Background Document

2012 Civil Society CRPD Forum

September 11th 2012

**Introduction**

The present background document has been prepared by the International Disability Alliance (IDA).

It includes in particular a discussion document has been prepared by the International Disability Alliance as a first contribution towards the preparation process of the High Level Meeting on Disability and Development (HLMDD) which will be held on September 23rd 2013. In particular this document seeks to contribute to the outcome document to be adopted at the HLMDD.

IDA is seeking comments from DPOs, NGOs and other interested stakeholders to this discussion document, which will also be provided as a background document to the 2012 Civil Society CRPD Forum to be held on September 2012.

A revised version of this document will be produced in late September and will be widely circulated for a new round of suggestions.

The document also includes the concept notes prepared by the different speakers that will intervene in the four thematic sessions that will be held during the 2012 CSF.

These concept notes should allow other participants in advance to consider possible questions or issues to arise in the Q&A parts of each of the thematic sessions.

**Discussion document towards a civil society contribution to the HLMDD outcome document**

**The rationale**

According to the World Disability Report produced by the WHO and the World Bank there are one billion persons with disabilities, representing 15% of the world population, and 80% of persons with disabilities live in developing countries.

Due to a variety of societal barriers, persons with disabilities are overrepresented among the poor, are more likely than nondisabled persons to be excluded from education, productive employment and decent work, health services, economic and financial resources, infrastructure and participation in all aspects of society.

The Convention on the Rights of Persons with Disabilities has become the new international standard on the rights of persons with disabilities. Its high level of ratification and signature after only 5 years of its entry into force by countries from all regions and economic development levels is a proof of its increasingly universal acceptance.

The CRPD negotiation process benefitted from an unprecedented civil society involvement, in particular of organisations of persons with disabilities and their allies. This had a very significant impact on the final text of the CRPD and is also reflected in the obligations on States to actively involve persons with disabilities and their representative organisations in the implementation and monitoring of the CRPD.

The CRPD is the first human rights treaty that includes an article devoted to international co-operation, thus overcoming the artificial division between human rights and development processes.

The lack of reference to persons with disabilities in the Millennium Declaration and ensuing MDGs led to the large exclusion of persons with disabilities in all MDG related processes. This was a continuation of exclusion of persons with disabilities from development processes. The references to persons with disabilities in the outcome document of the MDG Review Summit Conference in September 2010 were important, but did not lead to much change in practice.

**Getting it right: some conceptual issues**

Development co-operation should be compliant with the CRPD. This means that the CRPD needs to be clearly recognized by all stakeholders and in particular by all UN entities and bodies as the superseding instrument which takes precedence to all previous global or regional instruments. This includes both earlier disability-specific instruments like the MI Principles, the Interamerican Convention on the Elimination of Discrimination on Disability, as well as those provisions in international instruments that are inconsistent with the CRPD as exist in the European Convention on Human Rights and General Comment 25 of the UN Human Rights Committee.

A human rights based approach (HRBA) to development requires that development assistance be done with full respect to the rights of persons with disabilities (disability-inclusive development). The HRBA principles of empowerment, participation, and requiring a focus on the most marginalized groups in society, are all fully relevant for people with disabilities.

Article 32 of the CRPD is based on the twin-track approach, requiring both disability-specific international co-operation, as well as mainstream co-operation that respects the rights of persons with disabilities. It is no longer admissible that public funding be used to construct new barriers or fund initiatives that are not compliant with the CRPD, including law reform or new legislation and policy initiatives not complying with the CRPD.

Initiatives in the area of prevention of primary impairment should not be considered as initiatives to promote the rights of persons with disabilities, and funding that goes into the prevention of primary impairment should not be considered as funding that goes to support disability rights. Moreover, initiatives in the area of prevention of primary impairment should not be done in a way that they undermine the image of persons with disabilities or even question their right to life.

The CRPD clearly reflects the social model of disability and recognizes that disability is the outcome of the interaction between different types of barriers and persons with impairments. This recognition of the social model and of the impact of barriers should be reflected in development co-operation that addresses the social, cultural and economic disadvantage sand the exclusion experienced by many persons with disabilities, by promoting the use of universal design, as well as the progressive removal of barriers.

**The rights of persons with disabilities in the post-MDG framework**

The rights of persons with disabilities need to be fully respected in the post-MDG framework. Persons with disabilities need to be taken into account in all sectors covered by the new framework, and targets and indicators, both those set at global as well as national level, need to be disaggregated by disability, as well as gender and age.

The different processes and partnerships that will be established for the implementation of the new framework need to include persons with disabilities as a priority group and their representative organisations as a key stakeholder, in order to ensure that persons with disabilities will benefit from these.

Sustainable development, which will be an important dimension of the post-MDG framework, needs to include persons with disabilities in all its three dimensions (economic, social and environmental) as highlighted in the outcome document of the Rio+20 Conference.

**More attention to the rights of people with disabilities by the UN system**

The UN system and in particular the UN development system, needs to lead by example in the respect to the CRPD in all of its work. Co-ordination of multilateral and bilateral donors on disability rights needs to be improved.

The Chief Executives Board (CEB) should adopt a common policy on disability rights mainstreaming, which should cover, among others, employment by the UN, disability rights training for all UN staff, full accessibility of UN premises and activities and the obligation to mainstream disability rights in the policy work of all UN entities.

As foreseen in the Quadrennial Comprehensive Policy Review (QCPR) resolution to be adopted in December 2012, all UN agencies pertaining to the UN development system, in particular UNICEF, UN WOMEN, UNFPA and UNDP, need to include disability rights in their upcoming strategic plans. UN agencies need to have in place disability focal points at senior level in charge of monitoring the implementation of the commitments made in the strategic plans and provide guidance to their colleagues in headquarters and at country level on how to mainstream the rights of persons with disabilities. They should also establish fluent communication with global DPOs and encourage their regional and country offices to establish similar links with regional and national DPOs.

The different UN agencies and initiatives that are active in the emergency and humanitarian area, including OCHA, UNHCR, UNICEF and OHCHR need to ensure that in their activities, including the different thematic clusters in which this work is arranged, they are fully respecting the rights of children and adults with disabilities. Also, the UN International Strategy on Disaster Reduction (ISDR) has to ensure that in its work, persons with disabilities are fully included as part of processes to make communities more resilient to disasters.

The UN System Staff College (UNSSC), created by the General Assembly to improve the UN system’s effectiveness, which acts as an agent of change and innovation from within the system itself, should develop cross-organization learning and training programmes on disability rights and the CRPD to the UN staff, especially for UN country teams.

The UN Development Assistance Framework (UNDAFs) that are regularly adopted by developing countries in co-ordination with the UN country teams, need to fully take into account the rights of persons with disabilities not only on disability-specific actions, but in all mainstream actions such as health, education, work, infrastructure, promoting the inclusion of persons with disabilities into society instead of deepening their isolation and marginalization. Further, UNDAFs should mention and consider persons with disabilities as rights holders rather than vulnerable group.

States should increase their contributions to the UN Partnership on the Rights of Persons with Disabilities (UNPRPD), as a powerful tool for the mainstreaming of disability rights in the work of UN country teams, as well as for the funding of relevant global initiatives that can strengthen the attention of the UN system to the rights of persons with disabilities.

Moreover, all other Multi Donor Trust Funds managed by UNDP, UN WOMEN and other UN agencies, including those combatting violence against women, the Human Rights Mechanism MDTF, the Indigenous MDTF and the MDG Fund, as well as country funds, should ensure that the activities that they fund include the rights of persons with disabilities.

The Global Fund to combat AIDS, malaria and tuberculosis, in co-operation with UNAIDS, needs to ensure that persons with disabilities are fully involved in all its country initiatives.

Other UN entities that cover areas in which persons with disabilities face discrimination and/or exclusion, like the International Civil Aviation Organisation (ICAO), the World Intellectual Property Organisation (WIPO) and the International Telecommunications Union (ITU), should also promote the rights of persons with disabilities in their work.

**Recommendations to States**

States should ensure that all development assistance activities are undertaken in a disability-inclusive way. States need to involve representative organisations of persons with disabilities in these processes and should provide, where needed, the adequate resources for these organisations to become effective partners in the process.

South to South co-operation and triangular co-operation should be done in a disability-inclusive way, both by focusing on disability-specific initiatives, as well as by ensuring the rights of persons with disabilities in all mainstream initiatives.

All States should include the rights of persons with disabilities as a transversal principle in their relevant legislation and policies related to international co-operation.

Donor States, including the new donors, should establish mechanisms, including disability trackers that will allow monitoring level of compliance of their development assistance with disability rights.

Partner countries should establish the relevant mechanism in their national budgets to allow monitoring of how international assistance, both programme support as budget support, is spent in a disability-inclusive way. Moreover, they shall promote the establishment of national disability donor coordination tables, including public and private donors, international disability NGOs, UN agencies, as well as national DPOs, in order to increase the level of commitment to the rights of persons with disabilities of international assistance reaching the country.

The post-Busan aid effectiveness process led by OECD and UNDP should mainstream the rights of persons with disabilities in the different building blocks and establish the relevant disability disaggregated indicators.

The UN Development Co-operation Forum and the Annual Ministerial Review, as well as any other mechanisms to be established by UN Member States to monitor the post-MDG framework, should also pay special attention to the rights of persons with disabilities.

**Recommendations to multilateral donors, civil society and private sector**

The World Bank, as well as the different regional banks (Asian Development Bank, African Development Bank, European Investment Bank, the Inter-American Development Bank) should ensure through the establishment of safeguards and other mandatory provisions, that all their funding respects accessibility standards and the provisions of the CRPD. Disability focal points should be established at the adequate level to ensure compliance with these commitments and should also be the contact point for representative global, regional and national DPOs.

The private sector will play an increasing role in development processes in the future. It is important that the role of the private sector contributes to an equitable development for all, including the most marginalized groups. The ILO through its decent work country strategies and the UN Global Compact should ensure that the private corporations that invest in developing countries comply also with the rights of persons with disabilities, including through the compliance with the disability nondiscrimination principle and the implementation of positive action measures.

Mainstream development, human rights and emergency NGOs shall ensure that the rights of persons with disabilities are fully taken into account in their work and shall do so in consultation with representative organisations of persons with disabilities.

**Transversal issues/groups**

All activities described in this outcome document need to be undertaken with a gender mainstreaming approach. While this is an obligation of all States and UN agencies, a special responsibility to ensure this lies within UN WOMEN.

Young people with disabilities, adolescence and children need to be consulted and included in preparation, planning, implementation and monitoring processes of the HLM outcome document.

Indigenous persons with disabilities need to be fully considered in the different initiatives undertaken and in particular those that focus on persons with disabilities and those that focus on indigenous issues. The Special Rapporteur on the rights of indigenous people and the UN Permanent Forum on Indigenous Issues should pay special attention to this issue.

Older persons with disabilities will soon become one of the largest disability constituencies, also in middle income countries. Older persons with disabilities currently face specific challenges regarding social protection and income security. It is therefore important to ensure that this group is addressed by initiatives targeting older people as well as initiatives targeting persons with disabilities.

**Monitoring/accountability of the outcome document obligations**

The present outcome document, and in particular its section XX, should feed into the post-MDG (beyond 2015) negotiation process and States hereby commit to ensure that the recommendations made hereby are taken into account in the new international framework.

The annual Conference of States Parties to the CRPD should request periodic written and oral information from all UN entities on the way in which they are mainstreaming disability rights in their work. A subset of these entities should be invited regularly to the Conference of States Parties to present their reports and allow for interaction with States Parties and civil society.

The Inter-Agency Support Group to the CRPD should produce an annual report on how well the different UNDAFs are including the rights of persons with disabilities.

Donor and partner States shall inform in their submissions to the Universal Periodic Review and to the different Treaty Bodies how the international co-operation they are providing and/or receiving is effectively contributing to the rights of persons with disabilities.

Thematic session 1:   
CRPD related advocacy work at national level leading to change in legislation and policies

**Presentation on Advocacy for the CRPD in Nepal**

Plan Nepal[[1]](#footnote-1), with the support of Plan Norway and grant funding from NORAD, has been implementing a Social Inclusion and Non-Discrimination project for the last 10 years[[2]](#footnote-2). A key element of the project is the strategic partnership between Plan Nepal and the National Federation of Disabled Nepal (NFDN) as well as other organizations of persons with disabilities to promote the rights of persons with disability (in general and children with disabilities in particular.

A major component of Plan Nepal’s Social Inclusion and Non-Discrimination Project is advocacy for the rights of Persons with Disabilities related to the CRPD. Here, the government is lobbied for increased resource allocation to persons with disabilities, promote inclusive and accessible education, appropriate health care and rehabilitation, and establish mechanisms and systems in the programme districts to identify cases of disability, especially children. Plan Nepal’s previous experience with child rights advocacy is a key strength in the joint advocacy efforts for the rights of persons with disabilities.

Joint advocacy efforts from Plan Nepal, NFDN and other disability partners have included:

* Monitoring the implementation of the CRPD, through setting up monitoring committees with representatives from DPO’s in all 75 districts. A CRPD Monitoring plan is also being developed. District and regional level consultations/interaction sessions have been organized to identify gaps in implementation leading on from community level issue identification workshops.
* An inter-parliamentarian disability caucus has been set up to lobby on disability issues. A shadow constitutional assembly was held in February 2009, and a disability friendly shadow constitution developed (February 2009) and submitted it to the Chairperson/Speaker of the Constituents assembly.
* A national policy and plan of action on disability (NPPAD) has been developed at the national level and District level (DISPAD) in 32 districts.
* Disability Budget Auditing has been carried out at national, district and village levels. The government has issued a mandatory directives for all Village Development Committees to allocate at least 15 percent of their total annual budget in women, children and disability sector

The joint efforts to advocate for the rights of persons with disabilities have had important results so far. In particular, the enhanced awareness of disability issues at all levels of politics and governance; including in the interim constitution, in parliament and at district and village levels. Also, the allocation of budgets to persons with disabilities, steps to improve data collection and statistics on disability, and the development of national and district action plans have been positive outcomes.

**Advocacy work in promoting legislation on access to justice - Inspiring the CRPD and being inspired by it**

Following numerous complaints from people with disabilities and family members, Bizchut, The Israel Human Rights Center for People with Disabilities, the leading disability rights organizations in Israel, recognized the need to promote tools aimed to ensure the legal system's accessibility to people with disabilities. Subsequently we presented the Israeli Justice Ministry in 1995 with the range of difficulties that people with disabilities face when interacting with the legal system. Government began to advance legislation of a special law.

Towards the middle of 2003, as legislation was progressing extremely slowly albeit the tremendous need on the ground, Bizchut initiated a pilot project in the spirit of the draft law – a blueprint for making legal procedures accessible to people with disabilities and a forerunner to the law itself. The project had two basic strategies:

* Making a difference: Bizchut professionals provided assistance in police inquiries witness statements and court hearings to individual victims and offenders in real cases.
* Promoting structural changes within law enforcement frameworks: Bizchut staff gave hands-on training workshops and lectures to the police, state prosecutors, legal aid attorneys, judges and rape crisis centers, raising awareness of the need to adapt investigative and judicial procedures and training professionals how to do so.

As a result even before it was mandated by law, many cases that would once have been shut without indictment due to non-credible testimony from victims with mental, intellectual or communication disabilities now resulted in indictments and convictions.

The law was finally enacted by the Israeli Knesset (Parliament) in 2005. It currently mandates accommodations for persons with cognitive disabilities in the justice system in police interviews, interrogations; court testimony of persons with intellectual disabilities; and court testimony of people with mental disabilities if they are victims of a severe crime, witnesses or are suspects.

Historically, this law served as reference for drafting article 13 of the CRPD, as Bizchut representatives related their experience in the ad-hoc committee.

However, a number of issues are still missing from the law and require further attention and law amendment. Mainly, the law does not fully address the needs of people with a mental disability as it does people with cognitive disability. Although issue involves real dilemmas, Bizchut is once again on the fore-front. Only now we can also base our claims for change on the CRPD. Interestingly enough, article 13 which was based to a large extent on the Israeli experience is now the anchor for its change and development.

**CRPD Compliance Efforts before Ratification- Case of Japan**

Nagase Osamu ([Nagase@an.email.ne.jp](mailto:Nagase@an.email.ne.jp))  
Executive Director, Institute on Disability & Communication  
Member, International Committee, Japan Disability Forum  
Special Visiting Professor, Ritsumeikan University,

Japan signed the CRPD in September 2007 but has not ratified it yet. In fact, in March 2009, the government in power then, led by Liberal Democrats, was going to propose to the parliament that Japan was ready to ratify the CRPD with very minor legislative changes, for instance, without establishing an effective, independent anti disability discrimination law.

The disability community in Japan, represented by the Japan Disability Forum (JDF) consisting of 13 national disability organizations, did not agree with this “cosmetic” ratification and lobbied against it successfully.

The background is that major harmonization for human rights conventions have been done before ratification in the past, for instance for CEDAW. As for CRC, the government simply stated that it was meeting its requirements and did not make any legal changes before ratification by the parliament. After ratification, it has been mostly ignoring concluding observations to Japan.

After the general election in August 2009, the new government, led by Democrats who pledged disability policy reform in compliance with the CRPD, came into power. Disability policy reform started in December 2009. As the “engine” of the reform, Committee for Disability Policy Reform was established by the cabinet decision.

Based on the views of the Committee for Disability Policy Reform, with 24 members whose majority were representatives of DPO’s and family organizations, the government adopted the three-point reform road map, namely (a) major revision of the fundamental law for persons with disabilities in 2011, (b) enactment of new services legislation in 2012, and (c) enactment of anti disability discrimination law in 2013.

Currently, the Disability Policy Council, established by the revised Fundamental Law for Persons with Disabilities, is working on the final part of the reform, enactment of an anti disability discrimination law, considered to be the last hurdle for the CRPD ratification.

**The Status of Sign Languages and Its Importance for Effective CRPD Implementation**

Dr. Joseph Murray  
World Federation of the Deaf  
[murraywfd@gmail.com](mailto:murraywfd@gmail.com)

In November 2011, representatives from international and national DPOs around the world, together with leading researchers in sign language and Deaf Studies, met at the Ål Experiential College in Ål, Norway to consider the status of different national sign languages. This question is of considerable importance since the CRPD is the first international treaty which specifically recognizes the rights of Deaf people, mentioning sign language and Deaf culture eight times in five different Articles. The CRPD secures the human rights of Deaf people by guaranteeing the right to access and express information in sign language, of deaf people to interact with larger society through sign language, and to have access to an education in sign language. As such, there is a need to ensure widespread dissemination of good practices and accurate information on sign languages in order to assist national governments in the appropriate implementation of these Articles.

The conference, titled “Sign Languages as Endangered Languages?” was arranged by the Ål Experiential College and Conference Center for Deaf People, in Norway, in cooperation with the World Federation of the Deaf and the European Union of the Deaf and with funding from the Norwegian Foreign Ministry. It was attended by Deaf representatives from national associations and federations of deaf people from 14 different countries in South America, Africa, Europe, and Asia. Also present were representatives from language planning bodies from several northern European countries and territories as well as representatives from the European Federation of Sign Language Interpreters and a number of universities.

Some central insights and important findings emerged from four days of dialogue. In a large number of countries around the world, Deaf children are not being placed in educational environments which would allow them to reach their fullest potential, even if such environments already exist in the country. It is important to note that use of educational methods which would not only deny deaf children the right to sign language but also deny them the right to visual learning strategies may violate the CRPD and other UN Human Rights Conventions. Effective implementation of the CRPD is thus shown to necessitate the combating of myths regarding sign language. National sign languages need to be understood as human languages which are integral parts of national societies. The CRPD follows this inclusive understanding of sign languages in its insistence that sign languages be recognized and promoted alongside national spoken languages. The further inclusion and dissemination of sign language among the wider population can have positive effects for all people. As noted at the conference, sign languages have been shown to help reading development—in hearing children as well as deaf children. This, and other such insights from the conference, will be presented to assist DPOs and policymakers in the effective implementation of the CRPD in their home countries.

**Presenter:** Dr. Joseph Murray has been a member of the board of the World Federation of the Deaf since 2003 and is Chair of its Human Rights Work Group. He is an Assistant Professor of ASL and Deaf Studies at Gallaudet University, and serves as a consultant on international matters for the Ål Experiential College and Conference Center for Deaf People in Norway.

**Political Participation and Representation in Democratic Institutions:  
What Leaders with Disabilities should Know and Do**

Mosharraf Hossain

Country Director, ADD International, Bangladesh

To vote and stand for elections are political rights of citizens with disabilities. No citizen can be hindered du jure or de facto in the enjoyment of political rights on the ground of disability. Accessible election systems promote the equal and full participation of citizens with disabilities in the electoral process. Participation of persons with disabilities ensures free and fair elections.

During more than one decade in Bangladesh, leaders with disabilities mobilized voters with disabilities to monitor elections and submit recommendations to Bangladesh Election Commission to make election system barrier free. Civic awareness program of DPOs build capacity of citizens with disabilities on voting rights and electoral system that increased participation in the elections. Often people of the society do not believe that persons with disabilities are voters or can exercise voting rights. Awareness of the society, accessible voting system are required for participation of people with disabilities in election.

As a citizen of a country, a leader with disability has equal rights to stand for election and represent in the democratic institutions. [*Article 29 of UNCRPD states that*](http://www.un.org/disabilities/default.asp?id=289) S*tate Parties shall guarantee to persons with disabilities political rights …*to stand for elections, to effectively hold office and perform all public functions at all levels of government. In the local government election of 2003 in Bangladesh, 80 persons with disabilities contested for seats. Of them 16 won as members of local government. They continued to contest in the election of 2012.

The grassroots disability rights movement strongly believes in their representation in the democratic institutions, whose decisions affect their lives. Leaders with disabilities who wish to run for political office should know how to run for office and manage election campaign. They should know their constituencies, how to raise money, develop message and manage media to win in elections. Leadership with disabilities in politics is necessary. As many MPs with disabilities will be in the parliament, more policies and program will be disability inclusive.

**Implementation of Article 24-Inclusive Education**

Richard Rieser UKDPC/World of Inclusion [rlrieser@gmail.com](mailto:rlrieser@gmail.com)

In the last few years I have been engaged in searching for examples of the successful implementation of inclusive education for children with disabilities, in high, medium and low income countries. The results show that inclusive education is possible in all economic, cultural and social environments, where there is a willingness from teachers, parents and DPOs to make it happen. State support helps with funding, training and removing rigid curriculum and assessment. Primarily, it requires positive values and attitudes towards children and people with disabilities. A can do attitude with a willingness of teachers to be flexible, seek advice and support is of primary importance. The barriers of the current education system, rather than the impairments of the child is that the major obstacle to successful inclusion of children with disabilities. A preparedness to go beyond special education labels and seek effective ways of developing the child’s potential from a child friendly or child centre pedagogy is vital. (PDF of R.Rieser 2012, ‘’Implementing Inclusive Education ‘’ Commonwealth Secretariat is available).

Characteristics of promising practice

* Negative community and parental attitudes are challenged through meetings, street theatre, door to door surveys and demonstration of effective inclusion for children with disabilities.
* Leaders of schools and district officials need to be committed to inclusion of children with disabilities.
* All staff in the school together receive continuing training on inclusive teaching with on-going support.
* Disability awareness is part of the school curriculum for all pupils.
* Peer support from non-disabled pupils is enlisted.
* Parents of children with disabilities and DPOs are involved in district and school level planning and implementation.
* All teachers can be successful teachers of children with disabilities.
* Children without disabilities benefit from successful inclusion socially and academically.
* Specific support with Braille, sign language, augmented and facilitated communication and problem solving is provided by specialist itinerant teachers on a regular, frequent basis.
* A locally initiated approach works more effectively than a top-down government initiated approach, though government support in line with Article 24 is important.
* Flexibility in what is taught, how it is taught and how learning is assessed, within a child centred approach.

The large majority of these examples are small scale and often DPO/NGO initiated. There remains a major capacity/funding problem of bringing inclusive education for children with disabilities to scale.

Educating teachers to include children with disabilities

I have been engaged as a consultant by UNICEF, under the AusAID REAP (Rights, Education, and Protection) Project. This is strategically targeting a gap in teacher education for children with disabilities as a priority for action. Including children with disabilities in education will require instituting relevant teacher education and UNICEF has agreed to develop globally relevant guidance on teacher education for children with disabilities. This guidance is intended to cover training for pre- service, in-service for current teachers and advanced leadership for principals and school leaders, as well as teacher trainers themselves. The guidance will be grounded on evidence-based theories and existing knowledge on teacher education for children with disabilities from around the world**. I will be sending out a questionnaire soon and would like people to e-mail me relevant contacts in their country.**

Initial evidence from the project suggests the following

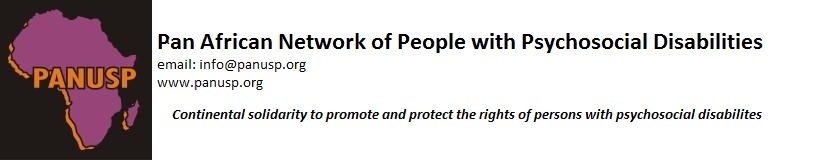
Broad brush approaches to inclusion often ignore children with disabilities or assume they are catered for by Special Educational Needs (SEN) approaches based on deficit Medical model thinking. A twin track approach is essential with the broad values of inclusion in child friendly schools and a specific disability strand recognising the pedagogy, techniques, support and accommodations needed for children with disabilities to succeed. Pre-service training is non-existent or inadequate with little school based practice. Most training staff in universities and colleges are stuck in old paradigms and have little relevant experience. In Service Training is mainly carried out by withdrawing 1 or 2 teachers and then expecting them to train their colleagues. **This has been shown not to work.** Best practice is having pre-trained committed school leaders, followed with whole staff training on a frequent and on-going basis, with a support teacher with expertise in including children with disabilities. An alternative can be clusters of schools around resource centres, with outreach to the classrooms, staffed by incentivised advisory teachers. Please help us gather examples of good practice.

**Disability Rights International**

Eric Mathews, Advocacy Associate, 202.320.0232,   
[emathews@disabilityrightsintl.org](mailto:emathews@disabilityrightsintl.org)   
  
Disability Rights International (DRI) looks forward to presenting its current advocacy initiatives to the CRPD Civil Society Forum hosted by the International Disability Alliance on September 11, 2012. Disability Rights International promotes the human rights and full community integration of persons with disabilities worldwide through documentation and exposure of human rights abuses; training of local DPOs and human rights advocates; and technical assistance to governments in implementing the UN Convention on the Rights of Persons with Disabilities (CRPD). DRI’s presentation would briefly DRI’s work in the following areas, as well as articulate next steps in which the international disability community can join in furthering advocacy and awareness in these areas.

1. **Training and supporting DPOs around the world.** DRI has found, time and again, that the most sustainable change in countries come as a result of building the capacity of persons with disabilities to fight for recognition and realization of their human rights. DRI has trained advocates to participate in policy dialogue, human rights monitoring, and awareness raising in more than 25 countries over the past 20 years, most recently in Ukraine, Turkey, and Mexico. DRI’s Serbia office supports DPOs throughout the Balkans.
2. **Improving recognition and enforcement of torture against persons with disabilities.** DRI has focused recent efforts on gaining recognition for the protection against torture in the context of medical and psychiatric treatment for people with disabilities. DRI’s recent investigations in Mexico have exposed systemic torture or ill-treatment as well as human trafficking. DRI has additionally made path-breaking use of the UN Special Rapporteur on Torture in seeking protections for children and adults detained in institutions.
3. **Promoting more inclusive development policies.** DRI’s country investigations have documented many of the worst practices of international donors that perpetuate abuses against people with disabilities, including rebuilding institutions for children and adults with disabilities; failing to include children with disabilities in deinstitutionalization programs; and failing to provide basic human rights oversight to programs serving people with disabilities. DRI has been able to use the initial findings of our investigations to brief USAID and European Commission officials. DRI is advocating for revisions in disability policies to prevent the use of international development funds for programs that are inconsistent with the principles of the CRPD.
4. **US Ratification of the CRPD.** DRI Executive Director Eric Rosenthal is Chair of the US International Council on Disabilities CRPD Ratification Committee. The committee has coordinated the efforts of the US disability community in seeking speedy ratification without unnecessary reservations, understandings, or declarations (RUDs).
5. **Worldwide Campaign to End the Institutionalisation of Children.** DRI is committed to ending all new placements of children with disabilities in institutions. DRI’s colleague Jim Conroy with the Center from Outcome Analysis, is submitting an expression of interest to speak at the forum, and will speak about his work with us in this regard.

Thematic session 2:   
Examples of work with other stakeholders   
to promote the implementation of the CRPD



**National Human Rights Institutions and Advocacy for People with Psychosocial Disabilities in Africa**

Presented by: Robinah Alambuya  
August 2012

In Africa, the human rights of people with psychosocial disabilities have been largely ignored. Most often issues such as lack of access to justice, education, employment, the right to be included and participate in the community without discrimination and freedom from violence and abuse is overlooked and compromised by a narrow focus and emphasis that is directed at delivery of western medical services. NHRI’s can play a significant role in broadening the inclusion of people with psychosocial disabilities as rights holders in all aspects of their live which have previously been ignored.

Internationally recognized National Human Rights Institutions (NHRI”) have legislated independence from Government, resources at their disposal and the powers conferred upon them within a mandate to promote and protect human rights. This provides opportunities to explore their further role as partners of the DPO sector in Africa. Examples from South Africa, Malawi and Kenya demonstrate the possibilities.

This paper explores how NHRI’s could be strategically embraced as partners to DPO’s in advocacy with attention to the African continent where resources and organizational structures within the disability sector are weak. Despite the paradox of NHRI’s being created and funded by Governments, the institutions of which they are watchdogs, it could be argued that the very legitimacy of NHRI’s in Africa may hinge on the active engagement of DPO’s and NGO’s. The constructive engagement between DPO’s and NHRI’s may serve a duality of purpose that benefits both parties.





*Global Initiative for Inclusive Information and Communication Technologies*

*A Flagship Advocacy Initiative of the United Nations*

*Global Alliance for Technology and Development*

**“International Benchmarks for Advocates: Results of the 2011-12   
CRPD ICT Accessibility Progress Report”**

***A G3ict survey conducted in cooperation with Disabled People’s International and National Advocacy Organizations in 52 ratifying countries***

G3ict – the Global Initiative for Inclusive Information and Communication Technologies -[www.g3ict.org](http://www.g3ict.org) - is pleased to submit the following topic for a presentation at the upcoming Civil Society CRPD Forum to be held September 11 in New York.

Over the past three years, G3ict has developed in cooperation with Disabled People’s International, national organizations of Persons with Disabilities, international accessibility experts and the ICT industry the CRPD ICT Accessibility Progress Report. Web page: <http://g3ict.com/resource_center/CRPD_Progress_Report_On_ICT_Accessibility_2010>

The CRPD ICT Accessibility Progress Report is designed to facilitate benchmarking for in-country advocates. While the 2010 survey covered 33 ratifying countries, the 2011 survey covers 52 ratifying countries, providing a substantial and reliable database for advocates to demonstrate what other countries in similar situations to their own have achieved.

Questionnaires are sent exclusively to in-country disability advocates and identify the degree of compliance with the CRPD in matters of ICT accessibility with 57 variables grouped in three categories: 1/ country commitments, 2/ capacity to implement and 3/ actual outcomes for persons with disabilities. The survey covers the multiple aspects of information and communication technologies including all electronic media, television, web sites, telecommunications, computers, assistive technologies and all services with digital interfaces such as ATMs or voting machines.

Data is presented globally and cross-tabulated by region, income level and HDI scores to facilitate country level comparisons.

Regressions between selected independent variables and outcomes are also conducted which identify critical success factors for country policies and programs.

The proposed presentation will cover the following points:

* Key results and trends observed in 2011 in matters of ICT accessibility
* Statistical evidence of DPO support and involvement in policy making as a key success factor influencing country progresses
* How in-country advocates can leverage those international comparisons with specific stakeholders to achieve greater levels of CRPD compliance in ICT accessibility

The data collected in 2011 would be released for the first time at the CRPD Civil Society Forum. Summaries can be made available in print and electronic format to COSP delegates.

For more information, questions or confirmation, please contact:

Axel Leblois, Executive Director: [axel\_leblois@g3ict.org](mailto:axel_leblois@g3ict.org)   
Tel.: +1 (404) 641 5661

Francesca Cesa Bianchi, Vice-president Institutional Relations: [fcesabianchi@g3ict.org](mailto:fcesabianchi@g3ict.org) Tel.: +1 (404) 512-9723

**Center for Financial Inclusion at ACCION**

Josh Goldstein

The Center for Financial Inclusion (CFI) at ACCION, a member of the Global Partnership of Disability and Development (GPDD) is leading a global initiative to make microfinance institutions (MFIS) around the world far more disability inclusive then they are today. In developing countries, self employment in the informal sector offers the most hope for PWD to achieve some degree of economic self-sufficiency. Currently, best estimates conclude that no more than .5% of current clients of MFIS are PWD. The legal and moral case for this initiative is clear but there is also a strong business case to be made, based on the market failure to reach the 15% of humanity, who are persons with disabilities. Furthermore the demographic reality of the aging of the global population means that the prevalence of disability will only increase dramatically in the coming decades.

The CFI has developed a comprehensive Roadmap to make inclusion a living reality and is now testing it on the ground at Fundación Paraguaya (FP) in Paraguay-- and in the fourth quarter of 2012 or the first quarter of 2013 will begin testing the roadmap with several microfinance partners in India. As summarized in the brief description below, working with key DPOs and other disability organizations is a critical component of the Roadmap:

1. *Work with local DPO*. Develop partnership with one or more DPOs whose approach, capabilities and geographic outreach best align with FP. DPO to provide advice on all aspects of design and implementation of the Roadmap and serve as potential access point to market of PWD clients.
2. *Staff training*. Train at least one staff to be relationship manager with the disability community who has some specialized knowledge. Awareness training for front line staff and senior managers. Develop materials and apply to FP staff. (The CFI has entered into a partnership with Handicap International to lead sensitivity trainings at FP and MFIs around the world, based on the excellent toolkit they have developed.)
3. *Human Resources*. Work with HR department to hire at least one PWD as feasible. Revise HR policies as needed to be more disability inclusive.
4. *Incorporate universal design and reasonable accommodation*. Review both marketing materials and physical access to identify opportunities to increase accessibility, focused on low-cost, non-subsidized interventions.
5. *Technology*. Explore technological solutions for client interface.
6. *Legal framework*. Determine whether there are any legal barriers facing PWDs in Paraguay related to enterprise operation or use of financial services.
7. *Financial capability*. Develop targeted financial literacy modules for PWD clients. This work may be done together with partner DPOs.

In our presentation before the Civil Society Forum, we will detail lessons learned in Paraguay during the first six months of this project: There are two highlights I would draw from our experience to date: 1) partnering with local disability organizations is absolutely essential to both making a compelling case for the project and for successful implementation; 2) assuring a deep commitment to inclusion by the host MFI is vital-- it must see this project as not just another “pilot” but as essential to its core mission going forward, based on the human rights case, as articulated by the CRPD.

Beyond our work with specific partners, we are leading a global advocacy campaign and have already presented our vision for a disability inclusive future at a number of important microfinance and disability for around the world.

**Service accessibility for people with disabilities at sexual and reproductive health and HIV/AIDS service delivery points in Uganda**

By: Denis Muhangi[[3]](#footnote-3); Janestic Twikirize[[4]](#footnote-4); Raymond Byaruhanga[[5]](#footnote-5); and Martin Mwesigwa Babu[[6]](#footnote-6)

Background

People with disabilities (PWDs) are especially vulnerable to HIV infection due to their conditions of poverty, stigma and discrimination, low literacy, limited mobility, and vulnerability to sexual abuse especially for women. Yet disability is often associated with social exclusion, including from social services such as those for HIV&AIDS and sexual reproductive health (SRH). This study sought to assess the service accessibility for PWDs at HIV/AIDS and SRH service outlets in selected districts of Uganda.

Methods

The study utilized a cross-sectional research design, employing qualitative and quantitative methodologies. Data was collected through a review of documents, field interviews with service providers, PWDs, key informants and 6 focus group discussions with community members in 3 study sites. A sample of 46 PWDs was covered through interviews in communities and 9 through exit interviews. A health facility observation schedule was administered at 21 service outlets.

Results

Uganda has made several efforts to foster a supportive legal and policy environment for the accessibility of PWDs to HIV/AIDS/SRH services. Despite this, little has been done at local government and service delivery levels to mainstream disability in service delivery. Service providers do not address the specific needs of PWDs.

Only 28% (25% males: 32% females) of the PWDs in the sample lived within a distance of less than 1 Km to the nearest health facility. More than 50% of the PWDs reported that it took them between 1 to 5 hours to reach the nearest health facility, while only 4.3% of PWDs reported that the health facilities were highly accessible. Health facilities lack specifically trained staff to handle PWDs, with the exception of rehabilitative staff; they do not provide HIV/AIDS/SRH information in Braille and Tactile formats and only one had the services of a sign language interpreter. Only 10 of the 21 facilities had information on notice boards in PWD-friendly formats; and only one provided supplementary reading information to PWDs with hearing disabilities. A scoring against 16 measures of physical accessibility of health infrastructure indicated only on 3 scores did more than 50% of sample facilities meet the required standards.

**Conclusions and Recommendations**

Whereas Uganda has made tremendous strides in making the policy and legal environment supportive to accessibility of HIV/AIDS/SRH to PWDS, achieving real change for PWDs is hampered by inadequate implementation and enforcement of these policies and laws. Lack of deliberate strategies to target PWD with services at service delivery level combines with geographical and physical barriers, communication gaps, and insensitivity among health service providers to constrain access of PWDs to services.

There is need to: scale up advocacy for dissemination and enforcement of policies for PWDs, and for mainstreaming disability in all HIV/AIDS/SRH programming; develop a communication and advocacy strategy, and a guide on how to mainstream disability in HIV/AIDS/SRH programs; Identify and train Focal health persons and Peer educators to address unique needs of PWD at service outlets; Include disability issues in the training curricula for health workers at all levels.

***Martin Mwesigwa Babu,***

*Programme Manager, HIV&AIDS Department,*

*National Union of Disabled Persons of Uganda (NUDIPU)*

***Kampala – Uganda.***

**Disability Rights and Development in Ghana**Human Rights Watch

This presentation will address the need for investment in development and disability rights, particularly in the mental health sector. We will look at this issue through the case of study of Ghana.

Human Rights Watch found that persons with mental disabilities in Ghana are particularly vulnerable to discrimination and exclusion. In different parts of the country, persons with mental disabilities are admitted to overcrowded and unsanitary psychiatric hospitals against their will. Many face confinement in unregulated “prayer camps” under the direction of self-proclaimed prophets where persons with mental disabilities are subjected to abusive practices such as forced detention, chaining, forced fasting and denial of access to medical services.

Budget constraints contribute to inhuman conditions for persons with mental disabilities in Ghana. Although there is no clear data about Ghana’s mental health care budget, interviews conducted with officials from the Ghana Health Service indicate that it is as low as 0.5-six percent of the total health care budget allocation. Expenditure of the mental health budget is also disputed, with varying figures showing that between 72 percent and 94 percent of the health budget is spent on paying the salaries of medical professionals. In 2011, less than one percent of the national budget was dedicated to mental health care.

Human Rights Watch looks to international actors including development agencies and international NGOs working in Ghana to assist in respecting, protecting and fulfilling the rights of persons with disabilities. These entities are in a position to engage with governments to develop and fund inclusive policies and programs. International partners can influence Ghana’s health budget by directly committing resources to mental health care and encouraging the government to increase allocation of funds to mental health care in its health budget.

Although actors such as the World Bank, WHO, UNAID and UNICEF have broadly contributed to several development projects, few have targeted disability rights. International agencies should ensure that their development assistance strategies and policies conform with the principles of non-discrimination, inclusion, and equality articulated in the Convention on the Rights of Persons with Disabilities and other treaties.

**Human Rights Watch recommends** that international actors support the government of Ghana and disabled persons’ organizations through funding and technical assistance. This will encourage the government of Ghana to allocate appropriate resources to the mental health sector including more funds to support national psychiatric hospitals, creation or improvement of psychiatric units at regional and district levels to ensure easy access to services by persons with mental disabilities, and non-medical community-based programs to support people with mental disabilities. Additionally, agencies should monitor the implementations of laws, policies and programs on mental disability and ensure mainstreaming of disability issues in development programs.

Thematic session 3:

Increasing the funding for the implementation of the CRPD: good examples of international co-operation, disability rights budgeting and getting disability into the post-2015 agenda

**Public finance and rights realization: The Philippine budgeting system through a disability lens**

(Philippine Coalition on the U.N. Convention on the Rights of Persons with Disabilities)

Description of topic

The presentation is on an ongoing project of the Coalition which aims to assess how the Philippine government uses public finances to realize, protect and promote the rights of persons with disabilities. The presentation shall describe the methods used for establishing a baseline on government allocations for persons with disabilities at the national and local government levels. These include budget tagging; budget tracking, local case studies, and analyses on tax incentives and procurement. Key findings regarding public spending for a specific program, i.e., Special Education, shall be presented. These shall be discussed in the context of international commitments to the UNCRPD.

DPO participation

The presentation describes the partnership between the Coalition and Social Watch Philippines / Alternative Budget Initiative. The Coalition is comprised of over fifteen different DPOs and NGOs representing persons with sensory, mobility, intellectual, psychosocial, severe, multiple, or chronic illness disabilities. The Coalition as a whole represents over 65,000 Filipinos with disabilities.

Lessons learned

The project is a pioneering endeavor and thus presents Filipinos with disabilities a firsthand opportunity in handling budget information and understanding the workings of the Philippine budget process. Budget tagging presented difficulties because of the incompleteness of the data, too generalized descriptions, and aggregation of budget items for persons with disabilities and senior citizens. Budget tracking from national appropriations down to the level of the Special Education schools was very revealing and demonstrated problems in decentralization, teacher hiring and training, inadequate reporting, accessibility and availability of resources, and misspending, or lack of spending (leading to lapsed appropriations). The local case studies on the other hand, gave insights on decision-making at the grassroots and the accompanying challenges particularly for leadership and capacity-building needs of DPOs.

Overall, the project provides valuable inputs on implementation of the CRPD for inclusion in the Parallel Report of the Coalition

Concrete advocacy proposals

The project gives important information and learning

* to serve as framework and basis for long term monitoring of the budget by DPOs - This gives definitive tools in monitoring as well the implementation of the CRPD into concrete programs, projects and services.
* in motivating and advocating for the full and effective participation of DPOs in the entire process of budget preparation, legislation, execution and accountability; and
* through an understanding of the budget system, thus promoting the capacity of DPOs to engage with government (national as well as local) through concrete collaborations. This is particularly important because of the *bottom-up* process being pushed by the current President.

This initial phase of an analysis of the Philippine budget paves the way for these next steps:

* 1. specific costing for actual delivery of services, e.g., for a particular CBR; or, for instance: to aim for universal primary education, how much would it cost to actually provide education for the 97% of children with disabilities currently not in school?
  2. capacity building of DPOs at the local level for all aspects of budget analysis work; and
  3. comprehensive monitoring at the local level of budgeting and service delivery.

These could be explored with possible options of service delivery, e.g. contracting of NGOs or DPOs.



**Disability in the post 2015 framework**

Marion Steff, PhD – Policy Advisor for Social Inclusion ([msteff@sightsavers.org](mailto:msteff@sightsavers.org))

Over one billion people are living with a disability, 80 per cent of whom live in developing countries[[7]](#footnote-7). Disability is both a cause and consequence of poverty and, across the world; persons with disabilities have limited access to basic healthcare, educational opportunities[[8]](#footnote-8) and employment[[9]](#footnote-9). They therefore experience higher rates of poverty and inequality than persons without disabilities. Despite this startling reality, international policy makers and stakeholders have not recognised or prioritised the issue within international development efforts such as the MDGs.

Discussions on a post-2015 development framework have an opportunity to rectify the situation. Including persons with disabilities in the post-MDG decision-making processes and recognising the UN Convention on the Rights of People with Disabilities as a critical mechanism to inform the post-2015 development framework will ensure that the next set of development goals go further towards addressing inequalities and discrimination against persons with disabilities. In order to do so, the disability movement needs to get together and vigorously continue to raise awareness.

The presenter will provide an overview of current initiatives to feed into the process towards the 2013 High Level Meeting on Disability and Development. She will also share opportunities for the disability movement to be involved in the post 2015 agenda. The presenter will cover the UN consultation, Beyond 2015, Voices of the Marginalised as well as other as other key chances to make a difference. The questions and discussion following the presentation will provide a platform for other initiatives to be shared among all participants.

**ADD International**Executive Director: Tim Wainwright

Many of us are striving to encourage mainstream organisations to include disabled people – governments, multilateral organisations, big INGOs etc. I believe that right now these organisations are becoming more receptive and doors are opening. I think we have some momentum! I think the post MDG process in particular is a very important focus, and ensuring that disabled people are included in whatever framework follows the MDGs is vital. I would like to share some of my own personal experiences from my work, in consortia with others, over the last 2 years trying to influence mainstream organisations (governmental and non-governmental) who work internationally but are headquartered in the UK. I will try and reflect back and share with you what tactics I think have worked best, and what has not worked so well.

I want to focus on the opportunities that arise when you partner with organisations that are NOT the same as you – but where you have complementary skills, interests, contacts etc.

I will draw on two examples:

* Working with an organisation that had a specialism in parliamentary campaigning and lobbying. We had on the ground experience in developing countries, they had networks of activists who could be mobilised to effect change in the UK.
* Working in a consortium with agencies working with other highly excluded groups in developing countries – for instance older people.

I will also reflect on efforts to work with much larger organisations (big INGOs and governments) where there is similar complementarity, but where progress appears to be slower.

My hypothesis is that influencing can sometimes be strengthened if unexpected alliances come together – from the point of view of senior decision makers an approach from a coalition of respected organisations who they are not used to hearing from speaking together can have additional impact. However such alliances are more easily formed between similar sized organisations.

Much of this is work in progress, and there is no simple answer or formula for success but I will aim to stimulate some debate and sharing between the organisations present at the meeting.

BIC Logo small 

**Disability and World Bank Safeguards Campaign**

Disability and poverty are inextricably linked. Poor infrastructure creates barriers to inclusion in mainstream society; malnutrition and lack of adequate healthcare leads to disabling conditions; and war and conflict in many developing and transition countries results in a higher number of people with disabilities due to violence and trauma. Disability affects approximately one billion people around the world, a large majority of whom live in developing countries but have been systematically left out of development programs and policies. This exclusion hinders their right and subsequent opportunities to benefit from national programs, including poverty reduction projects. People with disabilities must be included in development programs, and the World Bank plays a pivotal role in ensuring inclusive development around the world. The World Bank must take the lead in inclusive international development by mandating systematic inclusion of disability into World Bank operations, ensuring that all relevant Bank-funded projects are inclusive in design and implementation, and ensuring strong, clear policy language on disability mainstreaming and inclusive development in the safeguards.

The World Bank’s Environmental and Social Safeguard Policies are designed to mitigate social and environmental risks associated with World Bank investments. But, as they stand now, the rights of people with disabilities, mainstreaming, and inclusive development have not been addressed in these policies. As a result, people with disabilities, often some of the poorest and most vulnerable people in countries where the World Bank has its projects, are not systematically consulted or considered in the planning and design of projects.

The Bank Information Center (BIC) and the Lebanese Physical Handicapped Union (LPHU) have come together to form the Disability and World Bank Safeguards Campaign. The goal of the Campaign is to ensure that the World Bank adopts a systematically inclusive approach to its engagement in developing countries. The Campaign’s first step toward this goal is to work with other civil-society organizations (CSOs) and Disabled People’s Organizations (DPOs) to ensure that the Bank follows an inclusive, participatory process in the review of its Environmental and Social Safeguards ultimately leading to strong, clear policy language on disability mainstreaming and inclusive development. Additionally, the Campaign will work to enhance the capacity of DPOs and CSOs by forming national networks in country to conduct World Bank advocacy at the country level to ensure inclusive policies and an inclusive consultative process.



**Promoting disability-inclusive development for a sustainable future:   
why disability, poverty and environmental sustainability are inextricably linked**

People with disabilities are particularly at risk to the effects of climate change, such as natural disasters and food insecurity. Sustainable development must incorporate disability-inclusive development principles.

Disability is both a cause and consequence of poverty, yet until the Rio Earth Summit in June, international policy-makers and stakeholders had not recognised or prioritised this issue1.

The health status of millions of people, including people with disabilities and the prevalence of disability are projected to be affected by climate change through increases in malnutrition, diseases, and injury due to extreme weather events.

People with disabilities living in poverty are facing reduced access to: clean water; fertile soils and suitable growing conditions for cropping and livestock; to fuel-wood and other energy sources; to wild foods, medicinal plants and other natural products related to their livelihoods. People with disabilities face real barriers in accessing food.

Adopting a rights-based approach, including towards people with disabilities, to food security, water rights and sustainable agriculture would assist in improving food quality; ensuring appropriate utilisation of food; and involving crisis prevention, preparedness and management.

People with disabilities have less access to and control over natural, human, social, physical, and financial resources formation, resources (or control over resources), and services, which means they cannot adapt to change as quickly or as effectively as people without disabilities which in turn increases their vulnerability to the impacts of climate change.

People with disabilities are typically amongst the most ‘resource poor’ within a community as a result of a lack of income, poor education, social exclusion and exclusion from decision-making authorities or structures. They will therefore have little access to, or control over, the resources that would facilitate adaptation.

1. The [final outcome document](http://www.un.org/disabilities/documents/rio20_outcome_document_complete.pdf) of the Rio+20 Earth summit "The future we want", whilst lacking strong commitments to real sustainable development, now includes five important [references to disability](http://www.un.org/disabilities/default.asp?navid=46&pid=1600), namely:

* responsibilities of States to respect, protect and promote human rights and fundamental freedom for all (paragraph 9);
* participation and access to information and judicial and administrative proceedings for promotion of sustainable development (paragraph 43);
* affirming that green economy policies in the context of sustainable development and poverty eradication should ...enhance the welfare of persons with disabilities (paragraph 58(k));
* commit to promote an integrated approach to planning and building sustainable cities and urban settlements, and commit to promote sustainable development policies that support inclusive housing and social services; a safe and healthy living environment for all, particularly, disabled persons (paragraph 135);
* stress the need for ensuring equal access to education for persons with disabilities (paragraph 229)

**Key Recommendations:**

* All programming for climate change financing, mitigation, or adaptation must be required to specifically address those particularly at risk due to environment changes, including women, people with disabilities, children and older people.
* Data regarding climate change and environment sustainability must be disaggregated in relation to disability.
* Humanitarian responses to the effects of climate change (including natural disasters and food insecurity) must include people with disabilities.

Thematic session 4:

Examples of co-operation between UN agencies and DPOs/NGOs at national or global level to promote the implementation   
of the CRPD

**The Right of Children with Disabilities to Education**

Brief description

In this presentation, the UNICEF CEE/CIS Regional Advisor will present a brief outline of UNICEF’s advocacy efforts towards the signature and ratification of the UNCRPD in the Russian Federation, its collaboration with an international DPO – Perspektiva – and the power of youth participation in this process. How much did children influence this decision?

In September 2011 the UNICEF Regional Office for CEECIS and the Russian Federation Country Office organized a *Conference on Inclusive Education for Children with Disabilities in CEECIS* which included a parallel forum for Russian children and youth with disabilities. In this event, the participating children had an opportunity to share their thoughts and life experiences with each other and all the attendees of the conference, a sharing experience which culminated in a video message to President Medvedev. On December 19th 2011, President Medvedev responded, in an open letter, to the questions the children had posed. He concluded by remarking on the UNCRPD: “The interests of people with disabilities should be legally protected. That is why we are currently focusing on improving considerably the Russian legislation, and are getting ready to ratify the UN Convention on the Rights of Persons with Disabilities. We intend to finish this work next year”.

True to his promise to his young audience, on May 3rd 2012, President Medvedev did sign into Federal Law the United Nations Convention on the Rights of Persons with Disabilities, opening the way to a truly unified CEECIS in the recognition of the human rights of people with disabilities.

Main Lessons Learned

While the involvement of DPOs is of utmost importance in all efforts geared towards the signature and ratification of the UNCRPD, children have a power all their own and deserve, at least, part of the credit for the accelerated momentum in the Russian Federation.

Concrete advocacy proposals

To involve children and youth in advocacy campaigns at all levels, particularly in the countries in the CEE/CIS region that have not yet signed (Belarus and Tajikistan) or ratified (Albania, Georgia, Kazakhstan, Kyrgyzstan and Uzbekistan) the UNCRPD.

For questions or further information please e-mail:  
Paula F Hunt  
UNICEF CEE/CIS Regional Office Inclusive Education Consultant  
[pfhunt@unicef.org](mailto:pfhunt@unicef.org)

**The EFA-VI (Education for All Visually Impaired Children) Initiative**

Presentation by the International Council of Education of People with Visual Impairment (ICEVI) and the World Blind Union (WBU)

ICEVI is an organisation of educators and professionals in the field of education worldwide who are working, increasingly with the involvement of blind and partially sighted people, to promote equal access to education for blind and partially sighted children and young people and to ensure that that education is of an appropriate quality. One of our most important activities is EFA-VI, a global initiative launched in 2006 in conjunction with the World Blind Union and now with the support of the International Agency for the Prevention of Blindness (IAPB). These organisations have now formed themselves into a loose Vision Alliance to add value to the pursuit of common objectives.

It is estimated that there are 6 million children worldwide with a visual impairment, 80 % of them in under-resourced developing countries. Of these, over 90 % or 4.4 million receive no education at all. In 1990 the Education for All (EFA) program was launched by the United Nations with the goal of universal access to primary education by 2015. EFA has made significant progress in reaching non-disabled children, but it has, in large measure, failed to include children with disabilities, particularly those that require alternative modes of communication. In addition to persuading national governments to include visually impaired children in national EFA plans, EFA-VI seeks to use its influence with the Global Partnership for Education (GPE) to make this, and provision of educational materials in accessible form, a condition of funding EFA programs. ICEVI and WBU feel strongly that if Millennium Development Goal 2 is to be achieved and Article 24 of the UN Convention on the Rights of Persons with Disabilities is to be moved from intention to reality, the UN, it's member organisations, national governments, DPO's, professionals and the NGO community must focus concentrated efforts on addressing the educational needs of children with disabilities and attend to the serious discrepancy which exists between the rates of access to education for disabled and non-disabled children.

The presentation will be made by Lord Colin Low, President of ICEVI, and Maryanne Diamond, President of WBU.



**Prohibiting and eliminating all corporal punishment of children with disabilities**

Outline of proposed presentation:

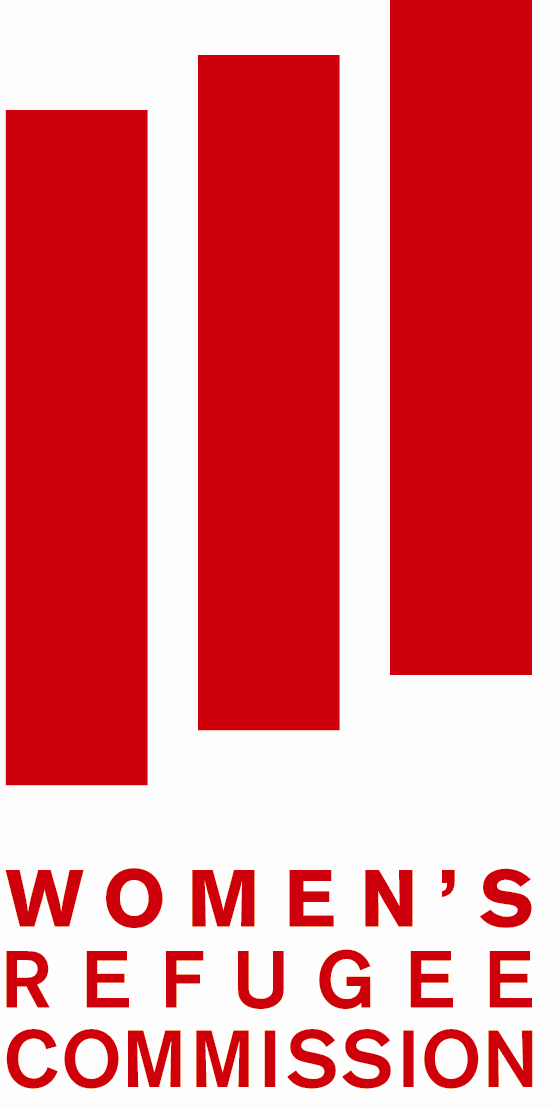
Corporal punishment – violence inflicted on children by parents, teachers, caregivers and others in the name of “discipline” – is a key issue for children with disabilities. This form of violence against children is legally sanctioned in some or all settings of their lives in the majority of states worldwide. Children with disabilities are especially vulnerable to corporal punishment, in the home, at school, in institutional settings and elsewhere.

International human rights law, including the Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child, asserts all children’s rights to physical integrity, dignity and protection from all corporal punishment, including in the home.

Although the issue is central to child protection and is of clear relevance to topics such as the rights of children with disabilities in schools and care settings, violence against adults with disabilities and gender-based violence, it is often overlooked in work on these topics. Its invisibility is a sign of the low priority too often afforded to children, and especially to children with disabilities.

The Global Initiative therefore urges all those working for the rights of people with disabilities to incorporate the issue into their advocacy work on related topics and to highlight to governments their obligation under international human rights law to introduce legislation which prohibits all corporal punishment and to work towards its elimination in practice.

*The Global Initiative to End All Corporal Punishment of Children aims to act as a catalyst for the prohibition and elimination of corporal punishment of children across the world. Supporters of its aims include UNICEF, UNESCO, International Disability Alliance, Disabled Peoples’ International, Disability Rights International, Inclusion International and many other international and national organisations. See* [*www.endcorporalpunishment*](http://www.endcorporalpunishment) *or contact Elinor Milne:* [*elinor@endcorporalpunishment.org*](mailto:elinor@endcorporalpunishment.org) *for more information.*

**

**Refugee and displaced women, youth and children with disabilities**

The *Convention on the Rights of Persons with Disabilities (CRPD)* requires state parties to ensure that persons with disabilities are protected in situations of risk or humanitarian crisis (Article 11), and that international cooperation is accessible to and inclusive of persons with disabilities (Article 32). Persons with disabilities remain among the most vulnerable and socially excluded groups in any refugee and displaced community. They are subsequently not identified in data collection or included in needs assessments, and thus not considered in program design or implementation. Refugee and displaced women, children and young people with disabilities face protection concerns, including sexual abuse and exploitation, and have few opportunities to access mainstream refugee programs, such as women’s and youth empowerment, education and livelihoods. They are also often absent from decision making and community groups. Sometimes confined to camps, there may be restrictions on their rights in the host country, and they rarely have contact with host country disabled people’s organizations (DPOs), which might be able to represent and advocate for their rights under the CRPD.

The Women’s Refugee Commission has been supporting the United Nations High Commissioner for Refugees (UNHCR) to apply the CRPD in their operations through training and action planning workshops with their offices, implementing partners and host country DPOs in selected countries. The main lesson learned, is that despite many host countries having ratified the CRPD, refugees and displaced persons with disabilities are often excluded from CRPD implementation and monitoring processes. Civil society, and particularly host country DPOs, can play a central role in advocating for inclusion of refugees and displaced persons with disabilities in national policies and programs, and ensuring their rights are represented in CRPD mechanisms.

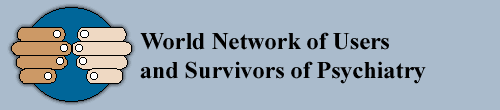
Women’s Refugee Commission would like to raise the issue of refugee and displaced women, youth and children at the Civil Society Forum on 11th September 2012. We will present examples of cooperation between UNHCR, DPOs and NGOs at national levels to promote the implementation of the CRPD for this particularly marginalized group, and seek to stimulate dialogue on potential strategies for ensuring their representation in CRPD mechanisms.

**Contact:** Emma Pearce

Disability Program Officer, Women’s Refugee Commission

Email: [EmmaP@wrcommission.org](mailto:EmmaP@wrcommission.org)

Phone: 212-551-3159



**Women with Disabilities: Violence, Aging, and Psychosocial Disability**

Myra Kovary, World Network of Users and Survivors of Psychiatry (WNUSP)

Violence against all people, including violence against women, causes disability of all kinds – mobility disabilities, blindness, deafness, psychosocial disability, pain, and other invisible disabilities.

Violence is more likely to happen to women. And violence is more likely to happen to persons with disabilities than to persons without disabilities. The experience of violence affects the children who witnessed such violence as well. It affects children whose mothers and fathers experienced such violence, whether or not the children witnessed the violence and carries on generation after generation. And violence against women with disabilities is more prevalent than violence against women in general.

Advocacy and activism are sometimes in conflict with self-empowerment and self-advocacy, especially when psychosocial disability is already a factor.

How can we put a stop to these vicious cycles? End violence? Promote human rights for all people all over the world? Those are tall orders, but in the process of implementing the CRPD, we have an opportunity to make a huge difference by addressing violence against women with disabilities. We also have an opportunity here to integrate women with disabilities’ issues into the agenda of the general women’s movement. As an INWWD colleague Stephanie Ortoleva commented several times during her presentation at the UN at CSW 56 at the side event on Rural Women and Girls with Disabilities, “Women with disabilities are women too!” The general women’s movement, particularly in the work we do at the UN, has an opportunity to embrace issues we face as women and girls with disabilities in the contexts of CSW, the CEDAW Committee, and the CRPD. Involving UN Women will be an absolute necessity for making progress.

The whole population is aging. Women of the second wave of the women’s movement are aging. I am one of the youngest of them and I am 60 years old this year. The fears, realities, hopes and dreams of women in general (including women and girls of all ages, with or without disabilities) are congruent with those that we as older women with disabilities live with everyday. How do we want to live out the rest of our lives? How do we want our mothers, sisters and daughters to live out the rest of their lives?

Misogyny and elder abuse lead to the medicalization of disability (particularly psychosocial disability), which leads to more misogyny and more elder abuse. This vicious cycle must be interrupted. The process of implementing the CRPD, particularly with respect to women with disabilities, provides us with an opportunity not to be missed. It is our dream that our work here will be a significant catalyst to changing the world for the better.

1. Plan International is a child rights and development organization working in 66 countries across the world. [↑](#footnote-ref-1)
2. The project covers 5 out of 75 districts of Nepal and is currently funded until December 2015. [↑](#footnote-ref-2)
3. Dept of Social Work & Social Administration, Makerere University, Uganda [↑](#footnote-ref-3)
4. Dept of Social Work & Social Administration, Makerere University, Kampala, Uganda [↑](#footnote-ref-4)
5. AIDS Information Centre, Kampala, Uganda [↑](#footnote-ref-5)
6. National Union of Disabled Persons of Uganda (NUDIPU), Kampala, Uganda [↑](#footnote-ref-6)
7. WHO Report on Disability (2011). [↑](#footnote-ref-7)
8. The global literacy rate for adults with disabilities although varying from country to country may be less than 20%, and even lesser for women with disabilities. Additionally, having a disability more than double the chance of never enrolling in school in some countries. Filmer, D. (2008): Disability, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys. [↑](#footnote-ref-8)
9. In low and middle income countries, the availability of data of employment of persons with disabilities is very limited. A significant proportion of persons with disabilities work in the informal sector (WHO, 2011). [↑](#footnote-ref-9)