange of experiences among MP with disabilities including former MP
- vi) Formation of networks of MP with disabilities including former MP
- vii) MP should be invited to participate in different forums on disability issues outside

- of parliament
- viii) DPOs and disability focal points should understand how parliament works (e.g rules and procedures, calendars, issues tabled)
 - ix) DPOs and disability focal points should identify legislation or policy that need review for disability mainstreaming and lobby MPs to change such laws
 - x) DPOs and disability focal points should lobby MP for percentage budget allocation for disability from constituency development fund (CDF)

3.4.4. Disabled Peoples Organisations (DPOs)

The main characteristic of DPOs is that the leadership are persons with disabilities who set up an organisation representing the interests and demands of its members. DPOs have a mandate to represent and promote the perspectives of persons with disabilities.

Key roles and functions of DPOs:

- i. Represent the interests of persons with disabilities at international, national, regional and local levels
- ii. Advocate and lobby for the rights of persons with disabilities
- iii. Ensure that the government and service providers are responsive to rights of persons with disabilities
- iv. Some DPOs also provide information and other services to their members
- v. Participating in the monitoring of the rights of persons with disabilities along with National Human Rights Institutions in line with article 33(3) of the UNCRPD

However, the disability community is also quite diverse; there are different types of disability representatives in most countries:

- i) DPOs representatives: tend to be involved in their official capacity as representatives of persons with disability and operate within DPOs.
- ii) Disability activists: generally persons with disabilities who are not representing a group as such, but are involved from their individual perspectives, expertise, commitment and involvement in wider disability debates and policy processes
- iii) Persons with disabilities from the target population.

Source: VSO (2006)

One way of conceptualizing organisations that carry out work on disability is to make a distinction

between organisations of persons with disabilities and organizations for persons with disabilities. Organisations of persons with disabilities are formed by persons with disabilities; DPOs are organisations of persons with disabilities. Organisations for persons with disabilities are formed to advocate on behalf of persons with disabilities; parent organisations fall under this category. There are many different types of DPOs, ranging from 'impairment specific' (with members who are concerned by or who have one particular impairment/ disability) to cross-disability (with members with all types of impairment/ disability), from grass roots to global. Some DPOs are focused on gender.

Participation of disabled persons in decision-making

Countries should increase their collaboration with DPOs and help them organize and coordinate the representation of the interests and concerns of disabled people.

Governments should actively seek out and encourage in every possible way the development of organizations composed of or representing disabled persons. Such organizations, in whose membership and governing bodies are disabled persons, or in some cases relatives, have a decisive influence, exist in many countries. Many of them have no means to assert themselves and advocate for their rights.

Member states should establish direct contacts with such organizations and provide channels for them to influence government policies and decisions in all areas that concern the Member States. They should also give the necessary financial support to organizations of disabled persons for this purpose.

3.4.5. Civil Society Organisations (CSOs) and other Non-State Actors

CSOs and other non-state organisations at all levels should ensure that persons with disabilities participate in their activities to the fullest extent possible. These organisations would include CSOs, UN agencies, private sector, traditional leaders, religious leaders, university academics and newspaper editors. It is therefore imperative that these organisations are included as stakeholders in advocating for disability mainstreaming as well as making their own plans inclusive of disability.

3.4.6. Meeting possible Stakeholders

It is important to provide an opportunity for stakeholders to come together, be it in a workshop, meeting or conference. This can be organised as part of the meeting held to give feedback on the baseline

study to the consultant. Here CSOs including DPOs, government, and other interested stakeholders come together to give feedback on the baseline study. In addition, this meeting can be used for knowledge sharing between the various stakeholders, for obtaining commitment regarding the way forward and for agreeing on the various roles and responsibilities each stakeholder will take in the process of developing a disability mainstreaming action plan.

Building mutually beneficial partnership with other stakeholders will enhance capacity of DPOs to deliver. This is so because, working in alliances has a multiplier effect: making collective interventions, more cost effective and is critical to DPOs' strength, longevity and sustainability.

3.5. Building Alliances

An active, engaged and networked civil society alliance is critical to the effective implementation of the UNCRP and effective and efficient monitoring of disability mainstreaming at national levels. When building alliances for disability mainstreaming, it is important to keep in mind that you should think as widely as possible as we have different players pushing for their interests in the process. Partners are drawn from diverse sources. Remember that the civil society includes all actors who are not part of the government, and thus ranges from academia to unions or to the media. You might even find support within governmental institutions.

Table 1: Alliances Pros and Cons

Advantages	Disadvantages
<ul style="list-style-type: none"> • Strength and safety in numbers • Broadens support base • Increases access to policy makers • Expands base of information and expertise • Creates new networking and partnership opportunities • Shares workload • Fosters a sense of synergy • Adds credibility and visibility • Opens opportunities to create new leaders 	<ul style="list-style-type: none"> • Politics of identity/culture • Distracts from other work • Generates an uneven workload between stronger and weaker members • Requires compromise • Causes tensions due to imbalances of power • Limits individual organisational visibility • Poses risks to profile/reputation

3.5. Government Roles vs DPOs Roles

For effective advocacy, DPOs need to understand their roles vis-a-vis those of the Governments'. Below is therefore a summary displaying the different roles that are supposed to be played by the two entities.

Table 2: DPOs vs Government roles

Demand Side : DPOs As Rights Holders	Supply Side: Government As Duty Bearers	Shared roles between governments and DPOs
Advocacy and influencing	Policy & legislative framework	Awareness raising
Research and evidence	Systems/structures/programmes	Knowledge building and capacity development
Partnership building	Partnership building & coordination	Partnership in implementation of programmes
Resource mobilisation	Planning & Budgeting	Reporting to relevant bodies, nationally, regionally and internationally

Participation in policy development, planning, implementation and monitoring & evaluation	Implementation and monitoring & evaluation,	
	Statistics	

3.6. Available Key Resources for Advocacy for Disability Mainstreaming

Before thinking of possible financial implications of disability mainstreaming, key actors in the disability sector should look at the value of the already existing human resource and instruments which are basically the already identified stakeholders/allies and existing policy framework.

To identify strengths and gaps within DPOs and to identify opportunities as well as threats in the environment within which they operate, DPOs need to embark on self-reflection using “SWOT analysis” tool.

Table 3: SWOT Analysis

Factors.....PromotingBlocking
Internal	Strengths Positive characteristics and advantages of the DPOs	Weakness Limiting characteristics and disadvantages of the DPOs
External	Opportunities Possible chances to change things for the better	Threats Things that can stop positive change from happening

Once DPOs have performed the SWOT analysis, they would be in the position to include in their plans some interventions that would help them address the identified gaps and utilise their identified strengths to advocate for disability mainstreaming effectively.

3.6.1. The stakeholders and allies

The above stakeholders and allies are key resources in making disability mainstreaming a reality. Their skills, expertise and experience as well as their already existing networks are crucial and could be very instrumental in the mainstreaming process.

3.6.2. DPOs and people with disabilities

DPOs and people with disabilities themselves are key in driving disability mainstreaming processes and therefore need to be adequately empowered with skills to carry out the mandate effectively and efficiently. When DPOs and people with disabilities engage in partnership with government, they need to be systematic in their approach and to speak in one voice. They should work in networks/coalitions/federations. Increasing the knowledge and understanding of DPOs on how government works is also key to strengthening their to be effective in driving disability mainstreaming processes. The relevant areas in which DPOs and people with disabilities can expand their knowledge are:

- i. Disability mainstreaming
- ii. Advocacy; how to form networks and mobilise masses,

- iii. Awareness raising
- iv. International instruments/obligations
- v. National legislative framework
- vi. Policy formulation
- vii. Program/project design and management
- viii. Government planning and procedures
- ix. Government budgeting cycles and procedures
- x. Monitoring and evaluation

3.6.3. Instruments used by governments to carry-out its functions

For a government to perform its functions effectively, it needs to use different instruments or tools for guidance. DPOs and federations on the other hand should stay abreast with the instruments and understand how the tools are used by government to perform its functions. Some of the key instruments used by governments in this regard are as follows:

- a) **Legislation**
Every country has a Constitution which is the highest law of the country; it prevails over any other legislation and applies to all institutions. Below the constitution in hierarchy are different forms of instruments

including regulations, legislation, policies and plans that require to be instituted by relevant ministries, departments and institutions.

b) **Policy**

It is also the responsibility of ministries or departments to develop policies to guide their operations in all the stages: planning, implementation, monitoring and evaluation. It is necessary to form regulations and directives to facilitate implementation of the policies.

c) **Plans**

At national level governments through their ministries of planning, develop National Development Plans (NDP) which usually run for twenty to thirty years. Derived from the NDP are M&E frameworks with clear results and indicators to inform Mid Term Expenditure Frameworks (MTEF), annual plans and budgets for governments. All departmental plans should be aligned to the NDP.

Each ministry or department has to abide by the above mentioned instruments and base its plans on the National Development Plan. However, ministries are also expected to carry out situation analysis in their areas of work to further inform their plans. The situation analysis informs strategic plans which in most cases runs for three to five years. The strategic plans in turn further inform annual plans and specific subject plans such as Disability Mainstreaming Plan or Community Based Rehabilitation Plan for individual ministries. An effective and implementable plan is one that is costed and has a monitoring and evaluation framework with clear indicators.

d) **Political Party Manifestos**

Political party manifestos play an important role in influencing strategies and planning, once the party is elected into government. Hence it is important for DPOs to understand and influence political parties' manifestos before elections take place in order to secure the right of persons with disabilities to participate in political and public life in line with Article 29 of the UNCRPD. The following is an example of how political party manifesto is considered in South Africa:

Example of South Africa:

Planning in government takes into account the reality of different cycles. Key amongst these is the five-yearly electoral cycle at the heart of which is the national elections when political parties campaign for a new electoral mandate. The annual budgeting cycle that has to take into account the electoral mandate starts on 1st April and ends on 31 March. In order to create greater certainty in budgets and introduce multi-year planning the National Treasury introduced the Medium Term Expenditure Framework (MTEF) as a three-year rolling budget that was reviewed annually. Parliament too has its own cycle following the annual calendar. It is worth noting that the strategic agenda of government is determined by the election manifesto and the nature of the electoral mandate received by the ruling party.

e) **International Obligations**

States do not operate in isolation; they are international citizens. As such, states assume obligations among themselves and a state that fails to live up to its obligations can be held liable under international law. Agreements under international law that are entered into by states are called treaties, a term that is often used synonymously with covenant, convention or pact. States may sign, ratify or accede to treaties. Upon ratification or accession, states are expected to domesticate the treaty, depending on whether the state is monist or dualist in its approach to international law. In monist states, ratified treaties apply directly in the domestic legal system, while dualist states require further domestic processes before the treaty can be applied in the states' legal system.

The following are disability related international and regional legal instruments:

Binding legal instruments on disability

- i) UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- ii) UN Convention on the Rights of the child 1989
- iii) African Charter on the Rights and Welfare of the Child

Non-binding legal instruments on disability

- i) UN Standard Rules on the Equalisation of Opportunities for People with Disabilities 1993
- ii) ILO Convention No. 159 concerning the Vocational Rehabilitation and Employment of Disabled Persons, 1983
- iii) African Union Continental Plan of Action for the Decade of Persons with Disabilities
- iv) The African Decade of persons with Disabilities 2010 - 2019
- v) UNESCO Salamanca Statement and Framework for Action "Education for All" 1994 (non-binding)

Once a state has ratified or acceded to an international instrument, the state is under an obligation to report on the treaty's' implementation to the relevant treaty body in accordance with the treaty. Under the UNCRPD, article 34 establishes the Committee on the Rights of Persons with Disabilities (UNCRPD Committee). Article 35 requires states parties to, within two years of ratification or accession, submit to the UNCRPD Committee a comprehensive report on measures taken to give effect to its obligations under the Convention. Subsequent state reports under the UNCRPD are required at least every four years and further whenever the Committee so requests.

CHAPTER FOUR - ANALYSIS STAGE

4

4.1. Purpose

The purpose of this chapter is to provide practical steps on how to conduct a baseline study as a prerequisite for development of any national plan or departmental plan. It also provides guidance in how to determine outcomes of the study. In this context the focus will be on the baseline for the National Disability Mainstreaming Plan (NDMP).

4.2. Expected Learning Outcomes

By the end of this chapter, you will be familiar with ways of building knowledge base on current status of disability using baseline study.

4.3. Baseline study

The overall purpose of a baseline study is to build a knowledge base through the production and dissemination of a report on the current status with regards to disability mainstreaming in each country in order to support the development of national disability mainstreaming plans by government.

A baseline study assists governments, CSOs including DPOs, to generate reliable evidence and to use this information for further planning and to campaign for inclusive policy development and implementation.

A baseline study establishes to what extent existing policies, legislation and programmes in each country, include disability. A Baseline Study addresses the following questions:

- i. What is the current situation? Positive elements? Negative elements?
- ii. What steps have ministries already put into place to mainstream disability?
- iii. What are the gaps and challenges?

Information gathered via a baseline study will assist government in planning for disability mainstreaming. It will also look at the role of different stakeholders such as government and non-state actors including DPOs involved in disability work in the country.

The baseline will assist the DPOs in understanding the situation in the country. To be able to participate in the planning process of government, DPOs need to be able to articulate their priorities. This document will give them an overview of the prevailing situation. The DPOs will subsequently

be able to concretely ask for changes in policies and programmes. A baseline study should aid DPOs on what to prioritise and what they would like to see developed as well as how existing plans and programmes could be made more disability inclusive. It will furthermore help DPOs to think through what they would prioritise for their advocacy, lobbying and awareness campaigns.

It may be argued that this information is already known and that there is no need for a baseline study. However, in many cases, information on disability is known by a few people in the ministries and is often not utilised appropriately. It is therefore extremely useful to bring all the information together in one consolidated document.

4.4 Carrying out the study

Baseline studies can be conducted by DPOs, federations or government or any one of the stakeholders. Organisations may carry out the baseline study themselves or engage consultants to carry out such study. Either way, the terms of references (TOR) will need to be drawn and agreed upon by stakeholders including DPOs and government. An example of TOR is found in Annex 1.

Refer to Annex 1: Terms of Reference for carrying out baseline study

If the organisation chooses to hire a consultant to carry out the baseline study, the consultant (be it an individual or a firm) should have capacity and knowledge about the topic. Contracting a consultant will need to be planned and budgeted for. The consultant will be expected to undertake desk research and reviews of key existing documents, national plans, policies, legislation and key programmes that are currently implemented and evaluate to what extent they mainstream disability.

The consultant will also review available surveys, reports and other information available on the internet. The assignment may involve interviews with key informants (phone, email, face to face) and may also include focus group discussions with key ministries, disabled people and service providers.

4.5. What outputs should the baseline study deliver?

The baseline study should clarify how disability has been mainstreamed in policies, programmes and services in at least six of the government ministries (most states have government ministries/departments with responsibility for health, education, labour/agriculture with livelihood opportunities and employment, community development/social welfare/development, works and transport, planning and finance etc). The baseline study will gather evidence related to the policy development and legislation processes in the country, describe the general context and the extent to which policies include disability components.

The baseline should adequately answer the following questions:

- i) What is the socio-demographic context of the country?
- ii) Has the country ratified the UNCRPD? If it has, has it submitted its initial report? If the country has not ratified the UNCRPD, are there plans underway for ratification?
- iii) If the country has been examined by the UNCRPD Committee, what concluding observations were issued to the country on the various issues?
- iv) Does the domestic legal system of the country adequately protect the rights of persons with disabilities in all spheres of life?
- v) What is the general level of services in the prioritised ministries? Describe the main services e.g. health, education, social, labour. Give relevant statistics
- vi) Is there a focal point for the protection and promotion of the rights of persons with disabilities within government?
- vii) How involved is the designated state's focal point on disability (be it a national council, agency or other government department) in its mandate?
- viii) Is there a focal point for monitoring the rights of persons with disabilities? Does the focal point regularly monitor the rights of persons with disabilities within the country?
- ix) What disability components are mainstreamed in ministerial or government departmental plans and to what extent are they implemented and monitored? Does the ministry or department have a specific budget line for implementation?
- x) Which agencies (local and international) are implementing disability programmes in the country (public, CSOs and private)? Briefly summarise the work being carried out by each

agency, scope, coverage, number of people with disabilities reached (such information can be provided in appendices), and where possible, type of disability as services provided may be disability-specific;

- xi) Which DPOs are active in the country, how effective are they and to what extent are they collaborating with government.
- xii) How involved are National Human Rights Institution (NHRI) in disability issues?

4.6. What deliverables are there?

The consultant or key person will deliver a draft and final report with appendices. The report should respond to the questions raised in 4.5 and may also include:

- Executive Summary
- Introduction and background (describe disability status quo, statistical data, and situation of disabled people in your country)
- Scope (describe the scope of your study, national/local focus and key participants). Summarise terms of reference.
- Methodology
- Findings (describe findings in detail, responding to the purpose and objectives of the study, results of information collected). Pay special attention to policies and legislation that is disability inclusive.
- Discussion of findings
- Conclusions (what are the conclusions of your study? What should be done by DPOs, Government and other organisations about disability mainstreaming? What are your conclusions on the implementation of policies/legislation, and on participation of DPOs?)
- Recommendations (consult widely and formulate recommendations that respond to the findings)
- Appendices (reports, programmes, etc. utilised during the study)
- References (Bibliography)

The consultant or key person will be expected to facilitate a workshop (that should at the minimum be at least a half-day workshop) to disseminate the findings of the study to stakeholders including the government and seek further inputs. After finalising the draft, it is hoped that the government will then adopt this as a true reflection of the status of disability mainstreaming and utilise the findings for further planning. Should there be aspects of the baseline study that are contested by the government or any other stakeholder, such aspects should be ironed out to ensure that ultimately, the baseline is agreed upon by all the actors.

CHAPTER FIVE - FORMULATION STAGE

5.1. Purpose

The purpose of this chapter is to utilise the information gathered in chapter four as baseline information to develop the actual government plan. In this chapter the development of National Disability Mainstreaming Plan (NDMP) has been used as an example.

5.2. Expected Learning Outcomes

By the end of the chapter you will be able to:

- Formulate a shared goal for disability mainstreaming
- Secure buy-in with government to mainstream disability
- Develop a disability mainstreaming plan

5.3. Developing a Shared Goal with Stakeholders and Allies

A goal is something you aim for which gives you a framework within which to work. It usually describes what you want to achieve in the long term and serves as an impact indicator against which you can evaluate whether your project has been successful.

Before the actual development of the plan, it is necessary to develop a shared goal and commitment with stakeholders. This could be done through sharing of the baseline study and joint planning of ways of addressing gaps identified by the study. This must be developed before meeting the relevant government ministries or departments. The lobbying with the relevant ministry could be done in a single meeting/intervention or through continuous and long-term participation together with other stakeholders.

Effective participation of the key actors in disability will be informed by the level of motivation, existing capacities, available funds and the existence of communication and information system between the key actors.

When developing a shared goal, the group should consider the following:

- i) Decide what could be achieved by mainstreaming disability in government plans,
- ii) Write out a list of what you would like to achieve using the experiences of the past to set goals that look into the future,
- iii) Out of the list, prioritize a goal that is realistic, measurable and achievable,
- iv) Be positive when stating a goal,
- v) Form a team and commit to encouraging each other every step of the way,

- vi) Include organisations of and for persons with the various types of disabilities (physical, intellectual, psychosocial, sensory) in this phase in order to consolidate positions and talk with one voice.

Examples of goals for disability mainstreaming:

- Increase access of people with disabilities to education and training of high quality leading to significant improved learning outcomes
- Promote access of children with disabilities to services on nutrition, health care, education and social care.
- Promote access of people with disabilities to equal standard of health care, including mental health care as other citizens
- Promote access of people with disabilities to access to justice
- Ensure that persons with disabilities are recognised as full persons before the law in all spheres of life (the right to legal capacity on an equal basis with others)
- Promote economic and social integration of people with disabilities
- Promote employment of people with disabilities
- Promote inclusion of people with disabilities in national development programmes

5.4. Securing Buy-in with Government

It is crucial to secure a shared goal to ensure that all the stakeholders have common target that will satisfy all in terms of future interventions. With the shared goal and commitment established, the key actors in disability should be able to do the following:

5.4.1. Develop a position paper

Prepare a short common position paper (3 – 4 pages) which should help the group to speak with one voice when meeting government officials and justifying disability mainstreaming in the government plan being targeted. The position paper will be informed by the baseline study or situation analysis report.

Refer to Annex Two: How to prepare a position paper

5.4.2. Meet the relevant ministry or department

Organise a meeting with the relevant ministry/department and officers. To be effective during these meetings, it will be important to do the following:

- vii) The group nominated for the meeting should be representative and small in size;
- viii) Target government officials with decision making powers with messages that are aimed at getting support and buy-in of disability mainstreaming.
- ix) First show that you are a consortium coming from different disability organisations representing millions of persons with disabilities across the country. This is important in order to build credibility of being the voice of a constituency and recognition as experts in disability that is available to inform the mainstreaming process.
- x) In your argument, site baselines and studies, focus on the need for the government department to tap on the rich expertise from the disability group in developing disability mainstreaming outputs and indicators in the plan
- xi) Drive the discussions to identify entry points for mainstreaming and push for leaving the meeting with commitments and plan mainstreaming roadmap
- xii) Ensure the meeting is closed with proposed dates and officers to be consulted further with their contact details taken
- xiii) Try to build a working relationship with the department and key officers.
- xiv) Be ready with names of team members that will follow-up the next stages with contacts.

The Buy-In phase should be closed with the nominated team meeting with the group to feedback results of the meeting with Ministry / government officials. This meeting should produce the following assignments to the group:

- After different entry points and occasions for participation have been identified, the key actors in disability need to develop a joint strategy on important issues, problems and messages and to agree on the different roles and responsibilities linked to this strategy.
- Issues include a strategy on how to influence decision-makers, how to participate in the process, how to involve more allies, how to conduct particular analyses, how to provide specific advice, and how to influence projects.
- Any follow-up requires a specific framework, such as a network or a committee, a way of

agreeing on regular meetings, or a news exchange mechanism, such as an email distribution list.

5.5. Developing a Disability Mainstreaming Plan

This is the area where the actual planning takes place after several preparatory steps. This stage will focus on development of the National Disability Mainstreaming Plan (NDMP) which is aimed at informing other plans such as National Development Plan and ministerial plans.

It should also be noted that approaches towards the development of the plan differs from country to country depending on situation and opportunities available. However, to ensure effective mainstreaming, different ministries are encouraged to bring their already existing ministerial plans to the process of developing the National Disability Mainstreaming Plan (NDMP). Disability issues would therefore be fully embedded in different ministerial plans and will not be seen as an extra parallel plan that requires special resources to implement.

5.5.1. Who is responsible for the development of a disability mainstreaming plan?

Although various stakeholders participate in the development of a national disability mainstreaming plan the government is responsible for the development and overall coordination of the process. One ministry will need to take the lead in this; usually, the focal point, national council or agency that is tasked with promoting the rights of persons with disabilities. Each country will identify their lead ministry. In some countries, there is a dedicated ministry for disability in others this will be

1. Articulate clear, shared goals
3. Establish confidence in your data
5. Shore up the underlying reports
7. Educate your stakeholders
9. Be meticulous about the dashboard layout
11. Ensure long term viability



the responsibility of the office of the president or the ministry for health or community. The important thing

is that a particular unit or department will be expressly identified as being in charge of the task.

As disability is a cross cutting issue, all ministries will need to be involved in the process. Ideally each ministry should identify a focal point/person. The national mainstreaming plan will provide a roadmap indicating the priority actions that need to be taken by each ministry to mainstream disability in the national policies and programmes. The final version of the plan should reflect the overall stakeholder’s consensus.

The disability movement needs to play a key role in the process and it will be important to negotiate with the government where the entrée points are for participation of national federation of people with disabilities and DPOs and other civil society allies.

5.5.2. Consultations

The national government lead ministry will lead the process. It may engage a consultant

or lead the assignment on its own if it has such expertise. It organises events such as workshops and conferences in which DPOs and civil society organisations (CSOs) participate with the aim of offering open discussions and to exchange information.

Different government ministries will need to identify lead persons and departments (focal points) to develop an initial draft for their ministries and who will communicate with the overall coordinator of the mainstreaming projects. It will be important that this person has the relevant capacity and seniority to carry out this task.

5.5.3. Development of a Draft plan

How do we use the information gathered from the baseline study or situation analysis?

To simplify the utilisation process of the information gathered from the baseline study or situation analysis a summary table can be used as follows:

Table 4: Example of a Summary of Baseline Study (sub-headings depend on the areas of focus of the study)

Thematic Areas & Situation Analysis	Policy/legislation	Programmes	Gaps	Recommendations
Health, habitation and rehabilitation				
Social Protection				
Education				
Employment/labour				
Transport				
Coordination				
Statistics				
Accessibility				
Funding				
Participation/s involvement				

When developing a plan, the above recommendations could be used as a basis for the activities or interventions in the plan while the identified gaps could be used as the justification for the interventions. In this case we aim to facilitate the development of a National Disability Mainstreaming Plan to be deliberated and adopted by stakeholders.

A consultant or ministerial coordinator is

appointed to develop the draft plan using a participatory planning process. This person will have to collaborate with the various ministries and other stakeholders contributing to the plan. In principle all ministries play a role but with the first plan, certain ministries may be found most relevant therefore could be prioritised. However, it should also allow for the participation of DPOs and other relevant non-state actors or CSOs to actively participate.

The consultant/ministerial coordinator will:

- i) Analyse the identified gaps and recommendations as highlighted in the above table
- ii) Analyse the National Development Plan in relation to disability,
- iii) Analyse initial plans or inputs from different ministries,
- iv) Hold consultations with working committee and representatives of stakeholders,
- v) Hold focus group sessions with stakeholders,
- vi) Ensure the disability indicators are set for all government Departments and Ministries,
- vii) Prepare the National Disability Mainstreaming Plan with budget,
- viii) Complete a Logical Framework Approach (LFA) Matrix, concise implementation plan and budget for each Department,
- ix) Make presentation of the National Disability Mainstreaming Plan to stakeholders and finalize the NDMP after comments.
- x) Prepare a detailed report on process and outcomes related to the execution of this contract.

It is important for the DPOs to have a close working relationship with the consultant/ministerial coordinator drafting the document.

For DPOs to ensure that the plan has clear targets and indicators, they (DPOs) should have already developed their lists of priorities on the various sectors. Some Federations might decide to form sectorial task groups or identify focal persons for specific themes e.g. education, legal capacity, labour or health. Where necessary, DPOs should seek expert advice on the identified topics. Advisors should have technical knowledge about the current situation and how measurable targets and indicators can be set that built on the existing situation. This will enable DPOs to make clear their priorities to government and lobby for concrete targets and indicators.

Experience has shown from other planning documents that Governments often set very vague targets. DPOs should lobby for the setting of more specific targets; specific targets are easier to monitor and hence facilitate the work of holding ministries accountable to implement the targets.

5.5.4 DPO's input

Once an initial draft has been developed by the government, opportunities for feedback both oral and written should be created. It will be important to agree with the government to host a meeting/workshop/

conference where the draft plan is presented. At this workshop, everyone will be able to give feedback and this is the opportunity to lobby for any missing activities as well as specific targets and indicators.

DPOs should:

- Ensure that they speak in one voice and that they represent all categories of disabilities (with particular focus on the more marginalised categories such as persons who have multiple disabilities, persons with intellectual and psychosocial disabilities) when engaging with the development of mainstreaming plan.
- Look for entry points within existing policies and plans instead of rejecting what governments are proposing.
- Seek to continuously engage with the key persons to advocate for specific target and activities in the plan.
- Engage with partners so that they could assist in supporting specific targets
- Engage with other mainstream human rights organisations such as organisations that promote women's rights, and organisations that promote children's rights in order to adequately capture as many perspectives as possible
- Lobby and advocate for specific targets and indicators during the drafting of the plan.
- make use of international and regional protocols to influence government to develop and review policies, plans and programmes in favour of disability mainstreaming
- Assist government, donors or international organisations / partners in ensuring disability mainstreaming
- Raise awareness on disability mainstreaming targeting government with all its key ministries
- Influence through advocacy and lobbying the government at all levels (national, regional and local)
- Allocate a budget for supporting advocacy activities of the DPOs
- Should identify one person who has the responsibility of ensuring the delivery of the strategy and the tasks to carry out by the agreed time.

5.5.5. Finalisation of plan

The government will now finalise the plan and present it to relevant authorities for approval.

5.5.6. Budget allocation

It is critical for the government to expressly state how it plans to fund the planned activities. Requisite budget lines should be specifically identified. Often, activities

are planned without having been budgeted for; a situation that should be avoided at all costs. Budget considerations should include but not be limited to:

- i. Activities geared towards implementation
- ii. Training of stakeholders especially focal points
- iii. Awareness raising and advocacy work
- iv. Coordination
- v. Monitoring & Reporting
- vi. Publication & Networking (e.g. website, conferences, newsletter)
- vii. Research
- viii. Policy reform/harmonisation
- ix. Prioritised ministerial services/infrastructure/activities

5.5.6. Monitoring and Evaluation (M&E) framework

Monitoring can be defined as the on-going process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives. Evaluation is a rigorous and independent assessment of either completed or on-going activities to determine the extent to which they are achieving stated objectives and contributing to decision making. The key distinction between the two is that evaluations are done independently to provide managers and staff with an objective assessment of whether or not they are on track. However, the aims of both monitoring and evaluation are very similar: to provide information that can help inform decisions, improve performance and achieve planned results.

To guide and assess implementation of the National Disability Mainstreaming Plan (NDMP), it is crucial to build in a monitoring and evaluation (M&E) framework as part of the NDMP.

Amongst others, the NDMP M&E framework should consider the following key aspects:

- Disability targets and indicators pertaining different ministries or departments
- Linkages with national statistics (inform and be informed by national statistics)
- Linkages to state's reporting obligations with Africa Union (AU) and United Nations (UN)

5.5.7. Example of key content for National Disability Mainstreaming Plan

It should be noted that the focus and priorities will differ from country to country and will depend on the situation in each country.

Suggested key content list:

1. Foreword
2. Introduction
3. Situation of Disability and Context of the National Programme
4. Vision for disability according to the National Policy or National Strategy for Disability
5. Mission of the National Programme according to the National Policy or National Strategy on Disability
6. The National Programme: aims, objectives, activities as informed by the following:
 - International, regional and national frameworks
 - The gaps and recommendations of the baseline study
 - National Development Plan and budget
 - Ministerial plans that include disability
7. Different roles by stakeholders including the DPOs
8. Logical Framework for National Programme for Disability
9. Monitoring and Evaluation Plan: including the following
 - Disability targets and indicators pertaining different ministries
 - Statistics and disability
 - Reporting obligations with AU and UN
10. Budget

CHAPTER SIX - IMPLEMENTATION OF THE NATIONAL DISABILITY MAINSTREAMING PLAN (NDMP)

6

6.1. Purpose

The purpose of this chapter is to provide practical steps on how to advocate during the implementation phase of disability mainstreaming.

6.2. Expected Learning Outcomes

By the end of this Chapter, you will be able to:

- To explain how advocacy planning cycle could be used to enhance disability mainstreaming;
- Identify different entry points in the implementation process of disability mainstreaming;
- Have general tips for DPOs in enhancing implementation of the NDMP.

6.3. Advocacy Strategies

It should be noted that both the roles of DPOs and line ministries include further championing advocacy for actual disability mainstreaming. They need to further influence different sectors to mainstream disability in their plans. They therefore have to develop specific advocacy strategies to guide them in the implementation of the NDMP. The advocacy planning cycle will therefore be instrumental in this regard.

6.3.1 Advocacy Planning Cycle

The following steps (in the diagram) are common features of an advocacy planning cycle:



a) Step one - Identification and analysis of issues:

The already conducted baseline study will help in this regard. If the baseline study does not produce sufficient evidence base to sustain an advocacy, the DPOs or the stakeholder might proceed to carry out a situational analysis.

b) Step two - Setting objectives:

The advocacy objectives should be **SMART** (specific, measurable, achievable, relevant and time bound)

Specific: what exactly do you want to happen?

Measurable: will you know when you have achieved it

Achievable: is it realistic or even possible to achieve your objective, given your resources and time?

Relevant: is it relevant and appropriate to all stakeholders, and to the problem itself?

Time bound: by when do you want it to happen?

c) Step Three - Identification of key target (primary and secondary):

It should be clear to all the stakeholders from the onset who is being targeted or who is to be influenced to mainstream disability

d) Step four - Identification of allies

It should be noted that allies will vary with focus/entry point and they could be picked from the already listed allies as suggested in Chapter 2.

e) Step five - Development of message

A summary of the change you want to bring about, based on the work you have done to research your issue and identify key targets. Using solid information and analysis, the groups can develop their position on an issue, create compelling arguments and design a message that communicates all this in a nutshell. The message should be short and punchy, just one

or two sentences but at the same time it should strive to answer the following five key questions:

- **What?** The change you want to bring
- **How?** How you want it to be done
- **Why?** Why is it necessary to bring the change
- **Who?** Who should bring the change
- **When?** By when

f) Step Six - Assessment/mobilisation of resources

Before you can finalise which activities you will carry out, it is vital to consider what resources you have at your disposal. Assessing and allocating resources before you begin advocacy work is not always possible. The resources you have available for advocacy work will be a mix of financial, human capacity and common or shared knowledge. You can refer to the stakeholder's analysis and the SWOT analysis in Chapter 2 to respond to human resource. With financial resource, a budget will need to be drawn and stakeholders identify where the funds could be found before embarking on the implementation.

g) Step Seven - Identification of opportunities and events

Identify the main political processes, key meetings, decision-making moments, or events that can affect, or be used to promote your objectives. It may be useful to do a calendar. The big opportunities could be those we create ourselves - sometimes there may not be high profile external events.

h) Step Eight - Development of implementation and activity plan:

Action plans take various forms, but all should detail exactly what you plan to do, when it needs to happen, and who is responsible. You might consider drawing up a table; as demonstrated below:

Table 5: Example of headings in an implementation or action plan

Objectives	Targets	Activities	Indicators	Timing	Responsibility	Review

i) Step nine - Implementation of the activity plan:

Implementation of the activity plan is about execution of the activities according to the plan

j) Step ten - Monitoring & Evaluation:

Monitoring and evaluation is about checking and ensuring that the implementation goes according to the plan. The detail on how it is carried out is in the following Chapter 7.

6.4. Entry Points Offered by Specific Ministerial Projects

However, DPOs should know that, even if they are not included in the implementation stage ministerial plans, they play an important role in monitoring the execution of activities or reminding the responsible government departments or institutions about forgotten disability mainstreaming action points defined in their plans, NDMP or the National Development Plan (NDP).

For example: After identifying specific ministries in the NDP which the disability group would like to target in advocating for disability mainstreaming, the entry point is to start at an early stage.

- i) The first step is assessing which projects are being prepared by each ministry;
- ii) While the second step includes the selection of relevant projects which disability mainstreaming advocacy will target. Then use the baseline report or position paper to influence the projects.
- iii) Note: The most efficient entry point for disability mainstreaming is at the preparation stage (i.e. the formulation of the concept note), not when the project is nearly ready for approval.

6.5. Entry Point through Disability Focal Points

The disability focal points are a model being practiced in public administration in several countries. Disability Focal Points are appointed government/public officers in Ministries, departments, agencies or parastatals. They are assigned disability mainstreaming and advocacy roles as part of their performance contracts. For effectiveness, focal points are directors, head of

Focal points are important allies that the disability sector must collaborate with in order to ensure that disability mainstreaming is achieved in the implementation of the NDP.

departments or equivalent to ensure decisions are easily implemented.

Most of these focal points, especially those that are located in the line ministry or ministry responsible for disability has the interest and basic knowledge on disability. However, many do not know how to include disability in the strategies developed by their departments; however they are eager to learn and build their capacity in this regard. On their part, DPOs and other key actors in disability must build their capacity in their strategy as they roll out the mainstreaming plan.

6.5.1. National Level Focal Points

As part of their functions, the national focal points have the following functions:

- i. Conduct an analysis on all legislation, policies, programmes and services of government institutions to ensure effective mainstreaming of disability considerations;
- ii. Facilitate capacity development to ensure that government institutions are able to account for disability responsive planning and budgeting;
- iii. Guide and support government institutions to ensure that they are able to provide accurate and timeous information for purposes of international treaty reporting;
- iv. Ensure that performance agreements of senior managers reflects the departmental obligations for disability mainstreaming;
- v. Providing guidance and support to units within government institutions, the private sector and civil society
- vi. Compile quarterly and annual reports on progress with implementation of the departmental/municipal programme of action for the equalisation of opportunities for people with disabilities.

6.5.2 Provincial / Districts Level Focal Points

Decisions that are aimed at disability mainstreaming will be carried through effectively if they follow the public service structure. In instances where public service is decentralised to provincial or district levels, disability focal points should also be identified and located at these levels. This will enhance the capacity of the focal points to effectively compliment the work of line ministries. Having focal points at lower tiers of government where service delivery or programme implementation is conducted enhances disability mainstreaming.

Focal points in provincial/district administration should help put in place appropriate structural arrangements

that enable the province/district to:
Focal points in provincial/district administration should help put in place appropriate structural arrangements that enable the province/district to:

- i) Coordinate provincial/district advocacy campaigns on disability;
- ii) Provide institutional support to and coordinate capacity development for provincial/district government departments and public entities on disability rights and mainstreaming
- iii) Monitor and evaluate systematic progress in the promotion and protection of rights of people with disabilities.

Provincial and district-wide disability focal points should align with above identified functions of national level focal points.

Provinces/district to designate responsibility for coordination, supporting and monitoring of programme of action at district and local levels.

6.6. Entry Points Offered by Ministerial Budgets

An important part of the implementation of the MTEF or the NDP activities is budget allocation. Government and development partners are supposed to allocate budgets according to the MTEF or the NDP. A budget is effectively the translation of planned actions into resources, and reveals the priorities set by the government.

Budgets exist on various levels: national, provincial or local authority; there are also departmental and programme budgets.

As DPOs embark on advocacy during the implementation phase, they may choose to join other civil society actors in order to assess and monitor the government's budgetary framework effectively. However, monitoring the government's budgetary framework may be difficult for two reasons:

First, budgets often lack transparency, making any involvement of the civil society difficult. This may be intentional, or could be attributed to insufficient information, or inadequate communication on budgetary issues. In case the problem is one of communication, DPOs should join E-mail groups of other CSOs networks to keep informed with relevant information on dates, time, venues and specific proposed appropriations or other budgetary issues being discussed.

Second, it is doubtful that most non-economists would be sufficiently skilled or motivated to scrutinise budgetary documents. One solution is to establish a link with local universities/policy analysis institutes or organisations already conducting gender or HIV/AIDS budget tracking. In instances where DPOs have funding, they should hire a professional for this analysis.

Budgets consist of different phases in different countries; but the essence of the phases is similar to a large extent. In South Africa, budgets consist of four phases:

a) **Phase 1 - Budget formulation**

The first phase takes place in the last months of the financial year (financial year differs in many cases from the calendar year). E.g. in South Africa, like in many other African countries, the financial year runs from April to March. Political conceptualization where National Cabinet reflects on broad strategic priorities takes place in January. This process informs the Medium-Term Strategic Framework (MTSF) which is drafted or reviewed in May to guide budget allocations. While in September departments submit their budgetary requests to the Medium-Term Expenditure Council (MTEC). This process is traditionally done by the government, although the civil society is becoming increasingly involved and the DPOs must join these sessions to give disability mainstreaming inputs. Some countries' constitutions specifically provide for the participation of the people in parliamentary processes.

b) **Phase 2 - Budget debate and analysis**

The second phase consists of the approval of the budget by the parliament and/or legislature. Reading and understanding budget documents is however often challenging as they tend to be very technical. However, parliamentarians (as indicated in section 3.4.3) could be lobbied to appreciate disability budgeting and they can be useful allies in accessing and pushing disability sector's proposals in these documents.

c) **Phase 3 - Budget implementation:**

The third phase is that of implementation, which can differ from what was actually planned. The key question is how much money is actually spent, and with what effect.

d) **Phase 4: Budget monitoring**

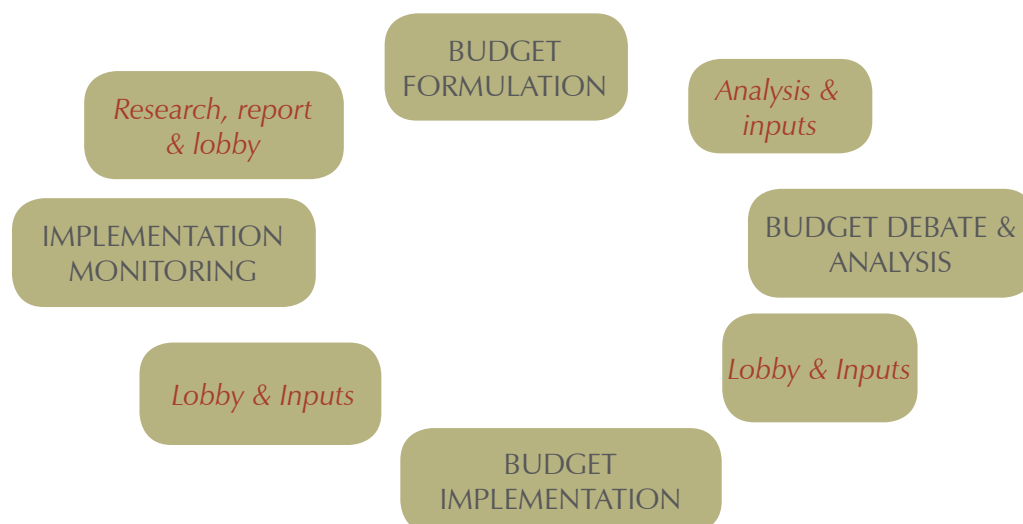
Two possibilities exist in terms of monitoring:

- i. Monitor the outputs, i.e. what effects do the programmes/projects have on persons with disabilities? Bring out issues of empowerment, living independently, disabled persons in rural versus urban, as well as gender and age differentiation;
- ii. Monitor the inputs, i.e. how much is spent on a specific programme?

Budget on disability (universal design, reasonable accommodation, assistive devices etc.)

Government Budget Cycle

- The text in red indicate the roles by the DPOs or disability groups
- The text in black indicates the government action



6.7. Other Entry Points

There are various other processes linked to the NDP that also offer DPOs potential entry points for disability mainstreaming advocacy:

- a) Some countries establish sector groups to work and decide on specific issues related to their sector. These structures have different names across the region, for example:
 - **South Africa:** Disability Machinery
 - **Lesotho:** Disability Rights Coalition
 - **Malawi:** National Coordinating Committee on Disability
 - **Zambia:** Zambia Agency for People with Disability
 - **Madagascar:** National Commission on Disability
 - **Zimbabwe:** Disability Board

These groups comprise not only government officials but also civil society experts. Given these meetings discuss implementation strategies and how different departments can collaborate; DPOs should ensure that they participate

in the meetings so that they can influence disability mainstreaming decisions.

- b) Another process that is linked to the NDP and that also offer DPOs potential entry points for disability mainstreaming advocacy is the regular meeting of government and donors, called the Consultative Group Meeting. In many countries, these meetings are coordinated by UNDP. There is a growing tendency to invite civil society to these meetings. The disability sector can establish connections with an already participating CSOs and request to be introduced to the process, mentored and assisted in becoming part of the participating network.
- c) The discussions on World Bank and IMF lending instruments are generally not open for public participation, but it might be worthwhile to try to obtain some information on the content of the IMF's Poverty Reduction and Growth Facility (PRGF) and the World Bank's Poverty Reduction Support Credit (PRSC), as these both strongly influence the macroeconomic framework of the NDP.

- d) The World Bank's Country Assistance Strategy (CAS) is increasingly involving the civil society. The CAS should be aligned with the NDP for its support; therefore, it is important to add the disability sectors voice in the content. Information on the CAS process is always available at the World Bank Resident Mission in the country.
- e) Another interesting entry point is the link with the Millennium Development Goals (MDGs): several countries have established offices to oversee delivery of the MDGs targets as part of government planning. The disability sectors should use advocacy messages to influence the newly developed set of goals called Sustainable Development Goals (SDGs) that are meant to replace the MDGs. It should be emphasized that it will be impossible to attain them without addressing disability issues. This is of course most obvious in the case of education and health goals in the phasing out MDGs.

6.8. How DPO can support and enhance mainstreaming during implementation phase

- i) Implement activities or projects that address disability issues and benefit people with disabilities through mainstreaming; the projects could be used as models to influence government;
- ii) Share experiences of good practice from the projects implemented by DPOs with government to influence change;
- iii) Conduct research on disability mainstreaming and disseminate results as evidence to be used in influencing government plans;
- iv) Build skills capacity of government personnel on issues of disability and mainstreaming;
- v) Hold government to account on promises or commitment they have made through signing international or regional protocols on disability mainstreaming or inclusion. Some commitment are made through national laws, policies and plans;
- vi) Draw attention to any failure to meeting the commitments on disability mainstreaming;
- f) Praise government where praise is due.

7.1. Purpose

To provide guidance to the stakeholders on how to monitor the actual mainstreaming of disability in different government plans.

7.2. Expected Learning Outcomes

At the end of the chapter you will be able to:

- Develop a monitoring and evaluation framework for a National Disability Mainstreaming Plan
- Use M&E framework to monitor disability mainstreaming during the implementation phase of the government plans
- Have an understanding of disability targets and indicators for different ministries/departments
- Have a shared understanding of the importance of statistics and reporting to regional and International bodies

7.3. Introduction

Monitoring and evaluation are used to design interventions, measure progress toward short and long-term targets, and assess overall performance. The goal of M&E is to generate the data and lessons learned that program managers need when conducting strategic planning; for prompt identification of problems; or to appropriately allocate resources; and improve program quality, efficiency, and effectiveness.

Monitoring and evaluation serve several purposes. It helps in knowing whether the intended results are being achieved as planned, what corrective action may be needed to ensure delivery of the intended results, and whether initiatives are making positive contributions towards human development. Monitoring and evaluation always relate to pre-identified results in the development plan. They are driven by the need to account for the achievement of intended results and provide a fact base to inform corrective decision making.

Key stakeholders such as government, development partners and service providers often require different types of data and evidence of how activities contribute to particular program objectives. Government would most require data to convince them on the importance of developing a specific policy and for budgeting purposes. On the other hand, development partners (donors) would require evidence on the significance of their investment in a

certain development issues (disability, gender, youth and poverty).

Disability programs should ideally coordinate and streamline their internal M&E efforts to meet these competing demands without duplicating data collection or conducting wasteful or repetitive analysis. It is important to be aware that development partners have detailed information on country development status that includes disability in their websites that could inform M&E processes.

7.4. Monitoring

Monitoring is a continuous and systematic process carried out during the duration of an intervention, which generates quantitative or qualitative data on the implementation of the intervention. The intention is to correct any deviation from the operational objectives, and thus improve the performance of the project as well as facilitate subsequent evaluation.

Monitoring also refers to on-going, systematic and routine collection of data on the implementation of the intervention or programme. It continuously tracks performance against what was planned by collecting and analysing data against indicators developed. This is both quantitative data and qualitative data. Various systems are used to collect data and to analyse it. The data is then compiled in records and shared through written report and other reporting systems.

Programme implementers and management usually **track the actual results of a project against its projected results or targets making use of the developed indicators.** Monitoring helps to indicate whether activities are being carried out as planned with regards to quality, quantity, time and budget and if any changes are needed in project implementation or resources.

The key questions that monitoring seeks to answer includes the following:

- i) Are the pre-identified outputs being

In disabilities, monitoring should be aligned with article 33 of the UNCRPD as well as article 4(3). Article 33 requires that states establish a monitoring focal point; articles 33(2) and 4(3) require the involvement of DPOs in monitoring.

- produced as planned and efficiently?
- ii) What are the issues, risks and challenges that we face or foresee that need to be taken into account to ensure the achievement of results?
 - iii) What decisions need to be made concerning changes to the already planned work in subsequent stages?
 - iv) Will the planned and delivered outputs continue to be relevant for the achievement of the envisioned outcomes?
 - v) Are the outcomes we envisaged remaining relevant and effective for achieving the overall national priorities, goals and impacts?
 - vi) What are we learning?

Types of monitoring

This section of the tool kit summarises five different types of monitoring which could be used to track disability mainstreaming. The different types of monitoring are:

- a) **Impact monitoring**
Impact monitoring looks at a measure of changes which has occurred, whether the conditions of the target group and its environment have changed in a significant way, as a result of the programme intervention.
“Information on project impact for each activity can be gathered at different stages throughout the project period. This allows project managers to respond to negative impacts and build on positive impacts. Impact monitoring is formulated using project objectives and the activity indicators”. (P3, PCM glossary)
- b) **Physical progress monitoring**
Physical progress monitoring focusses on continuous review and surveillance of activities and results of a programme. In particular it looks at the planned versus the actual performance, collecting relevant information and the rescheduling of activities and resources
- c) **Technical monitoring**
Technical monitoring focuses on use of technology in relation to resources e.g. project making own wheelchairs versus buying wheelchairs.
- d) **Financial monitoring**
Financial monitoring is the monitoring of the actual expenditure patterns, against planned budgets and implementation schedules.

- e) **Assumption monitoring**

Assumption monitoring is the assessment of the conditions that might exist if the programme is to succeed but which are not under the direct control of the programme. It is relevant and important where the programme may be collaborating with agencies which are not directly answerable to its management.

7.5. Evaluation

- i) Evaluation is an assessment at one point in time that concentrates specifically on whether the objectives of the programme have been achieved and what impact has been made (WHO 1992. IDS 1997. SCF 1995.)
- ii) Evaluation is a process for determining, as systematically and objectively as possible the relevance, effectiveness and impact of activities in the light of their objectives (Boerma T.J. 1991).
- iii) An evaluation is also defined as an assessment, as systematic and objective as possible, of an ongoing or completed project or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process. (OECD DAC Definition of evaluation)

Evaluation is an integral part of programme management and a critical management tool. Evaluation complements monitoring by providing an independent and in-depth assessment of what worked and what did not work, and why this was the case. After implementing and monitoring an initiative for some time, it is an important management discipline to take stock of the situation through an external evaluation.

The benefits of using evaluations are multiple. A quality evaluation provides feedback that can be used to improve programming, policy and strategy. Evaluation also identifies unintended results and consequences of development initiatives, which may not be obvious in regular monitoring as the latter focuses on the implementation of the development plan. Information generated from evaluations contributes to organizational learning as well as the global knowledge base on development effectiveness.

Evaluation is less frequent yet more in-depth analysis of program performance that helps determine how well the activities were implemented and what effects those activities produced. Evaluation activities are designed to answer specific questions about program implementation or results at different stages of the project. While monitoring shows if activities happened and when, evaluation goes further to determine how the activities were conducted and what effects they produced. Table 6 below illustrates the key differences between monitoring and evaluation

Table 6: comparison given for Monitoring and Evaluation:

	Monitoring	Evaluation
Action	<ul style="list-style-type: none"> Routine collection and analysis of activity data. 	<ul style="list-style-type: none"> Periodic activity to answer specific questions about performance
Frequency	<ul style="list-style-type: none"> On-going 	<ul style="list-style-type: none"> Specific times in the project
Primary Questions	<ul style="list-style-type: none"> Are we on track? Are we doing what we had planned? 	<ul style="list-style-type: none"> How well did we perform? What effect did our activities have?
Focus	<ul style="list-style-type: none"> Program implementation. 	<ul style="list-style-type: none"> Program effectiveness, impact. Relevance, efficiency and sustainability

Table 7: Key concepts in the actual monitoring and evaluation processes, hence it is necessary to define them upfront

Indicator	An indicator is a statement that describes the level of performance achieved. It provides evidence that a certain condition exists or certain results have or have not been achieved
Baseline	The baseline is the situation before a programme or activity begins; it is the starting point for results monitoring
Target	The target is what the situation is expected to be at the end of a programme or activity

7.6. Indicators

Perhaps the simplest way of defining an indicator is by a “piece of information that provides evidence of a change”. However, it is important not to confuse evidence with change. An indicator should always be aligned with an output, outcome or impact statement that defines what sort of change is being sought.

Indicators are a set of criteria that allow measuring the input, output, outcome and impact of a project. Setting indicators is essential for monitoring and evaluation. In this context, the following questions and issue need to be discussed:

- Quality: How much?
- Quality: How well?
- Time: When?
- Target group: who?
- Location: where?

Example of Indicators on disability

Goal or objective: Improve the well-being of people with disabilities in Lesotho.

Possible indicators

- The number of people with disabilities who are employed has increased by 50% in 2015 (compared to 2010).
- The life expectancy of people with disabilities has increased by ten years in 2015 (compared to 2010).
- The percentage of disabled children enrolled in schools has increased by 50% in 2015 (compared to 2010).

This example shows that an effect cannot be measured by just one indicator, and that baseline data are needed to compare data from two different periods.

SMART indicators

Smart indicators help to assess the quality of the objectives. These are defined as follows:

Specific: Not general and vague, but practical and concrete

Measurable: Answering the questions: How many? How much? To what degree?

Achievable: Do you have enough material and human resources?

Realistic: Is it possible to achieve?

Time-bound: When do you want to achieve your objectives?

The above example of indicators has been adapted from: Harris, Alison with Sue Enfield (2003): Disability, Equality and Human Rights: A Training Manual for Development and Humanitarian Organisations. An Oxfam Publication in association with Action on Disability and Development (ADD), Oxford, p. 278.

7.7. Monitoring and Evaluation Framework

The implementation of the National Disability Mainstreaming Plan by various ministries and other stakeholders will require an on-going process of regular monitoring to identify shortcomings and to adjust and modify existing plans as need arises. Therefore an M&E framework should be developed alongside the mainstreaming plan.

In general, the M&E framework has three main components and they are as follows:

a) **Narrative component**

This describes how the various key actors in the disability sector will undertake monitoring and evaluation and the accountabilities assigned to different individuals and agencies. For example, it might be necessary to engage with national monitoring committees or outcome level groups to ensure disability data forms part of the national statistics. In addition the narrative should also reflect:

- i) Plans that may be in place to strengthen national or sub-national disability monitoring and evaluation capacities
- ii) Actions that need to be undertaken in order to better include disability monitoring into the existing national system
- iii) How disability data can be disaggregated from existing data
- iv) Existing disability monitoring and evaluation capacities
- v) Estimates of the human, financial and material resource requirements for monitoring and evaluation

b) **Results framework**

This is the logical framework developed during the planning stage. This framework shows the results expected at different levels of implementation of the plan. There are four levels (inputs, outputs, outcomes and impacts) and it is described in the form of a chain also called M&E Result Chain as described below:

- **Inputs:** Inputs are the resources that are needed to implement the project and its activities. The human and physical “ingredients” needed to bring about the results. Inputs can be expressed in terms of the people, equipment, supplies,

infrastructure, means of transport, and other resources needed. Inputs can also be expressed in terms of the budget that is needed for a specific project or activity.

Outputs: Outputs are the immediate results of the activities conducted. They are usually expressed in quantities, either in absolute numbers or as a proportion of a population. Outputs are generally expressed separately for each activity.

Outcomes: Outcomes flow from a collection of outputs and describe the unleashing of that potential. It is very important to manage toward these outcomes because these represent the concrete changes achieved along the lines of strategic objectives. Outcomes are the medium-term results of one or several activities. Outcomes are what the immediate outputs of the activities are expected to lead to. Outcomes are, therefore, mostly expressed for a set of activities. They often require separate surveys to be measured.

- **Impact:** Impact refers to the highest level of results, to the long-term results expected of the project. Impact, therefore, generally refers to the overall goal or goals of a project. Impacts are essentially the broad changes (for example in economic and social terms), brought about by the project or programme. Impacts illustrate the underlying goal of the strategy; they answer why the work is important.

c) **Planning matrices for monitoring and evaluation**

A planning matrix is simply a map or picture that shows the logical relationships between the activities and expected results. This matrix should be adapted as determined by local circumstances and conditions. In some cases, the columns could be modified to cover results elements such as outcomes, outputs, indicators, baselines, risks and assumptions separately.

The matrices for monitoring and evaluation are strategic and are meant to consolidate the information required for monitoring and evaluation for easy reference.

Table 8: Planning Matrix for monitoring and evaluation

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value/status	TARGET What is the target value/status	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Goal								
Outcomes								
Outputs								

The Monitoring and Evaluation Framework should therefore:

- i. illustrate how the results of the mainstreaming plan, resources and activities contribute to broader government goals and objectives;
- ii. summarize the relationship between the different government ministries / departments and the desired results;
- iii. give clear responsibilities on who is supposed to carry out the activity and how it will be monitored.

7.8. Collection and analysis of information

The collection of information starts with the identification of sources of information. Sources of information include:

- a) **Documents-based information**
Data and information will need to be collected from documents available from:
 - Parliamentary inquiries or reports;
 - Ministerial reports relating to the implementation of programmes as well as budgets reports;
 - Studies and research from academia or other research centres and civil society organizations.
- b) **Interviews**
Another method of collecting information is through interviewing DPOs, persons with disabilities on the ground, service providers and policy makers using qualitative research methods including surveys using questionnaires. Qualitative methodology is also useful for interviews especially when verifying what is happening at the local level. Focal groups could be used in conducting interviews. In addition to asking questions, observations could be used to capture some clues from the interviewees or from the environment. This could be useful in the analysis of data.

c) **Analysis of data:**

Analysis of data is a process of inspecting, cleaning, transforming and modelling with the goal of discovering useful information, suggesting conclusions and supporting decision-making.

Source: en.wikipedia.org/wiki/data_analysis

- Data analysis is about examining each component of data provided
- Finding the right data to answer your question
- Discovering important patterns in the data and communicating result

Source: <http://www.coursera.org/course/dataanalysis>

The analysis of data varies. Qualitative data is analysed differently from quantitative one. For example with quantitative, an Excel spreadsheet could be used while with quantitative content analysis method is usually ideal to categorise both verbal and behavioural data for classification, summarisation and tabulation.

In analysis of both qualitative and quantitative, there are several key aspects to be considered. For example:

- The objectives of the data collection should be clear before the actual collection
- Think of the possible findings and conclusions
- Data collector need to be familiar with the data analysis tools and techniques available

7.9. National statistics

Disability has been largely invisible in national statistics; making it difficult for governments to plan and make decisions on matters related to disability. Disaggregation of data related to disability and collecting some specific disability related data will greatly assist states to achieve better planning, target setting and budget allocation. In collecting data, states should ensure confidentiality and respect for the privacy of persons with disabilities. Data and statistics on disability should be accessible to persons with disabilities and others.

Countries use different statistical systems; in some countries matters of data and statistics are very centralised within a single institute whilst in other countries, data collection is handled at several locations or by different ministries. To illustrate, in Kenya, persons with disabilities are required to be registered with the National Council for Persons with Disabilities, which holds a database on registered persons with disabilities in the country. The underlying point is that it is important for DPOs to have accurate information about where the data or statistics on disability is found in their respective countries.

Overall aim of a statistical system

- i) To produce a comprehensive set of integrated statistics (in terms of definition, conceptually, through the use of harmonised nomenclatures and classification devices) that are immensely more powerful for users than statistics collected without harmonisation.
- ii) Official statistics inform decisions right across society; and those decisions affect the lives of every person. For example, statistics inform:
 - funding for public services;
 - determining economic and social policies;
 - making decisions on creating accessibility for persons with disabilities; and
 - the public understanding of society, economy and of the performance of government.

Good official statistics are therefore essential to the proper functioning of a state.

National statistics department/office/bureau plays a crucial role in the development of a national disability mainstreaming plan as they are the bodies responsible for collecting data on various issues in the country (for example, data related to the economy and population at national, regional and local levels).

- iii) Official statistics are collected by governments to inform debate, decision making and research both within government and by the wider community. They provide an objective perspective of the changes taking place in national life and allow comparisons between periods of time and geographical areas'.

Article 31 of the UNCRPD requires states parties to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to promote, protect and fulfil the rights of persons with disabilities.

7.10. Monitoring reports

States are signatories of different regional and international instruments such as UN Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child or UN Convention on the Rights of Persons with Disabilities. States are therefore under obligation to report to the UN or AU relevant committees about the implementation of these instruments on a regular basis. This is one way of monitoring the States' performance where stakeholders including DPOs are expected to make inputs. DPOs should aim to work together with governments to produce state reports as well as to work with other CSOs to produce shadow reports to the UN or AU.

CHAPTER 8 – THE ROLE OF PEOPLE WITH DISABILITIES AND DPOs IN MONITORING NDMP IMPLEMENTATION

8.1. Participation of Persons with Disabilities in Monitoring of the NDMP

Persons with disabilities and their representative organizations played an integral role in the formulation and negotiation of the UNCRPD under the slogan “Nothing about us without us!” The Convention recognizes that this role must continue nationally, requiring States parties to “closely consult with” and “actively involve” persons with disabilities in decision-making processes related to them (art. 4 (3)). In particular, the Convention requires that “civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process” (art. 33 (3)).

This has implications for both process and substance.

In terms of process, persons with disabilities must be involved in monitoring activities, for example by having persons with disabilities among the monitors.

By way of substance, the voices and experiences of persons with disabilities must be central in monitoring reports in recognition of the fact that persons with disabilities are the experts on their own situation.

It is therefore important to ask the government how they are going to include persons with disabilities and or their representative organisations in the monitoring of the NDMP

8.2. NDMP Monitoring roles by DPOs

DPOs should be involved in monitoring both programme and budget/expenditure components of the implementation of the NDMP and they should make sure that their teams include people with disabilities

The following are some examples of what DPOs can do with regard to monitoring:

- i) They should be represented in different monitoring committees.
- ii) DPOs should prepare position papers on different issues related to different ministries to ensure that their target issues are being addressed.
- iii) For learning purposes, DPOs should engage and partner with other alliances such as gender

budgeting or HIV and AIDS budgeting groups that are already monitoring mainstreaming in their areas

- iv) DPOs should ensure that they have the required capacity to understand programme planning, monitoring and evaluation. It is important to attend courses around this and to apply it to its own organisational setting. It will furthermore be important to understand the way government plans and monitors to be able to take part in this process effectively.

8.3. Monitoring process by DPO

DPOs should do the following:

- develop their own monitoring framework for monitoring the implementation of the NDMP
- refer to the governments M&E framework, specifically identifying where a role for DPOs has been identified
- Plan separate monitoring activities to carry out in their capacity as DPOs and members of civil society
- Set priorities from the NDMP on which specific activities to monitor e.g. education, employment,

DPOs derive their monitoring role from article 33(3) of the UNCRPD. The role of DPOs in the monitoring of the implementation of the NDMP should be clear and they should work closely with designated monitoring focal points in this regard.

accessibility or assistive devices

To ensure success, the DPOs should have their own M&E system with resources of monitoring the implementation of the NDMP. DPOs should be clear on the answers to the following questions:

- Has an M&E plan/framework been developed for this activity?
- What has been prioritised?
- Is there a budget for this?
- Who will collect the information?

8.3.1 Monitoring budgets by DPOs

It is necessary for DPOs to engage in budget analysis in order to examine whether the financial commitments made in the NDMP are actually being met e.g, budgets allocated for disability to the ministries of education,

public works or social affairs and national human rights institutions. Important questions in this regard are:

- Have sufficient funds been allocated to meet the requirements set to realize the right in question?
- What is the amount allocated in a specific area to promoting the rights of persons with disabilities compared to overall expenditure in that area? For example, what percentage of the education budget is directed towards ensuring inclusive education for persons with disabilities?
- What is the difference between budget allocation and budget spending? Has there been underspending or have budget commitments not been met?
- Have budgets increased over time? (This is especially important for social economic rights such as the right to the highest attainable standard of health and the right to education which are subject to the principle of progressive realization under article 4(2) of the UNCRPD)
- Are budget allocations and spending earmarked for disability limited to particular ministries or programmes? If so, what type?

Who will collect this information and does the DPOs have a budget for this.

8.3.2. Report writing by DPOs

DPOs can develop parallel reports responding to the report of the government and/or develop their own alternative reports on a specific issue to hold governments to account. This could be written with the support of other CSOs.

Before embarking on the report, DPOs should be clear on the following:

Before embarking on the report, DPOs should be clear on the following:

- who will compile the document?
- who will take responsibility for editing?
- who will pay for these activities?
- Might there be need for additional funding: e.g. attending Committee session?
- who is responsible for publishing the report and disseminating it afterwards?

CHAPTER 9 - IN A NUTSHELL

9

- 1) Disability Mainstreaming has been acknowledged and recognised by disability stakeholders including disability rights organisations across Africa as the best method to implement the CPoA and that it is central to achieving Millennium Development Goals and new Sustainable Development Goals
- 2) The Advocacy Toolkit for Disability Mainstreaming therefore illustrates how disability mainstreaming can be realised. The mainstreaming process is more logical with the following stages:

- **Initiation:** where do we want to go? with whom? what do we have?
- **Analysis:** What is the actual situation on the ground

- **Formulation:** Planning jointly with all stakeholders (different government departments, DPOs etc)
- **Implementation:** Deliver with people with disabilities using focal points for coordination
- **Monitor:** Check, document and report/share progress and experiences

Entry point can be at any stage depending where the country is in terms of disability awareness.

- 3) Disability mainstreaming is possible with positive attitude and stakeholders' collaboration in planning, budgeting and monitoring.

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ANNEXES

Annex one - Sample of Terms of References for Baseline Study

A. INTRODUCTION

- Description and background information on the project that you are operating under.
- Justification of carrying out the baseline study

B. SCOPE

The NDMP and its programme will contribute to efforts by government, DPOs and other non-state actors to improve the quality of life of persons with disabilities in

C. OBJECTIVES AND DETAILED TERMS OF REFERENCE

The objective is facilitate the

Specific Details Related to the Objective:

.....
.....

D. METHODOLOGY AND REPORTING FORMAT

The consultant should propose a detailed methodology for implementing this work.

Reporting Format

- The Consultant will submit weekly update reports on the progress of assignment to the
- Documents to be submitted after thorough proof-reading and grammatical/spelling corrections.

E. DELIVERABLES

- A detailed work plan with clear time lines should be submitted to the for approval
- Weekly email updates/reports.
- Baseline study report with relevant appendices as described above

F. FORMAT OF THE BASELINE STUDY REPORT

The format of the Report will be mutually discussed with the consultant

G. REQUIRED PROFILE FOR CONSULTANTS

- Tertiary qualification in Disability, Development or related field and over five years' experience in working for DPOs/NGOs.
- Excellent knowledge of research
- Experience in the field of disability and diversity management will be an advantage
- Excellent writing and analytical skills; intuitive, creative, innovative, articulate and objective. Excellent interviewing and reporting skills.
- Programmes/projects management expertise within the African environment will be an added advantage.

H. TENDER REQUIREMENTS

- All bidders should submit a detailed proposal and quotation (showing separately daily rate for fees, number of days tendered for each term of reference and administrative/ancillary costs)
- Bidders' proposals should provide the following information:
 - a) Introduction (2 paragraphs)
 - b) Technical Proposal related to all aspects of the tender (not more than 5 pages)

- c) Company and/or individual profiles and CVs for all key personnel to be utilised for this tender. Specify your internal capacity that will be utilised on this tender. (maximum 2 pages)
- d) Detailed Financial Proposal (maximum 2 pages)
- e) Implementation Plan that is aligned to timeframes assigned for this work (maximum 2 pa)
- Bidders must demonstrate excellent skills in report writing, quality control, management of diversity and international relations, data analysis / presentation and desk research.

I. TIME FRAMES

- Deadline for submission of complete tenders is.....
- Submit weekly updates by Wednesday each week.
- Submit first draft of Baseline Study Report by.....
- Presentation of Report to stakeholders by
- After revisions final amended Report by.....
- Submit completion report by

J. CONTACT

For any further information on these terms of reference, please contact the on
 Email:.....
 Telephone:.....
 Fax:
 Cellphone:
 Address:.....

G. OTHER ESSENTIAL INFORMATION

- Bidder must disclose any existing or potential conflict of interest with regard to this tender
- The reserves the right to negotiate terms and work arrangements based on the tenders submitted.
- Terms of this tender may be revised to match the best fit that will secure results in a cost effective manner.
- Qualified disabled persons, particularly women, are encouraged to bid and participate as principals in bids by consortia.
- Very good communication skills within a diverse multicultural environment will assist you with this tender.
- Note thatis not obliged to accept the lowest bidder.
-internal procurement procedures and rules will apply

Please submit your proposal by email or courier to by the specified deadline.

Only short listed candidates will be contacted. If you do not receive any response from by consider your tender as being unsuccessful.

Annex two: Position Paper

The Position Paper should be a short document (ideally just 1 or 2 pages) that sets out your shared understanding of the issue and what you believe and agree to be:

Position Paper

- a.** Who you are and why you care
 - b.** The extent of the problem – how it affects people and how many it affects in your country
 - c.** The causes of the problem – taking a holistic view
- Your recommendations for its solution – for each actor, listing the actions that need to be taken to resolve the problem

The Position Paper is developed as a result of your research and analysis early in your advocacy planning process. Keeping the paper short helps to ensure that you are clear and specific in what you say, which in turn makes it easier to understand and agree.

The recommendations could relate to a wide range of different actors. Although we might represent all these recommendations in our policy papers, we will not be pro-actively advocating on all of them – it would spread our efforts too thin, reducing the chances of making any real impact. Instead, we will focus our advocacy on a small number of recommendations, which we will set as our objectives.

BELOW IS A GENERIC SAMPLE OUTLINE FOR A POSITION PAPER:

- i) INTRODUCTION
 - Introduce the topic
 - Provide background on the topic
 - Assert the thesis (your view of the issue)
- ii) COUNTER ARGUMENT
 - Summarize the counterclaims
 - Provide supporting information for counterclaims
 - Refute the counterclaims
 - Give evidence for argument
- ii) YOUR ARGUMENT
 - a) Assert point #1 of your claims
 - Give your opinion
 - Provide support
 - b) Assert point #2 of your claims
 - Give your opinion
 - Provide support
 - c) Assert point #3 of your claims
 - Give your opinion
 - Provide support
- iv) CONCLUSION
 - Restate your argument
 - Provide a plan of action

ANNEX THREE - Monitoring & Evaluation (M&E) Framework Example

INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Goal	Percentage of Grades 6 primary students continuing on to high school.	50%	60%	Primary and high school enrolment records.	Annual	Program manager	Annual enrolment report
Outcomes	Reading proficiency among children in Grade 6.	Average score: 47	Average score: 57	Reading proficiency tests using the national assessment tool.	Every 6 months	Teachers	6 monthly teacher reports
Outputs	Number of students who completed a summer reading camp.	0	500	Summer camp attendance records.	End of every camp	Teachers	Camp review report
	Number of parents of children in Grade 6 who helped their children read at home in the last week.	0	500	Survey of parents	End of every camp	Program officer	Survey report

Annex Four: Use of Indicators

When we look at indicators we should think about who uses it, for what purposes and in what ways. What occurs before, during and after the measurement process itself is equally important as what is being measured. An important question in this regard in the context of health may be: are the indicators related to a service e.g. health service or are they geared to human rights?

(Using indicators to determine the contribution of human rights to public health efforts Sofia Gruskin & Laura Ferguson Volume 87, Number 9, September 2009, 714-719)

Table 1. The two types of indicators used to capture health and human rights concerns

	Definition	Examples
Health indicator	A health indicator has been defined as a "variable that helps to measure changes in a health situation directly or indirectly and to assess the extent to which the objectives and targets of a programme are being attained". ⁵	The number of maternal deaths is a raw statistic that takes on greater meaning when converted into an indicator of number of maternal deaths/live births/year, which can be tracked over time alongside programmatic activities. Other examples include: the percentage of the population that has sustained access to improved drinking water sources, the percentage of children aged less than 5 who sleep under insecticide-treated bed-nets, and total expenditure on health as a percentage of gross domestic product.
Human rights indicator	A human rights indicator has been defined as a measure that provides information on the extent to which human rights norms and standards are addressed in a given situation. ⁶	Indicators of fulfilment of human rights would include, for example, the extent to which international human rights obligations are incorporated into national laws and policies relevant to maternal health. Human rights indicators also include indicators of violations such as quantitative summaries of human rights violations, legal audits and determination as to the existence and use of mechanisms for challenge and redress if violations are alleged to occur. ⁷

Indicators

Indicators help us to recognise whether a goal or objective of a project or programme has been achieved. They measure changes. They allow the input, output and outcome of a project to be measured. Setting indicators is essential for monitoring and evaluation, and is of most use if it has already been completed in the planning phase. Indicators must meet specific conditions, as otherwise it becomes difficult to apply them (see Info Sheet on Indicators). Qualitative and quantitative indicators need to be balanced.

Experience shows that most often, PRS disability programmes do not have enough targets or indicators to monitor. There is a long list of possible indicators for each monitoring issue, but among the most essential are a few outcome indicators, such as the number/percentage of children with disabilities that are enrolled in school, or the number/percentage of people with disabilities who are employed, etc. Some important process indicators include whether laws have been adopted or building codes introduced (e.g. guaranteeing physical access to buildings, etc.), and so on.

Examples: Possible indicators for disability-relevant issues in PRS

Sector	Aim	Indicator
Health	To prevent impairments caused by malnutrition of mothers and children	<ul style="list-style-type: none"> No. of nutrition programmes No. of persons reached
	“Reduce HIV and AIDS prevalence among woman and men with disabilities (among age group 15–35 years)” (PRSP of the United Republic of Tanzania, 2005)	<ul style="list-style-type: none"> Percentage of women and men with disabilities who are HIV-positive in 2005 and 2010 No. of awareness campaigns Existence of adapted information material
	“Eliminate all forms of barriers to health care by exempting the poor, pregnant women, older persons and disabled persons, children, and by removing unofficial charges and reduce the distance to, and by improving treatment.” (PRSP of the United Republic of Tanzania, 2005)	<ul style="list-style-type: none"> No. of people with disabilities receiving treatments in public hospitals Studies on and evaluations of the availability of access for people with disabilities
Social protection	“Decrease risk factors in specific high vulnerability groups. [...] Provide integrated assistance to poor, disabled people.” (PRSP of Republic of Honduras, 2001)	<ul style="list-style-type: none"> “No. of disabled receiving attention” (PRSP of Republic of Honduras, 2001) Studies and evaluations on the availability for people with disabilities

Sector	Aim	Indicator
Education	“Main objective: universal school attendance [...] Increase attendance in primary education by children of school age, especially girls and children with disabilities, by building low-cost school buildings within the communities and guaranteeing a safe and healthful environment for the children” (PRSP of the Republic of Mozambique, 2006)	<ul style="list-style-type: none"> • Percentage of children with disabilities in primary schools • Studies and evaluations with parents of children with disabilities with regard to access
	“Main objective: expand access to quality instruction.[...] proceed with the program to convert the <i>network</i> of trade schools (escolas de artes e ofícios) to vocational schools that are also able to serve young people with disabilities” (PRSP of the Republic of Mozambique, 2006)	<ul style="list-style-type: none"> • Percentage of people with disabilities in trade schools • Studies and evaluations on availability and access
	“Ensure that teachers will be trained for all educational subsystems, with a view to promoting education for all children and young people, including girls and those with disabilities.” (PRSP of the Republic of Mozambique, 2006)	<ul style="list-style-type: none"> • No. of teachers attending training on inclusive education • Existing curricula
Employment	Increase employment opportunities for people with disabilities	<ul style="list-style-type: none"> • Unemployment rate of people with disabilities • Studies of availability of working places at the employer level
Infrastructure	“Increased access to clean, affordable and safe water, sanitation, decent shelter and a safe and sustainable environment and thereby reduced vulnerability to environmental risks at all public institutions – schools, health centres, markets and public places, including access for the disabled.” (PRSP of the United Republic of Tanzania, 2005)	<ul style="list-style-type: none"> • Percentage of accessible public buildings • Studies and evaluations on the availability of access for people with disabilities
Legislation	Ensure equal human rights for people with disabilities	<ul style="list-style-type: none"> • Existence of specific protection laws for people with disabilities

More information on Monitoring and Evaluation

The following are just but few documents recommended for reference:

- Tara Bedi et al. (2006): [Beyond the numbers: understanding the institutions for monitoring poverty reduction strategies.](#)
- Nathalie Holvoet and Robrecht Renard (2005): [Putting the new aid paradigm to work: challenges for monitoring and evaluation.](#)





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Africa Disability Alliance

P. O. Box 1201, Menlyn Centre, 0077
Block 5A, Sanwood Office Park
379 Queens Crescent
Menlo Park, 0081
Pretoria
South Africa



Tel: +27 12 754 1350
+27 12 754 1351
+27 12 348 1840
+27 12 348 9095



Fax: +27 12 348 8796



info@africadisabilityalliance.org



www.africadisabilityalliance.org