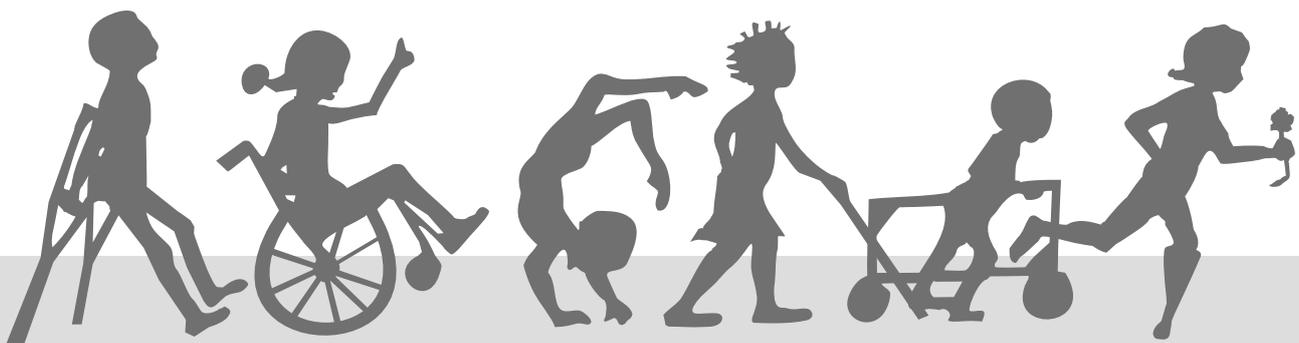


Behinderung und internationale Entwicklung

Disability and International Development



UN-CRPD after 10 Years: Implementing Equal Rights and
Participation in the Health Sector under Conditions of Poverty





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Editorial

Liebe Leserinnen und Leser,

das dritte der globalen Ziele für nachhaltige Entwicklung (SDGs) stellt die Gewährleistung eines gesunden Lebens für alle Menschen jeden Alters und die Förderung ihres Wohlergehens ins Zentrum. Unter Bedingungen materieller Armut stellen sich eine Reihe von Herausforderungen im Blick auf die individuelle und öffentliche Gesundheitsfürsorge. Menschen mit Behinderungen erleben weltweit spezifische Barrieren im Zugang zu gesundheitsbezogenen Dienstleistungen und Versorgungsstrukturen von der Prävention über die Behandlung, die Nachsorge und Rehabilitation bis hin zur Hilfsmittelversorgung. Diese Barrieren zu beseitigen, stellt eine zentrale Forderung des Art. 26 der UN-BRK dar.

Die vorliegende Ausgabe stellt einige Beispiele erfolgreicher Strategien zur verbesserten gesundheitlichen Versorgung von Menschen mit Behinderungen vor.

Jan-Thilo Klimisch stellt die Risiken tropischer Erkrankungen, deren Bekämpfung unter Armutbedingungen nach wie vor vernachlässigt wird, ins Zentrum, und stellt Strategien für inklusive Behandlungskonzepte in Nigeria und Äthiopien vor.

Bernd Schramm und *Shana Dörr* berichten über Erfahrungen in einem deutsch-kambodschanischen Projekt der Gesundheitsvorsorge, in dem sich die mit der Komplexität inklusiver Konzepte einhergehenden Herausforderungen offenbaren, aber auch erfolgreiche Strategien zu ihrer Überwindung entwickelt werden konnten.

Ein indonesisches Projekt, aus dem *Risnawati Utami* berichtet, weist auf die Bedeutung von Selbstvertretungsorganisationen von Menschen mit Behinderungen hin in Kontexten, in denen staatliche Programme und Strategien nicht ausreichen, um eine gute Versorgung für alle sicherzustellen. Dies zeigt sich am Beispiel der Versorgung von Menschen mit körperlichen Beeinträchtigungen mit Rollstühlen.

Wir wünschen Ihnen eine anregende Lektüre.

Ihre Redaktionsgruppe

Dear Readers,

Sustainable Development Goal No. 3 (SDG 3) calls to "ensure healthy lives and promote well-being for all at all ages". Living under conditions of poverty entails a number of challenges in the field of individual and public health. Persons with disabilities living in poverty face special barriers to prevention, diagnosis, treatment, follow-up care and rehabilitation in case of acute or chronic diseases. High costs for treatment and assistive technologies induce further risks of impoverishment. Following Art. 26 UN-CRPD, rehabilitation services and programs should begin at the earliest possible stage, should be based on the multidisciplinary assessment of individual needs and strengths and should support participation and inclusion in the community.

This issue shows some examples for strategies to leave no-one behind in health services.

Jan-Thilo Klimisch focuses on poverty-related neglected tropical diseases and the gap between increased public and political attention on the one hand and insufficient efforts to meet them on the other. Practices of disability-inclusive disease management in Nigeria and Ethiopia show how effective strategies could be developed.

Experiences from the German-Cambodian Social Health Protection Program (SHPP) are reported by *Bernd Schramm* and *Shana Dörr*. They show that the development of inclusive and accessible health services requires strong leadership, sufficient resources and broad partnerships to meet the complexity and cultural sensitivity surrounding the issue.

Risnawati Utami from Indonesia points out the necessity of providing appropriate technical devices like wheelchairs and adequate training programs to ensure independence and inclusion of persons with disabilities. The author also highlights the importance of actively engaging DPOs as important stakeholders to ensure adequate services in low and middle income countries.

We hope you enjoy the reading.

Your editorial board



More than Lip Services Needed to Leave No One Behind in Global Health and Win the Fight against Poverty-Related Neglected Tropical Diseases

Jan-Thilo Klimisch

The article examines from a German perspective the gap between increased public and political attention on Neglected Tropical Diseases (NTDs) compared to still insufficient funding and capacity building to effectively tackling these poverty-related diseases that primarily affect most vulnerable and marginalised populations around the world. It refers to the NTD summit held in Geneva in April 2017 and delivers exemplary insights into promising practices of disability-inclusive disease management in Nigeria and Ethiopia.

Introduction

In recent years the German Federal Government showed strong commitment in the promotion and placing of Global Health issues high up on the international agenda. Its G7-presidency 2015 resulted in a Leaders Declaration that underlined amongst others: "We commit ourselves to the fight against neglected tropical diseases (NTDs)" (Die Bundesregierung 2015: 14). Moreover, in 2017, Germany introduced Global Health on the official agenda of the G20-process, inviting for a first time ever G20-health ministers meeting combined with a pandemic preparedness simulation. But for really walking the talk not least Germany itself has still a long way to go. By now, its efforts to better reach the most vulnerable and marginalised populations through its development cooperation and health system strengthening remain rather fragmentary as well as unspecific. One of the latest proofs: the government of Germany's poor performance at the World Health Organisation's (WHO) high-level summit on NTDs held in Geneva in April 2017 (Uhlmann 2017; aerzteblatt.de 2017; Wittlich 2017). On this occasion, Chancellor Merkel's administration as current G20-President could have set strong accents towards a revised and better differentiated roadmap to eliminate NTDs. But the good opportunity was missed. Fortunately, a new chance will arise soon as in the first half of 2018, the new German government - once in office - has to revise its own integrated strategy on Global Health - a process which is already prepared by the Federal Ministry of Health.

Leave No One Behind in Global Health

Achieving Universal Health Coverage (UHC) is closely interlinked with the global fight against poverty and hunger and thus a huge challenge

at the core of the United Nations' Agenda 2030 for Sustainable Development (Bangert et al. 2017). Sustainable Development Goal No. 3 (SDG 3) calls to "ensure healthy lives and promote well-being for all at all ages". As a lesson learned of its predecessors (the Millennium Development Goals) shortcomings, the SDGs are generally subordinate to the overall premise to *Leave no one behind*. Hence, implementing the Agenda 2030 requires focusing on and prioritising those population groups that are most vulnerable and most marginalised, as for example persons with disabilities.

Right before Germany took over the G20-presidency by the end of 2016, the German NGO-network VENRO hosted an international conference in Berlin on the topic *Leaving no one behind in Global Health - What should Germany's contribution be?* VENRO-chairwoman Maike Röttger emphasised in her opening keynote: "We need new concepts and increased efforts to achieve health for all by 2030. [...] Every person has a right to health! Thereby, we should not forget about those ones that are left behind the furthest: people with disabilities, people in geographically remote areas, people without documents, or ethnic minorities. They all are part of our societies and deserve access to adequate health services" (VENRO 2016: 2). Yet, still those pleas remain unheard and poverty-related neglected diseases for now not explicitly tackled by the G20.

At least, there is a promising point of departure to build upon: In reaction to recent health crisis such as the Ebola and Zika outbreaks and further challenges, like the global advancing of antibiotic resistances, the German Government, WHO and the World Bank co-initiated a global initiative called *Healthy Systems - Healthy Lives* (BMZ 2017). It aims to facilitate coordinated action to build stronger health systems around the world. Germany is a strong supporter of a re-



formed and strengthened WHO to better coordinate health promotion under one roof instead of boosting parallel structures to combat each single disease. This intention to avoid uncoordinated parallel structures and to make use of limited resources as efficient as possible aims at the right direction, only it fails to illustrate how exactly the elimination of NTDs could be integrated and pushed by health system strengthening (Kickbusch/Franz 2017).

Why to Shift the Focus on NTDs

Neglected Tropical Diseases (NTDs) present a largely hidden burden affecting the most marginalised and voiceless communities living in poverty and conflict zones (WHO 2012; Molyneux/Savioli/Engels 2016). These diseases disproportionately affect children, women and persons with disabilities, and flourish under conditions characterised by poor housing and sanitation, unsafe water, and limited access to basic health care. Negatively impacting on virtually all of the United Nations Sustainable Development Goals, NTDs hinder development, keep individuals and communities trapped in a cycle of poverty (Bangert et al. 2017).

NTDs - such as Onchocerciasis (river blindness), Trachoma or Soil-transmitted Helminthiasis - are primarily parasitic, bacterial or viral infections. They are spread by human contact, insects, contaminated water and soil infested with the eggs or larvae of worms. Disease development is typically insidious and severe impairment often occurs after years of silent infection, leaving patients unaware of the need to seek care. Transmission cycles are perpetuated under conditions of environmental contamination, protracted by poor standards of living and hygiene. Once widely dispersed, NTDs now persist in settings of extreme poverty, urban slums and conflict zones.

Though diverse in terms of causes and effects, NTDs frequently affect similar communities. They are responsible for about 170,000 up to 500,000 deaths per year but in any case are causing pain, disfigurement and chronic diseases as well as disabilities, impairing childhood growth and mental development and hindering economic growth. According to WHO, 1.6 billion people worldwide - more than half a billion of whom are children - are at direct risk of becoming infected by NTDs and require mass or individual treatment and care (WHO 2017). Children are deprived of their development prospects. Maternal mortality is much higher amongst infected women. Adults become unable to work. The disease burden due

to NTDs is comparable to that of HIV/AIDS, tuberculosis and malaria (WHO 2012).

WHO Seeks to Integrate NTDs into Global Health

Endemic countries, bilateral donors, the pharmaceutical industry and philanthropists came together April 19-22, 2017 in Geneva, Switzerland, to pledge support in the fight against NTDs. On the occasion of that high-level summit WHO published its fourth report on NTDs, reviewing progress made towards achieving the WHO Roadmap targets to eliminate the major ten of on the whole twenty NTDs until 2020 (WHO 2017; WHO 2012). The report notes remaining challenges and then looks beyond 2020 to evaluate the changing global health and development landscape, considering the implications of integrating these diseases into the broader Agenda 2030 for Sustainable Development. WHO concludes: "NTD programs continue to struggle with limited financial resources, inadequate capacity including capacity to implement effective surveillance, disruptive conflicts and important barriers to accessing needed health services that range from poverty to stigmatisation" (WHO 2017: 5).

At the April-summit outgoing Director-General of the WHO, Margaret Chan, as well as former Secretary-General of the United Nations, Kofi Anan, argued strongly for intensified efforts to fight poverty-related NTDs. In 2015, WHO had estimated that 750 million US-\$ of funding per year would be needed to tackle NTDs up to 2020 - which represented about double the amount of annual funding at the time (Patnaik 2017; WHO 2017). Now in Geneva, a range of financial and other commitments, including additional funding from the British and Belgian governments and the Bill & Melinda Gates Foundation, were made at the Global Partners Meeting On NTDs¹ summit. The United Kingdom's Government alone confirmed a total investment of 360 million British pounds (460 million US-\$) in *implementing programs* during the next five years, doubling its current average annual investment in tackling NTDs (Patnaik 2017).

Meanwhile the German Government only offered some very short and general remarks on health system strengthening at the summit - despite simultaneously presiding over the G20 and generally pointing out the relevance of global health coverage. The Federal Government still hasn't specified its vague announcements to strengthen German contributions to the fight against NTDs made already in 2015



during its G7 presidency. At least, there is some, yet insufficient, progress in Germany's support for Research and Development as for so called Product Development Partnerships (PDPs). The German Network against Neglected Tropical Diseases DNTDs - a national platform consisting of various distinguished NTD-experts from politics, science, civil society and business - criticises the Government's reluctance and calls repeatedly for a precise German multiyear funding commitment including ambitious targets and indicators (Uhlmann 2017; aerzteblatt.de 2017; Wittlich 2017).

A Promising Example for Disability-Inclusive Disease Management in Nigeria

As an international humanitarian and development organisation based in Germany and dedicated member of the DNTDs, CBM (formerly Christian Blind Mission) is committed to improving the quality of life of people with disabilities in the poorest communities of the world. CBM globally supports NTD-programs where these diseases are identified as a public health problem (CBM 2017). Working within a disability-inclusive development (DID) approach, CBM aims to provide a continuum of care from prevention to treatment of NTDs. CBM's NTD Report 2016 underlines: "NTDs have a distinct *targeting* function. This allows NTD-endemic areas to be prioritised and investments focused on the most marginalised people. NTDs also have a *tracer* function: they help to monitor progress on a number of SDGs and on achieving greater equity" (CBM 2016: 2).

As CBM's long-standing experience shows, the fight against NTDs requires much more than only mass drug administration. For a continuum of care approach, the needs of those already disabled by NTDs have to be addressed, too. For example, CBM supported a study in Nigeria that investigated mental health problems among persons affected by lymphatic filariasis (LF) (CBM 2016; CBM 2017). The study showed that stigma, discrimination and exclusion are a common experience of persons affected by LF, being similar to those documented for leprosy and resulting in high levels of depression and anxiety. NTD programs can serve as an effective platform for strengthening systems and integrating mental health services, e.g. by:

1. Training NTD program field staff to recognise and respond to mental health problems;
2. Collaborating with experts for training, supervision and referral purposes;
3. Establishing and upholding peer groups for

mutual support (social, economic and therapeutic);

4. Promoting social inclusion by raising awareness about NTDs, and challenging negative beliefs and stigma².

Multi-Partnership Framework for Trachoma Control in Ethiopia

Another good example of best practice for an integrated national NTD-program building inter-sectoral partnerships is the Amahara Trachoma Control Program (ATCP) initiated by CBM in Ethiopia. Amhara Regional State in Ethiopia has one of the highest Trachoma rates in the world - the leading infectious cause of blindness (WHO 2017). ATCP is delivered through a multi-sectoral and multi-partnership framework. It includes surgery for trichiasis and donation of antibiotics, but specifically focuses on improving community awareness of facial cleanliness, environmental development and behaviour change through significant investments in:

1. Village health educators and health extension workers;
2. Committees on water, sanitation and hygiene (WASH);
3. Anti-Trachoma school clubs;
4. Construction of community water supply schemes;
5. Hydrological analysis and water point selection.

Key to the success of ATCP was the adoption of an approach that ensured ownership at the community level. In addition to the inclusion of local government partners and other stakeholders at all stages of the planning and execution of the program, local community members (of all gender and ages) were equally closely involved in planning and decision making, and were active in implementing the program.

A mid-term evaluation in 2016 revealed that increasing awareness had resulted in strong community participation in the construction of latrines and water wells and behavioural change. Education on appropriate animal husbandry had also been successful in reducing local fly populations. The ATCP also leveraged in-kind contributions for water sources and sanitation from other partners. This resulted in a more efficient use of the budget, and better results than would have been possible otherwise (CBM 2016; CBM 2017).



Conclusion

The political momentum for the fight against NTDs has increased significantly over the past few years. Just now the German Government should make an effort to define its role in eliminating these poverty-related diseases to really leave no one behind. A new study by Professor Ilona Kickbusch, Director of the Global Health Centre in Geneva, and Policy Consultant Christian Franz on Germany's potential in combatting NTDs, published in late 2017, recommends a five point strategy for the integration of NTDs into German Global Health Policy (Kickbusch/Franz 2017):

1. Establishing an integrated implementation of NTD control as a strategic goal in strengthening the healthcare system.
2. Exploiting the synergy potential and strengths of NTD control to achieve SDGs in other sectors.
3. Supporting multilateral players with respect to integrated NTD control measures.
4. Politically highlighting interconnections of NTDs with other SDGs and global health priorities.
5. Continuing and expanding implementation and translational research on NTDs.

When it comes to the reformulation of an integrated strategy on Global Health by the new German Government these recommendations are a promising point of departure.

Notes

- 1 For further information see: http://www.who.int/neglected_diseases/global-partners-meeting/Global_Partners_Meeting_on_NTDs/en/NTD.
- 2 For further information see: <http://www.mhlap.org/>.

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Zusammenfassung: Der Artikel analysiert aus einer deutschen Perspektive die Kluft zwischen der verstärkten öffentlichen und politischen Aufmerksamkeit für vernachlässigte Tropenkrankheiten (NTDs) verglichen mit der noch immer unzureichenden Förderung und dem Kapazitätsaufbau zur wirksamen Bewältigung dieser armutsbedingten Krankheiten, die weltweit vor allem die schwächsten und marginalisierten Bevölkerungsgruppen betreffen. Er bezieht sich auf den NTD-Gipfel, der im April 2017 in Genf stattfand und liefert exemplarische Einblicke in vielversprechende Praktiken inklusiver Disease-Management Programme in Nigeria und Äthiopien.

Résumé: Cet article examine d'un point de vue allemand l'écart entre l'attention publique et politique accrue pour les maladies tropicales négligées (NTDs) par rapport aux subventions et aux renforcement des capacités toujours insuffi-

santes pour combattre efficacement de ces maladies liées à la pauvreté qui touchent principalement les populations les plus vulnérables et marginalisées autour du monde. Il se réfère au sommet de NTD tenu à Genève en avril 2017 et donne un aperçu exemplaire dans les pratiques prometteuses pour la gestion des maladies qui porte notamment sur le handicap en Nigéria et en Éthiopie.

Resumen: El artículo examina desde una perspectiva alemana la brecha entre el aumento de la atención pública y política sobre Enfermedades Tropicales Desatendidas (ETD) en comparación con la insuficiente financiación y capacitación para abordar eficazmente estas enfermedades, las que están relacionadas con la pobreza y que afectan principalmente a las poblaciones más vulnerables y marginadas de todo el mundo. Se refiere a la cumbre de ETD organizada en Ginebra en abril de 2017 y ofrece ideas ejemplares sobre prácticas prometedoras de la gestión de enfermedades con enfoque inclusivo en Nigeria y Etiopía.

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Every Person Counts: Inclusion of Persons with Disabilities in the Cambodian Health Sector

Bernd Schramm/Shana Dörr¹

The article gives a comprehensive overview of the endeavours of the Cambodian-German Social Health Protection Program (SHPP) to improve the inclusion of persons with disabilities in the Cambodian health sector. It summarises the most important lessons from implementing the twin-track approach of supporting specific activities to promote the rights of persons with disabilities while at the same time mainstreaming disability into all intervention areas. It further highlights the challenges encountered in the process of tackling the various barriers for persons with disabilities in the health system and the results achieved so far.

Situation

As enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD), article 25, and the Sustainable Development Goal (SDG) 3, every person should have equal access to health care without discrimination. This is an ambitious goal and can be a serious challenge for low- and middle-income countries. Nevertheless, some countries have taken courageous steps towards universal health coverage and/or social protection for all. Cambodia is one such example. With the recent adoption of the National Social Protection Policy Framework, the country is moving from fragmented policies and social benefits for instance for persons with disabilities to an inclusive and effective social protection system, based on equal rights and opportunities. Germany has been supporting this process, but there is a lot of ownership from the Royal Government of Cambodia.

This article presents the inclusion approach of the German-Cambodian Social Health Protection Program (SHPP), implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and KfW Entwicklungsbank on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ). The program aims at ensuring equitable access for the poor and vulnerable to quality health care services. One technical cooperation project within the joint program, implemented by GIZ, focuses on health system strengthening and social protection. Another GIZ-project pays specific attention on improving maternal and newborn care. KfW supported from 2011 to 2017 a voucher system to cover the costs for reproductive health and special health services for poor families, persons with disabilities and older persons as a contribution to social health protection. German financial cooperation also supports the Cambodian Health Equity and Quality Improvement Project

(H-EQIP), implemented by the Ministry of Health and the Ministry of Economics and Finance. All official development projects supported by German cooperation in the Cambodian health sector are implementing the twin-track approach of the BMZ Action Plan for the Inclusion of Persons with Disabilities (2013-2015, extended to 2017). This means they are supporting specific activities to promote the rights of persons with disabilities while at the same time mainstreaming disability into all intervention areas.

As acknowledged in the World Report on Disability from 2011, persons with disabilities are more likely to experience socio-economic disadvantages than persons without disabilities; such as lower access to education, poorer health conditions, lower levels of employment, and higher poverty rates. According to the Cambodian Demographic and Health Survey 2014, around ten per cent of the population aged five years and above are living with at least one disability. They are a heterogeneous group with varying impairments and needs, causing them to experience diverse barriers when accessing health services. However, the same is true for persons without disabilities. In Cambodia, barriers encountered by persons with or without disabilities when accessing care include high direct and indirect costs, the physical inaccessibility of health facilities, communication barriers and negative attitudes reported on the part of health care workers in public health facilities. In its Health Strategic Plan 2016-2020, the Cambodian Government is committed to ensure healthy lives while promoting well-being for all at all ages. This calls for a truly universal health care² system to achieve better health and well-being for all people in Cambodia.



Approach

German Development Cooperation, through its implementing agencies GIZ and KfW, has been supporting the Cambodian Ministry of Health since the post-war reconciliation process in the mid-1990s. When the BMZ and the Royal Cambodian Government decided to adopt an inclusive approach in the health sector in line with the UN-CRPD, which Germany ratified in 2009 and Cambodia in 2012, the first steps undertaken by the SHPP were to understand the lives and barriers of persons with disabilities. In 2010, a study identifying the barriers in terms of availability, quality and accessibility of health services for persons with disabilities and older persons was conducted in cooperation with Handicap International and HelpAge International. The study revealed that public health services in Cambodia do not fully meet the needs of the two groups. Many persons with disabilities and older persons face difficulties paying for health care related costs, be they direct (user fees, medication) or indirect (transport, food, etc). Most fee exemption schemes, especially Health Equity Funds (HEF), were based on assessment of poverty at household level, and not on the vulnerabilities of individuals or means to address their needs. Other barriers to accessing health care identified by the study were distance to health facilities and the associated costs of transport and food when visiting health facilities; the need to be accompanied; the attitude of their own families or caretakers to their needs; long waiting times; negative provider attitudes; inadequate quality of services and limited supplies of medicines. In Cambodia, many people including persons with disabilities and older persons prefer private health providers to public facilities: indirect costs are lower if they are closer to their homes, they provide credit for their services if needed, see their clients promptly or even at their homes, are generally polite and have equipment and medicines that is considered more effective. They resort to public hospitals mainly for more serious situations, bypassing their local public health centres.

The above study laid the foundation of a strategic re-orientation of SHPP towards a human rights based approach in 2011, focusing on rights-holders and their entitlements as well as duty-bearers and their obligations. Identifying various stakeholders necessary for designing appropriate measures and creating impact on the health and social protection systems was another important milestone for the program. This included, of course, Disabled People's Or-

ganisations (DPOs), Non-Government Organisations (NGOs) working in the health sector and/or supporting persons with disabilities, local authorities and other actors of the Royal Government of Cambodia beyond the Ministry of Health, such as the Ministry of Planning, the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the Ministry of Labour and Vocational Training, and the Disability Action Council (DAC). GIZ also helped to establish a steering group for all development partners working towards the inclusion of persons with disabilities at national level to align activities and identify synergies.

Working with local DPOs was and still is challenging, as their technical and organisational capacities are low and their financial situation dire. Particular deficits were identified in the areas of financial management, organisational structure, planning and decision-making. Individual knowledge about the UN-CRPD and the rights of persons with disabilities as well as about the health system and healthy living was limited. Through persistent capacity building and organisational development, involving the national umbrella organisation, the DPOs in the target areas became invaluable partners and peer-to-peer educators to their members. At first, the local DPOs received trainings in proposal writing, financial planning and accounting, monitoring and evaluation and organisational development. Once the general capacities of the local DPOs improved, GIZ supported them in specific areas of participation, disability rights and health knowledge through their parent body, the Cambodian Disabled Peoples' Organisation (CDPO).

The program interventions designed to tackle all major barriers for persons with disabilities in the health sector included the following:

- Improving *financial access*: SHPP advised the Cambodian Ministry of Health and other government institutions towards the inclusion of persons with disabilities in the national social health protection system, following the evidence and experience with HEF for poor people and community-based health insurance schemes for people working in the informal economy. The voucher scheme covered special services (cataract, clubfoot, cleft lip and palate, social support and transportation) and was gradually harmonised and integrated with HEF. Within the Providing for Health (P4H) network, a costing study on health expenditures of persons with disabilities, older persons and persons with non-communicable diseases, an actuarial



review of the National Social Security Fund Employment Injury Branch and an assessment of Social Health Insurance were conducted. It was found that persons with disabilities spent five times more on health, compared to average health spending in Cambodia (older persons spent three times more money, and persons with chronic diseases 15 times more). The very high out-of-pocket expenditures of certain groups in health urged policy-makers to pay more attention for instance to persons with disabilities in the National Social Protection Policy Framework 2016-2025.

- SHPP also set up a *transport voucher scheme* for persons with disabilities and poor older persons to facilitate access to health care. The scheme facilitated by GIZ was designed in one province using first seed money from Australian Aid under a co-funding arrangement. It is now entirely funded through faith-based organisations and locally managed by pagodas and mosques.
- Improving *physical access*: With support from both, German technical and financial cooperation, some public health facilities were upgraded to become more accessible and the Cambodian Ministry of Health ensured that new hospitals and health centres were constructed according to accessibility guidelines. This usually included ramps but also barrier-free toilets and washing facilities.
- Providing *quality health care*: SHPP introduced quality improvement measures at public health facilities, for instance through clinical practice guidelines and regular quality assessments at health centres and hospitals. Specialised training of health professionals for ear, nose and throat treatment as well as for emergency obstetric and newborn care complemented this package. Health staff was also acquainted with the rights of persons with disabilities, the right of non-discrimination, the right to information and equal sexual and reproductive rights. Disability screening campaigns were conducted to enforce this awareness in co-operation with subnational health administrations.
- Introducing *early detection of impairments in newborns and children*: Clinical checklists were developed with local experts, supporting midwives and nurses to screen children aged 0-5 years for physical impairments. This went together with the development of clinical pathways to facilitate referral to competent health and rehabilitation services and the development of a local service directory.

The online directory provides the opportunity to keep service delivery information updated.

- Culturally adapted *developmental milestones of children* were identified and mapped in an observational study in 2015, creating child development reference charts. The aim was to jump from deficiency defined by health professionals (birth defects) to a rights' based approach in line with the UN-CRPD.
 - Access to *information and communication*: This remains a challenge for persons with certain disabilities. To improve communication with deaf or speech-impaired patients, signboards were devised which enabled health staff identifying and treating common illnesses by pointing on pictures. Handicap International, local NGOs and representatives of the deaf society supported the development of the signboards to ensure cultural understanding of the shown pictures and applicability in a patient-provider setting. Moreover, in collaboration with DPOs, health awareness trainings focusing on health knowledge and health-seeking behaviour were developed and implemented.
 - *Full participation*: DPOs and citizens are encouraged to participate in community forums and planning processes aimed at making the health system more responsive and accountable to citizen needs. Hospital and health centre planning meetings are the basis for the activities and budgeting of the facilities and can make services more responsive to the needs of persons with disabilities.
 - *Tackling discrimination*: This goes far beyond the Cambodian health sector and is deeply rooted in the mindset of many people. German cooperation works closely with Epic Arts, an NGO bringing together young deaf and physically impaired as well as non-impaired young people. In Cambodia, they have a group of artists, who create modern dance performances, videos and songs to combat stigma and discrimination against persons with disabilities. Performances and videos were developed in the framework of SHPP to make persons with and without disabilities aware of family planning methods and to explain the need to visit health professionals to get right advice and information on sexual and reproductive health. The shows in several villages regularly impressed audiences who realised the extraordinary abilities of persons with disabilities.
- To sum-up, from 2011 various measures to foster the inclusion of persons with disabilities were progressively integrated into the program



design in all focal areas of technical and financial cooperation, i.e. health care financing, health service delivery, health system governance and maternal and newborn care. In line with the twin-track approach of German Development Cooperation, the SHPP management and its technical advisors had to ensure that all core interventions reflected a disability perspective, while targeted activities aimed at either empowering persons with disabilities or providing specialised health care services. Besides, following the slogan *Nothing about us without us*, GIZ employed two technical advisors with disabilities, and collaborated closely with DPOs at the national and provincial level. Three international disability advisors provided technical support. The approach was successful as illustrated by the results achieved. There are several lessons learnt that may be relevant for other projects or programs undergoing similar journeys.

Lessons Learnt

Working towards the inclusion of persons with disabilities in the Cambodian health sector was a challenging and widely unknown path to discover for the entire SHPP team and their partners, be they governmental or non-governmental actors. Remember, Cambodia only signed the UN-CRPD in 2012, while the first activities started earlier. The efforts were certainly worthwhile and initiated lasting change. A lot of the pioneer work was *trial and error* at first. It needed innovative ideas and endurance to convince policy makers, local authorities and health care providers and reach out to persons with disabilities, often not known by the project staff. There was no registration or disability card in Cambodia, and definitions of *disability* were obscure. Even DPOs covered only a fraction of all persons with disabilities in their target area. Despite the data challenges, in a resource constraint setting such as Cambodia, with lots of competing priorities and little attention to human rights, not everybody saw the necessity for targeting specifically persons with disabilities. The inclusion of persons with disabilities was a new topic for many government partners and no priority as such. Another challenge was the lack of adequate health care services. There is a huge gap between existing decentralised expertise and services available only in the capital, which can imply a big financial burden for the family if not covered by social protection.

From the trials and errors to a long-standing approach for sustainable and inclusive social

health protection, the team identified key learnings:

- Introducing a focus on inclusion, as more than a mainstreaming topic, requires strong leadership, commitment across the program team and sufficient resources.
- Many disability-specific services are not existing and local expertise might be absent. New tools need to be developed for identification and referral purposes.
- Broad partnerships are required to tackle structural obstacles and the complexity and cultural sensitivity surrounding the issue.
- Long-term commitment and strong alliances with government and other partners are important to anchor achievements and enable long-term change.
- Early and active involvement of DPOs in designing, planning and implementing disability inclusive measures is necessary to empower persons with disabilities and achieve sustainable impact within communities, while at the same time addressing organisational and technical capacities.
- Hiring local and international experts, especially persons with impairments, to work with the team on disability mainstreaming and inclusion, makes the approach more convincing and introduces new perspectives.
- Basic health literacy is a prerequisite for persons with disabilities to participate meaningfully in community forums and health planning processes, to effectively claim their rights and live healthy lives. Many were historically excluded, be it in education, employment or access to health care and information.
- Proper indicators and dedicated resources ease the translation of the rights of persons with disabilities. As long as the inclusion of persons with disabilities is not part of the program design, based on an assessment of their specific needs and rights, program managers often consider it as an extra wish for which there is not enough time and resources available.
- Learning by doing: Innovation is as necessary. But most of all, change does not happen overnight but needs great staying power. It will take time but it will happen!

Results

Efforts of the program have yielded good results although they are still difficult to measure, especially progress in terms of quality health and participation. Through the mainstreaming activities of the program, there is now more



awareness and understanding of the rights of persons with disabilities. The SHPP team is very committed to improving the access of persons with disabilities to public health care and health insurance, while combating the discrimination persons with disabilities face. Government partners are also much more aware of the need to address the inclusion of persons with disabilities in national policies, even though inter-sectorial collaboration remains a challenge.

A key indicator for Government commitment is that Cambodia has come up with a long-term vision for the country's social protection system focusing on building an *inclusive, effective and financially stable* system to reduce and prevent poverty, vulnerability, inequality and to improve human resource development for economic growth. Cambodia's National Social Protection Policy Framework 2016-2025, launched by the Prime Minister in July 2017, encompassing both social assistance and social insurance measures for persons with disabilities. In addition to the People with Disability Fund, established in 2010 as a welfare programme, the Government plans to introduce Disability Insurance and a Cash Transfer Program for People with Disabilities. The Royal Government adopted the National Disability Strategic Plan 2014-2018, as a medium term roadmap to identify policies, roles and responsibilities of key stakeholders promoting the welfare of people with disabilities. There are also positive developments at local level, such as the increased participation of persons with disabilities in official meetings. This shows that policy-makers, authorities, health care providers and district council members in Cambodia are increasingly aware of the needs and rights of persons with disabilities.

DPOs are for now more stable in terms of financing and organisational development, but sustaining their funds remains an issue. Many are active in providing health- and rights-related information to their members. Some participate in local procedures of planning in public health. This is partly a contribution of GIZ, especially through the advocacy work of its disability advisors. In 2016, GIZ dispatched an international expert within the Cambodian Disabled People's Organisation (CDPO) to further support organisational development and human capacity building in health. SHPP also helped strengthening the participation of persons with disabilities for improving health centre services through client feedback. Over 14 DPOs in three target provinces (Kampot, Kep and Kampong Thom) received support by GIZ to boost health education towards their members. Many of them have subsequently partici-

pated in health planning and quality improvement workshops. Thus, for the first time in Cambodia, persons with disabilities were given a voice in health system planning and management.

The physical disability checklist for newborns and children under five was integrated into clinical protocols for midwives and nurses working at public health facilities. Integrating physical screening checklists into national guidelines is a prerequisite to ensure that a physical assessment of children will become a routine activity within public health service delivery in Cambodia. Moreover, as the first years of a child are a critical period characterised by rapid development, early detection and intervention can help to reduce or mitigate the severity of impairments. As we know, many disabilities are preventable if impairments are mitigated early enough. The fact that the Ministry of Health revised the national safe motherhood protocol in 2017 to include the neonatal and early childhood physical screening form was a big step forward.

In addition to physical screening, the rights based approach to developmental milestone introduction is a way to identify disability in children at an early stage (0-7 years), based on the local culture. It helped to underline that children in different cultures learn different skills depending on their stimulation environment, which is culturally defined. This can help the government to identify particularly vulnerable children in need for interventions to mitigate or reduce impairments in early childhood.

In summary, the Cambodian-German Social Health Protection Program has shown that mainstreaming the inclusion of persons with disabilities in the program design, planning, implementation, monitoring and evaluation is more than an obligation for development cooperation (Art. 32 UN-CRPD). If done with the necessary engagement and endurance, it is feasible and rewarding. Compared to the years before 2011, many persons with disabilities in Cambodia now benefit from the German support on an equal basis with their non-disabled co-citizens. Some of them are also empowered and supported towards their special needs like early detection and support services for children with impairments, or specialised ear, nose and throat services. *Leaving no one behind*, a basic principle of the SDGs, is an ambitious but worthy goal that every stakeholder in development cooperation should be committed to in order to enact lasting change.

**Notes**

- 1 The authors would like to express their special thanks of gratitude to GIZ colleagues in Cambodia working on disability issues within the Social Health Protection Program, especially Ms. Cornelia Becker, Mr. Klaus Bäseler and Mr. Piet de Mey who provided thoughtful and inspiring comments to an earlier draft.
- 2 According to WHO, Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

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Zusammenfassung: Der Artikel gibt einen umfassenden Überblick über die Bemühungen des kambodschanisch-deutschen Programms zu sozialen Krankenversicherungssystemen (SHPP), um die Inklusion von Menschen mit Behinderungen im kambodschanischen Gesundheitssystem zu verbessern. Er fasst die wichtigsten, aus der Umsetzung eines zweigleisigen Ansatzes gewonnenen Erkenntnisse der Unterstützung spezifischer Maßnahmen zusammen, die die Rechte von Menschen mit Behinderungen bei gleichzeitiger Einbeziehung von Behinderung als Mainstreaming-Thema in alle Interventionsebenen fördert. Zusätzlich werden Herausforderungen hervorgehoben und bislang erzielte Ergebnisse dargestellt, die sich im Prozess der Beseitigung der unterschiedlichen Barrieren von Menschen mit Behinderungen im Gesundheitssystem ergaben.

Résumé: Cet article donne un aperçu général des initiatives du programme de la protection sociale en matière de santé (SHPP) Cambodgien-allemand pour améliorer l'inclusion des personnes handicapées dans le secteur de la santé Cambodgien. Il résume les enseignements tirés les plus importants de la mise en œuvre de l'approche duale de soutenir des activités particulier pour favoriser les droits des personnes handicapées tout en intégrer invalidité dans tout les domaines du secteur de la santé. Il souligne les difficultés rencontrées en train de combattre les divers obstacles pour les personnes handicapées dans le secteur de la santé et les résultats obtenus jusqu'à présent.

Resumen: El artículo tiene la intención de ofrecer una visión general de los esfuerzos del Programa Camboyano-Alemán de Protección de la Salud Social (SHPP) para mejorar la inclusión de las personas con discapacidad en el sector de la salud de Camboya. Resume las lecciones más im-



portantes de la implementación del enfoque de doble vía de apoyar actividades específicas para promover los derechos de las personas con discapacidad, incorporando al mismo tiempo la discapacidad en todas las áreas de intervención. También destaca los desafíos encontrados en el proceso de abordar las diversas barreras para las personas con discapacidad en el sistema de salud y los resultados logrados hasta el momento.

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A Good Practice of Article 20 of the CRPD: Creating a Local System on Appropriate Wheelchair Provision in Indonesia

Risnawati Utami

The article explores good practice of implementing the Convention on the Rights of Persons with Disabilities (CRPD) at district level in Indonesia. The project is building a local system to educate and to engage government budget on appropriate wheelchair service and trainings, including to promote variety of assistive products and its quality of products and to empower people with disabilities organisations to learn wheelchair assembly, repair and maintenance. The main focus is advocating and articulating the CRPD and SDGs into the national and local context of inclusive disability policies and development.

In Indonesia, there are approximately up to 37 million people (Liu/Brown 2015) living with a disability. Around 20 per cent of the total 240 million population have a disability limiting day-to-day functioning and social activities; approximately 10 per cent of them, or 4.8 million people, require an appropriate wheelchair because their ability to walk is limited (Kusumasuti/Pradanasari/Ratnawati 2014). The government of Indonesia's statistics (Adioetomo/Mont/Irwanto 2014) suggest that nearly 25 per cent of people with disabilities live in extreme poverty (*ibid.*). Disability and poverty are inter-linked; therefore most persons with disabilities cannot afford to buy wheelchairs. They are generally living within poor families, have poorer health, lower education achievements and fewer economic opportunities. Disability policy and participation of the national health system, as related to appropriate wheelchairs and training, are not yet established in social protection program and policy in Indonesia. According to 2005 Global Survey on government action on the implementation of Standard Rules and the Equalisation of Opportunities for Persons with Disabilities found that of the 114 responding countries; 50% had not passed relevant legislation and 48% did not have policies (Development S-NCfDA 2005). Indonesia has passed the Law number 18 on Persons with Disabilities in 2016 that include social protection policy, but the law implementation takes years to be implemented at all local and national level of development.

Another critical fact is that wheelchairs are not covered by national and local health insurance. Many people with disabilities who need appropriate wheelchairs request it through service provider organisations. Unfortunately, they are not available in all areas in Indonesia. If there is service available from the local gov-

ernment program, the wheelchair often is not appropriately fitted individually. Health insurance policies in Indonesia on national and local level do not cover the appropriate wheelchair yet even though Indonesia just passed the Law on Persons with Disabilities. It needs a long term advocacy work to include other assistive devices for people with disabilities in national and local policies. Up to now, there is no sufficient system established on appropriate wheelchair provision in Indonesia. This contributes to the poverty status of people with disabilities and their families, due to the lack of support on assistive devices, personal mobility, rehabilitation services and other related support services. Services for people with disabilities including children with disabilities are often in short supply and located far away from where children with disabilities live (WHO 2011). Current services are not equitable and available. In the above mentioned global survey, 53 per cent of the 114 responding countries had not initiated programs relating to the provision of assistive technology. Non-governmental organisations rarely have the financial means or capacity to develop country-wide sustainability service delivery systems (*ibid.*).

The majority of people with disabilities in Yogyakarta Region are living in poverty. Most of them do not participate equally in education, healthcare and employment. One of the critical reasons is that people with disabilities do not have assistive device or assistive products to support their daily activities. Appropriate wheelchairs as an important assistive device for participation are still lacking in many cases. An appropriate wheelchair has to be individually customised and fitted based on the needs of the person. In accessing this type of assistive device, people with disabilities are still facing obstacles and discrimination. Existing systemic



barriers related to assistive technology cuts off chances of participation and inclusion of people with disabilities.

Assistive technology is used as an umbrella term for both assistive products and related services. Assistive products are also used to prevent impairments and secondary health conditions. Assistive products are also known as assistive devices (UNICEF/WHO 2015). The benefit of assistive technology, in this case is wheelchair, is a *powerful tool* to increase independence, inclusion and participation. It also supports people with disabilities to enjoy their rights and living with dignity. Many countries have very limited production of wheelchair as one of the most important assistive products. If there is any small scale of production of wheelchairs available in the country, they often have limited variety of types, models, sizes and poor quality of the products. Limited access to the materials and equipment needed to produce assistive products can hamper production, and also market-related factors can limit production. Local production may be not cost-effective where local markets are small (ibid.). Moreover, duty and import taxes associated with assistive technology can discourage local businesses to import material, equipment and assistive products (WHO 2011). To meet the demand, maintain high sustainability and achieve maximum impact, complementing small-scale manufacturing with large-scale domestic production and import has been suggested (Pearlman/Cooper/Zipfel/Cooper/McCartney 2006).

Since people living with physical disabilities have difficulties to access appropriate and affordable wheelchairs, due to the high demand and limited production in Indonesia; OHANA creates an initiative on advocating wheelchair service provision system and policy on district level. The project initiative started in early January 2016 in Sleman, Yogyakarta, Indonesia. The OHANA project is supported by international collaboration between Global Mobility USA, Hope Heaven Guatemala and the United States International Council on Disabilities with full support of the Direct Aid Program (DAP) of the Australian Embassy in Jakarta, and a Shipping Company APL, a private company that supports the social innovation project around the world.

The other critical consideration of OHANA to initiate the project on advocating a wheelchair provision system is to create a good example in implementing article 20 of the CRPD on personal mobility. OHANA advocates that wheelchair is considered as assistive product with a focus on a wheelchair provision in local system

and policy; and how an adequate mobility device for each individual supports persons with disabilities in accessing the greatest possible independence, health, education opportunities, and employment in the district level. Our overall goals of the project are including:

1. To promote real-world examples of including persons with disabilities and their organisations in wheelchair assessment, fitting and other related aspects;
2. To ensure service delivery systems and budget advocacy to engage the local government commitment and budgeting. It is because financial barriers are a crucial barrier in accessing appropriate wheelchairs in Indonesia due to the lack of government funding and other related funding agencies. The costs of purchasing, maintaining and replacing assistive products, as well as associated services and traveling costs constitute a major barrier (May-Teerink 1999). Costs can be especially prohibitive in the case of children with disabilities, as they grow and need to be adjusted based on the needs in certain period of time. According to the global survey among 114 countries, 36 per cent had not allocated financial resources for developing and supplying assistive technology (Development S-NCfDA 2005).
3. To promote a variety of types, models, sizes of wheelchair and its quality of products;
4. To promote an inclusive collaboration of people with disabilities organisations, NGOs, health care professionals, government and private sectors.

The long term goal of OHANA project is to sustain this project initiative to implement the CRPD and goal 4 in the Agenda 2030 on health in the field of rehabilitation and health-care relating to universal coverage. The OHANA project also articulates WHO global disability action plan which is to remove barriers and improve access to health services and programs (1), to strengthen and extend rehabilitation, assistive devices and support services, and community-based rehabilitation (2), and to enhance the collection of relevant and internationally comparable data on disability, and research on disability and related services (3).

On February 2017, through OHANA and international collaboration project, we started educating and advocating local Disabled People Organisations (DPOs), parent's groups organisations that have children with disabilities, national and local government, in that case the Ministry of Social Welfare, local communities in five districts of Yogyakarta Special Region (Gunungkidul, Sleman, Bantul, Kulon Progo,



Kota Yogyakarta) and six districts in Central Java (Surakarta, Karanganyar, Wonogiri, Semarang, Magelang and Temanggung).

The original project sites were in Semarang, Surakarta and five districts in Yogyakarta Special Region. Because of the needs of wheelchairs are huge and critical, this project needed to expand in four other districts in Central Java, which was the district near to the original project sites. In this situation, OHANA utilised the DPOs networks that have been partnering with OHANA since 2012. They are ten local DPOs such as CIQAL in Sleman, FPDB in Bantul, FKDG in Gunungkidul, PPDKP in Kulon Progo, and PPRBM Solo that works on CBID (Community Based Inclusive Development) in eight districts in Central Java (Surakarta, Karanganyar, Wonogiri, Semarang, Salatiga, Grobogan, Pekalongan, Brebes). In this project OHANA has also partnered with new two local DPOs such as FDT in Temanggung and FDM in Magelang. The neat part of this project, a DPO from Makassar, South Sulawesi Province also involved in the wheelchair training on February 2017 due to high demand on appropriate wheelchairs and its access in Sulawesi Island. Through this project initiative, we were not only empowering DPOs network but also building a partnership to create a local policy and system with the government on district level in particular the local Ministry of Social Welfare and Ministry of Health.

The Direct Aid Program of the Australian Embassy in Jakarta is the first funding project for OHANA as a disability rights advocacy based organisation in Yogyakarta, that specifically supports and promotes a sustainable community development initiative through advocating appropriate a wheelchair provision system and policy on the local level (district and sub district). Since there is no system established yet in Indonesia; to provide appropriate wheelchairs that directly involves DPOs to monitor, to evaluate and to repair/maintenance in the system. Also, people with disabilities as users should be involved in terms of developing quality and technology of wheelchairs including influencing policy and systems on *appropriate wheelchair provision*, and to leverage local and national government commitment. In this point to allocate government budget on specific disability related to assistive technology and products in the long term policies implementation in Indonesia.

Moreover, the critical point of this project is to demonstrate the implementation of the Convention on the Rights of Persons with Disabilities that urges governments to ensure the pro-

vision of affordable assistive technologies and related services in several of its articles. "Too often, assistive technology has been a missing link in the chain of prerequisites that enable children with disabilities in particular, to lead a life where they can enjoy and exercise their rights and living with dignity. While national governments have primary responsibility to ensure persons with disabilities can access assistive products, international cooperation in the area of assistive technology can also be a critical catalyst" (WHO/UNICEF 2015). OHANA has been using the CRPD principles as *advocacy tool* to engage government and stakeholders partnerships at national and international level. The importance of creating an international cooperation not only articulating article 32 of the CRPD but also to understand the key points of strengthening the rights of and equal participation of persons with disabilities in international development.

In addition, the DAP funds has been effectively supporting OHANA in partnership with the international organisations to boost the equality of life for local communities and organisations, in term of accessing appropriate mobility access/wheelchairs, to gain information and knowledge in the broad context of implementing *disability inclusive development* in accordance with article 9 (accessibility), article 20 (personal mobility), article 25 (health) and article 32 (international cooperation) of the CRPD. Besides, DAP funds stimulate a long term impact for the national and local governments in Indonesia; to allocate specific budgets in creating policy and systems for providing appropriate wheelchairs that adopts the principles of 5A&Q: Availability, Accessibility, Affordability, Adaptability, Acceptability and Quality.

From May 2016 up to January 2017, OHANA team has been working intensively with the local and the national level Government departments to acquire all necessary legal documentation for approval to import international humanitarian aid tax/duty free in relation to wheelchairs and equipment; as well as the government permit for OHANA as non-profit organisation to run the program in Indonesia. The other reason OHANA initiated this project is that local manufactures in Indonesia are not manufacturing assistive products to meet international standards (reasonable quality), therefore we depend on imports. It needs to be exempted from customs/duty free in the country, based on the Decree of the Ministry of Finance of the Republic of Indonesia number 154/PMK.03/20010 on Income Tax and Goods Payment in Importation and Other Related Busi-



nesses. It regulates to exempt customs/duty free especially assistive products for people with disabilities. Therefore, OHANA proceeds the shipping documents, in order to get tax exemption, OHANA had to process the legal documents in several ministries in 2016:

1. The Local Ministry of Social Affairs in Sleman District and Yogyakarta Special Region/DIY (including four local ministries/departments: Social Welfare Coordination Office, Local Ministry of Social Welfare, and Public Service Office);
2. The Ministry of Social Affairs of the Republic of Indonesia, in that case the Planning and Foreign Partnership Bureau in Jakarta;
3. The Ministry of Finance of the Republic of Indonesia, in that case the Directorate General of Customs and Excise Jakarta and Semarang, Central Java.

There have been diversions (a lesson learned) regarding International and Indonesia Importation Laws/ Regulations to bring in tax exempt and duty free into Indonesia. On November 9, 2016, OHANA has received all the legal documents, it took four months to process the document. Global Mobility USA has scheduled to load a 45 foot ocean container at the Van Nuys, California warehouse on Tuesday, November 29th, 2016 after the legal documents endorsed by the Indonesian Government. Finally on February 3rd 2017, it took about six weeks, the APL container arrived at OHANA warehouse in Yogyakarta. To implement this project, Global Mobility and OHANA has a direct and intense coordination in particular transferring technology and knowledge on appropriate wheelchair provision and trainings.

We learn that technology costs, products as well as the cost of assessment, training and support service, are the major barriers for persons with disabilities¹. After assistive products are purchased and custom fitted, there are recurring costs of maintenance and repair. Furthermore, State/Government support is very important to improve the affordability of assistive technology. This means that products and services are free for some, subsidised for other, and, for individuals with the means to purchase and maintain their assistive device. According to the WHO, today only one in ten has access to assistive technology. Realising the importance of assistive technology and huge unmet needs like appropriate wheelchairs, Art. 32 of the CRPD points out the need for international cooperation in support of national efforts to improve access to assistive technology especially by providing, as appropriate, technical and

economic assistance, including by facilitating access to and sharing of accessible and assistive technologies and through transfer technologies. The other important lessons learned in this project is demonstrating a combination and collective work in the global south between OHANA as a disability right advocacy based organisation, international Non-Governmental Organisations, private sectors and inter ministries of the Republic of Indonesia. The other specific lessons learned by the project after one year implementation:

Educating local DPOs, communities and government about the CRPD and the National Law number 8/2016 on Persons with Disabilities is an advocacy tool and guideline to understand mobility rights, accessibility, awareness raising, rehabilitation and habilitation.

Wheelchair training in cooperation with 15 local DPOs and communities gain knowledge and skills to use the tools to assemble, maintain and repair all types of wheelchairs. We involve a variety of people with physical disabilities in our training, including amputee, paraplegic, post polio and other wheelchair users. They also involved in seating clinics to custom fit 200 children's wheelchairs, complex rehab wheelchairs, active wheelchairs, standard wheelchairs, recliner and sport wheelchairs. These wheelchairs are all manual chairs that are individually custom fitted to children and adult with disabilities, due to geographical and maintenance factors, we develop and learn on the manual wheelchairs in the first phase of the project.

Establishing wheelchair shops in each district involves local governments and DPOs. At this point, local DPOs provide service to the local communities, in term of repairing and maintaining wheelchairs. The local government will be providing funding to establish the wheelchair shops in one district in Yogyakarta Region and one district in Central Java in 2018.

Successful provision of assistive products in particular wheelchairs normally involves a multi-disciplinary approach and stakeholders to enhance skills and capacity for professionals such as physical therapists, occupational therapists, orthotics-prosthetics and others. Therefore advancing local communities and families are urgently needed to work with DPOs, social workers, health care professionals and CBR/ Community Based Rehabilitation facilities to identify and to assess children, women and men with disabilities who need appropriate wheelchairs and they do not have access to one. Through the DAP support funding, OHANA, Global Mobility and other interna-



tional support, 200 appropriate wheelchairs have been custom fitted, and more than 100 other mobility aids were received by children, women, and men with disabilities in Yogyakarta Special Region and Central Java. It leads to increase independence, and improve participation and inclusion. Benefit in areas such as health, mobility and education has prospered with the use of assistive technology. After conducting Wheelchair Seating Clinics and Wheelchair Sport Clinic in Yogyakarta Special Region and Central Java involved the trained DPOs on wheelchair training, local governments, social workers, we have provided the means of access with participation in educational, social and recreational opportunities; and empower greater physical and mental function and improved self-esteem. Since, wheelchair is a precondition for achieving equal opportunities, enjoying human rights and living with dignity, therefore we need to create a sustained system and policy that ensures people with disabilities to access appropriate wheelchairs throughout Indonesia in the long term.

Budget advocacy on appropriate wheelchair provision system at the local level influence the local government to create a long term inclusive and participatory system that involves DPOs, local health care professionals and local government ministries. The important role of DPOs will be a critical part of wheelchair's maintenance and repairs through establishing wheelchair workshops in each district. These two critical aspects that need to be implemented as a *twin track approach* to address financial barriers on providing appropriate assistive products and to empower persons with disabilities including their organisations to be the important part of the established system and policy control, as well as to make sure the government accountable and consistent in implementing the policies at the local and national level.

Local Ministry of Social Welfare in Temanggung, Central Java and two district government in Yogyakarta have committed to allocate the budget to train more DPOs on appropriate wheelchair, logistics and seating clinics as well as to establish wheelchair shops in 2018.

Bapeljamkesus of Yogyakarta as a local government support services has initiated to create a *local system on wheelchair provision* that involves OHANA and the trained DPOs through DAP project to create a local service and tariffs for wheelchair's maintenance and repairs for local wheelchair workshop in each district in Yogyakarta Region.

In summary, this international collaboration

project needs at least five years commitment to be continued in order to create and to sustain system and policy on appropriate wheelchair provision established in Indonesia in the first phase. In five years, OHANA initiated to develop at least in five provinces, including two provinces in Java Island, South Sulawesi, East Nusa Tenggara, and East Kalimantan. In other words, the real implementation to have a well established system and policy on appropriate assistive products for persons with disabilities in Indonesia takes more than 25 years considering Indonesia has more than 17,000 islands². It will be so much challenging to establish a running system and policy in place. Therefore, OHANA has the first phase of the project in Indonesia to ensure that every person with a disability has access to quality assistive technologies/products; so that they can flourish and become a productive member of society. It would also benefit the local economy by creating new jobs and livelihood opportunities due to the unmet needs of wheelchair into market demand. Some recommended key actions and recommendations for long term OHANA project in Indonesia:

1. To estimate needs and map resources,
2. To adopt legislation, policies and strategies,
3. To provide funding and to increase affordability from many sources such as national and local government funding, insurance, government's international aid agencies, donors or charity funding, assistive technology fund and income generations by selling other products or services that subsidise the provision of assistive technology,
4. To set up an assistive technology service provision system,
5. To ensure the supply of quality of assistive products,
6. To train personnel including DPOs, CBR workers and health care professionals such as medical rehab doctors, physical and occupational therapists. At this point, promote opportunities for persons with disabilities to participate directly in development efforts to increase access to assistive technology is critical, *Not just to benefit from such efforts,*
7. To establish partnerships and international cooperation to develop good quality of wheelchairs and exchange technology and knowledge from other countries.

In closing, the project will need a long time to build a well established system and policy at the country level. Also, it requires comprehensive approaches and actions that should involve inter government ministries and stakeholders as the duty bearers, professionals/academia and



persons with disabilities as the user and the rights holder in creating good quality of support services on appropriate wheelchairs.

Notes

- 1 See the discussion paper of IDA/GATE Leadership Management and Governance Project: Improving Access to Assistive Technology, June 2016.
- 2 <http://www.mongabay.co.id/2015/05/09/berapa-jumlah-pulau-yang-dimiliki-indonesia-sebenarnya/>. Visited on December 14, 2017.

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Zusammenfassung: Der Artikel untersucht gute Ansätze in der Umsetzung der Konvention über die Rechte von Menschen mit Behinderung (UN-BRK) auf Bezirksebene in Indonesien. Das Projekt baut ein lokales System zur Schulung und zum Einsatz staatlicher Mittel für einen angemessenen Rollstuhldienst und Trainings auf, einschließlich der Förderung der Vielfalt von Hilfsmitteln und deren Qualität und stärkt Organisationen von Menschen mit Behinderung dabei, die Rollstuhlmontage, Reparatur und Instandhaltung zu lernen. Der Hauptfokus ist der Einsatz für und die Durchsetzung der UN-BRK und der SDGs im nationalen und lokalen Kontext einer inklusiven Behindertenpolitik und Entwicklungszusammenarbeit.

Résumé: Cet article examine des bonnes pratiques pour la réalisation de la Convention sur les droits des personnes handicapées (CRPD) au niveau du district en Indonésie. Le projet met en place un système éducatif et engage le budget du gouvernement sur le service de fauteuils roulants adéquat et l'entraînement y compris l'avancement de la variété des aides fonctionnelles et leurs qualités et d'autonomiser les organisations représentatives de personnes handicapées d'apprendre le montage, la réparation et l'entretien des fauteuils roulants. L'objectif principal est de prôner et articuler le CRPD et les SDGs dans le contexte national et régional d'une politique en faveur des personnes handicapées et du développement inclusifs.

Resumen: El artículo explora las buenas prácticas de implementación de la Convención sobre los Derechos de las Personas con Discapacidad (CDPD) a nivel de distrito en Indonesia. El proyecto construye un sistema local para educar y para usar el presupuesto del gobierno para servicios y entrenamientos de sillas de ruedas apropiados, incluso para promover una variedad de productos de asistencia y su calidad de productos empoderando así a las personas con discapacidad para que aprendan ensamblaje, reparación y mantenimiento de estas sillas. El enfoque principal es defender y articular la CDPD y los Objetivos de Desarrollo Sostenible (ODS) en el contexto nacional y local de las políticas y el desarrollo de discapacidad inclusiva.

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Berichte/Reports

Wie gelingt Mainstreaming von Inklusion in der Deutschen Entwicklungszusammenarbeit?¹

Der Aktionsplan zur Inklusion von Menschen mit Behinderungen des Bundesministeriums für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) setzt die Behindertenrechtskonvention der Vereinten Nationen (UN-BRK) in der deutschen Entwicklungspolitik um. Zentrales Ziel des Aktionsplans ist eine „systematische, querschnittsmäßige Verankerung der Inklusion von Menschen mit Behinderungen“. Im Rahmen einer Evaluierung durch das Deutsche Evaluierungsinstitut der Entwicklungszusammenarbeit (DEval)² wurde untersucht, ob der Aktionsplan dieses Ziel erreicht hat, welche Anforderungen für das Mainstreaming von Inklusion bestehen und wie die deutsche Entwicklungszusammenarbeit (EZ) konsequenter zur Verwirklichung der Rechte von Menschen mit Behinderungen beitragen kann³.

Der entwicklungspolitische und völkerrechtliche Kontext

Menschen mit Behinderungen sind weltweit überdurchschnittlich stark von mehrdimensionaler Armut betroffen. Sie werden zudem häufig diskriminiert und marginalisiert. Dies macht die Verwirklichung ihrer Rechte zu einem entwicklungspolitisch relevanten Thema. Zudem hat Deutschland bereits 2009 die völkerrechtlich bindende UN-BRK ratifiziert, die auch Vorgaben zur internationalen Zusammenarbeit enthält. Zur Umsetzung dieser Vorgaben hat das BMZ seinen *Aktionsplan zur Inklusion von Menschen mit Behinderungen* verabschiedet. Es verfügt damit seit 2013 über eine Strategie, die sicherstellen soll, „dass eine systematische, querschnittsmäßige Verankerung der Inklusion von Menschen mit Behinderungen in der deutschen Entwicklungspolitik erfolgt“. Die Ergebnisse und Empfehlungen der zwischen Januar 2016 und August 2017 durchgeführten Evaluierung sollten, über die Bewertung der Zielerreichung hinaus, für die Erarbeitung einer Folgestrategie genutzt werden. Die 2015 verabschiedete Agenda 2030, die in acht ihrer 17 Nachhaltigkeitsziele auf Menschen mit Behinderungen Bezug nimmt, unterstreicht die Relevanz einer solchen Folgestrategie. Das Grundprinzip, *niemanden zurückzulassen*, verleiht den

menschenrechtlichen Verpflichtungen der Vertragsstaaten gegenüber Menschen mit Behinderungen auch auf Ebene der internationalen Politik stärkeres Gewicht.

Wie kann die Verankerung der Inklusion von Menschen mit Behinderungen in den Institutionen der deutschen EZ gelingen?

Die Evaluierung hat gezeigt, dass vier Komponenten für ein Inklusionsmainstreaming zentral sind:

1. die Verankerung von Inklusion in Verfahren und Strukturen,
2. die Förderung konkreter Vorhaben in Partnerländern,
3. das Wissensmanagement zu Lernerfahrungen aus Vorhaben mit Inklusionsbezug und
4. der Aufbau von Inklusionskompetenz.

Der Aktionsplan hat erste Maßnahmen in allen vier Komponenten angestoßen, was seine wichtige Antriebs- und Signalfunktion deutlich macht. Bei der Verankerung von Inklusion in Verfahren und Strukturen geht es vor allem darum, Verbindlichkeitsmechanismen zu stärken, die sicherstellen, dass die Rechte von Menschen mit Behinderungen in der deutschen EZ systematisch beachtet werden. Dies gilt zum einen für die Berücksichtigung des Themas in politischen Vorgaben, etwa den Sektorkonzepten des BMZ. Bislang werden Menschen mit Behinderungen in fünf von neun untersuchten Sektorkonzepten erwähnt. Zum anderen sind Verbindlichkeitsmechanismen auch für die Konzeption, Planung und Steuerung von Vorhaben wichtig. Die Inklusion von Menschen mit Behinderungen muss in den entsprechenden Prozessen und Verfahren systematisch berücksichtigt werden. Hier hat die Evaluierung deutlich gezeigt, dass dies in der Praxis der Durchführungsorganisationen bisher nur in sehr eingeschränktem Maße erfolgt. Grundlegende Informationen zur Lebenssituation von Menschen mit Behinderungen, die für die inklusive Konzeption von Vorhaben entscheidend sind, wurden zum Beispiel bislang weder systematisch noch in geeignetem Umfang eingeholt. Aufgrund dieser schwachen Verbindlichkeitsmechanismen hängt die Berücksichtigung der In-



klusion von Menschen mit Behinderungen in der deutschen EZ stark vom Engagement einzelner *Inklusionsengagierter* ab. Dieses Engagement beruht häufig auf persönlichen und beruflichen Erfahrungen und weniger auf einem systematischen Kompetenzaufbau.

Ein konsequenter Aufbau von Inklusionskompetenz bei Fachkräften der deutschen EZ bildet daher eine weitere Komponente des Inklusionsmainstreamings. Hierdurch könnten die Rechte von Menschen mit Behinderungen über die verschiedenen Akteursgruppen hinweg zuverlässiger und angemessener Beachtung finden. Ein entscheidender Hinderungsgrund für Fachkräfte, Inklusion bei ihrer Arbeit zu berücksichtigen, ist das Vorhandensein gleichermaßen relevanter Querschnittsthemen im EZ-System. Indem sich die Inklusion von Menschen mit Behinderungen im Kräftefeld anderer Themen – beispielsweise Armutsminderung – behaupten muss, ergibt sich ein Konkurrenzverhältnis, das die Berücksichtigung jedes einzelnen Themas potenziell negativ beeinflusst. Für die Ausgestaltung von Prozessen der Konzeption, Planung und Steuerung von Vorhaben ist es daher zielführend, das Thema Inklusion von Menschen mit Behinderungen in einen breiteren menschenrechtlichen Kontext zu stellen – etwa im Rahmen von Zielgruppenanalysen – und weniger als eigenständiges Querschnittsthema voranzutreiben.

Das institutionelle Wissensmanagement bildet eine weitere Komponente gelungenen Inklusionsmainstreamings. Es erfordert die systematische Aufarbeitung und Verbreitung von Lernerfahrungen aus vielversprechenden Beispielvorbereitungen mit Inklusionsanteilen. Auf diese Weise kann institutionelles Wissen zur Umsetzung von Inklusion geschaffen und die Anzahl inklusiver Vorhaben erhöht werden. Auch hier wäre ein – bisher nicht existierender – Verbindlichkeitsmechanismus förderlich: ein System zur Erfassung inklusiver Vorhaben. Dadurch könnte Deutschland konkretere Aussagen zum Anteil inklusiver Vorhaben am Gesamtportfolio treffen und seinen Rechenschaftspflichten hinsichtlich der Umsetzung von Artikel 32 der VN-BRK effektiver nachkommen.

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Wie stärken Vorhaben der deutschen EZ die Rechte von Menschen mit Behinderungen?

Ziel des Mainstreamings von Inklusion in der deutschen EZ ist es, Vorhaben in Partnerländern inklusiv und zugänglich für Menschen mit Behinderungen zu gestalten. Lernerfahrungen aus Vorhaben können wiederum für das institutionelle Wissensmanagement genutzt werden. Konkrete Vorhaben mit Inklusionsbezug sind damit sowohl Ziel als auch Grundlage für ein Inklusionsmainstreaming. Der *Aktionsplan Inklusion* enthält 14 solcher Vorhaben. In fünf Fallstudien wurde im Rahmen der Evaluierung untersucht, inwiefern die jeweiligen Vorhaben zur Verwirklichung der Rechte von Menschen mit Behinderungen beigetragen haben. Geprüft wurden insbesondere die Beteiligung von Selbstvertretungsorganisationen von Menschen mit Behinderungen (SVO) an der Konzeption, Planung und Implementierung von Vorhaben sowie der konkrete Nutzen für Menschen mit Behinderungen hinsichtlich einzelner Artikel der VN-BRK (z. B. Recht auf Bildung oder soziale Sicherung).

Dabei hat sich gezeigt, dass die deutsche EZ in einzelnen Vorhaben bereits einen Nutzen für Menschen mit Behinderungen stiftet. So trägt sie in Malawi über die Regierungsberatung zur Grundsicherung von Menschen mit Behinderungen bei. Auch in Indonesien berät sie in der Verbesserung des Zugangs von Menschen mit Behinderungen zu Systemen der sozialen Sicherung, und in Bangladesch führt sie berufliche



Qualifizierungsmaßnahmen durch. Das EZ-Vorhaben in Togo trägt durch Qualifizierung im Bereich der Existenzgründung sowie durch inklusive Beratungsangebote der Arbeitsagenturen zur Verwirklichung des Rechts auf Arbeit von Menschen mit Behinderungen bei.

Dennoch besteht deutliches Verbesserungspotenzial, das ausgeschöpft werden sollte, um den Nutzen für Menschen mit Behinderungen zu steigern. Dies betrifft vor allem eine stärkere Einbeziehung von Menschen mit Behinderungen und ihren SVO in der Konzeption, Umsetzung und Evaluierung von Vorhaben. Dadurch könnte die Relevanz von Vorhaben aus der Sicht von Menschen mit Behinderungen gesteigert werden. Ein gutes Beispiel bietet hier das in Togo untersuchte Vorhaben der beruflichen Bildung, bei dem die Dachorganisation togolischer SVO an der Konzeption und Umsetzung des Vorhabens beteiligt wurde. Für die Konzeption, Steuerung und Evaluierung wirkungsvoller Vorhaben ist es zudem von großer Bedeutung, dass disaggregierte und qualitativ hochwertige Daten verfügbar sind. Da diese Daten nur in Einzelfällen vorliegen, können über die Situation von Menschen mit Behinderungen in der Regel keine differenzierten Aussagen getroffen werden. Behinderungssensible Zielgruppenanalysen, die eine realistische Einschätzung von Inklusionslücken und Barrieren zulassen, sind somit quasi unmöglich. Einige Vorhaben begegnen diesem Mangel durch eigene Datenerhebungen und durch die Stärkung entsprechender Partnerkapazitäten.

Über das BMZ-Portfolio hinweg betrachtet, weist bislang nur ein geringer Anteil der TZ-Vorhaben Inklusionsbezüge auf. Eine im Rahmen der Evaluierung durchgeführte Stichprobe der im Jahr 2015 beauftragten Vorhaben ergab, dass dies nur für ca. sechs Prozent der Programmanschläge zutrifft. Um diesen Anteil zu steigern, sind deutlich mehr Mittel für die inklusive Gestaltung neuer Vorhaben, aber auch für bereits beauftragte Vorhaben, unverzichtbar. Auch der Partnerdialog stellt einen wichtigen Hebel für mehr Inklusion in Vorhaben der deutschen EZ dar. Gerade weil Implementierungslücken bezüglich der UN-BRK im Rahmen der Fallstudien als einer der hemmenden Faktoren für die Umsetzung von Inklusion identifiziert wurden, ist es wichtig, die Rechte von Menschen mit Behinderungen in Regierungsverhandlungen konsequent zu thematisieren.

Schlussfolgerungen und Empfehlungen

Durch den Aktionsplan konnte die Verankerung von Inklusion in der deutschen EZ vorangebracht werden. Zukünftig wird es jedoch darauf ankommen, das bisherige, an Opportunitäten ausgerichtete Vorgehen in eine systematischere Herangehensweise zu überführen. Kurz-, mittel- und langfristige Ziele sollten dazu dienen, sowohl bestehende Potenziale in als *inklusionsnah* wahrgenommenen Sektoren zu nutzen, als auch bestehende Inklusionslücken z. B. in den *grünen Sektoren* anzugehen. Die Ausstattung mit ausreichenden finanziellen Ressourcen ist dabei eine Grundvoraussetzung, denn nur mit ihr kann Inklusion in der deutschen EZ gelingen. Zudem sollte die Verantwortung für Inklusion im BMZ – über das federführende Referat hinaus – verankert werden, z. B. durch eine für Inklusion zuständige *Task Force*. Dies würde eine effektive Steuerung des Verankerungsprozesses ermöglichen. Für mehr Verbindlichkeit bei der Berücksichtigung von Inklusion in der Umsetzung konkreter Vorhaben werden folgende Empfehlungen gegeben:

- Menschenrechtsbasierte Zielgruppenanalysen sollten durchgeführt und durch das BMZ nachgehalten werden.
- Ein Erfassungssystem für inklusive Vorhaben sollte eingerichtet werden.
- Im Rahmen des Partnerdialogs sollte das BMZ Menschenrechtsaspekte – und damit auch die Rechte von Menschen mit Behinderungen – konsequenter in Regierungsverhandlungen mit Partnerregierungen thematisieren.
- In der Folgestrategie zu Inklusion sollte das BMZ Beteiligungsmöglichkeiten für Menschen mit Behinderungen und deren Selbstvertretungsorganisationen besondere Bedeutung beimessen. Dadurch könnte zielgerichteter auf die Rechte und Interessen von Menschen mit Behinderungen eingegangen werden, was die Relevanz der deutschen EZ insgesamt erhöhen würde. Unerlässlich aber ist die Beteiligung von Menschen mit Behinderungen und ihrer Selbstvertretungsorganisationen vor allem vor dem Hintergrund der extraterritorialen Verpflichtungen Deutschlands, die sich aus der UN-BRK ergeben. Acht Jahre nach der Ratifizierung der Konvention sollte die Forderung *Nichts über uns ohne uns!* auch für die deutsche EZ selbstverständlich sein⁴.



Notes

- 1 Dies ist eine gekürzte Version des DEval Policy Brief 4/2017. Die ungekürzte Version kann unter: https://www.deval.org/files/content/Dateien/Evaluierung/Policy%20Briefs/DEval_Policy%20Brief_04_API_DE_web.pdf abgerufen werden.
- 2 Der Evaluierungsbericht kann online unter: https://www.deval.org/files/content/Dateien/Evaluierung/Berichte/2017/API_final_barrierefrei_FINAL.pdf abgerufen werden.
- 3 Eine Stellungnahme zum Evaluierungsbericht des BMZ kann online unter: http://www.bmz.de/de/zentrales_downloadarchiv/erfolg_und_kontrolle/

BMZ-Stellungnahme_zum_DEval-Bericht_Evaluierung_des_Aktionsplans_Inklusion_2017.pdf abgerufen werden.

- 4 Eine Version der Evaluierung in Leichter Sprache kann online unter: https://www.deval.org/files/content/Dateien/Evaluierung/Berichte/2017/API%20Bericht%20Leichte%20Sprache_final.pdf abgerufen werden.

*Lena Ahrens (Evaluatorin, DEval),
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und Heike Steckhan (Evaluatorin, DEval)*

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Kurzmeldungen/Announcements

Yetnebersh Nigussie erhält Right Livelihood Award 2017

Yetnebersh Nigussie, Menschenrechtsexpertin der Fachorganisation Licht für die Welt, erhielt am 26. September 2017 in Wien den *Alternativen Nobelpreis*. Sie wird für ihre inspirierende Arbeit im Kampf für die Rechte und Teilhabe von Menschen mit Behinderungen ausgezeichnet. Der Right Livelihood Award wurde 1980 vom schwedischen Gründer Jakob von Uexküll gegründet, um mutige Menschen und Organisationen zu ehren, die visionäre und beispielhafte Lösungen für globale Probleme entwickeln. Der Preis ist weltweit als *Alternativer Nobelpreis* bekannt und es gibt 166 Laureaten aus 68 Ländern. Yetnebersh Nigussie ist eine 35-jährige äthiopische Juristin, zweifache Mutter und herausragende Kämpferin für die Rechte von Menschen mit Behinderungen, wie sie in der UN-Konvention verankert sind. Nigussie wurde im Alter von fünf Jahren blind. Sie wuchs in einer ländlichen Gegend in Äthiopien auf und konnte einer dort üblichen frühen Ehe entfliehen, weil sie aufgrund ihrer Behinderung als ungeeignet für eine Heirat betrachtet wurde. Ihre Mutter schickte sie stattdessen in die Schule. Bereits in ihren Schul- und Studienjahren engagierte sich die promovierte Juristin ehrenamtlich für gesellschaftliche Veränderung und Gerechtigkeit. Mit 24 Jahren gründete sie gemeinsam mit anderen Landsleuten das Äthiopische Zentrum für Behinderung und Entwicklung. Als Selbstvertreterin für Menschen mit Behinderungen nahm sie 2016 und 2017 am High Level Political Forum bei den Vereinten Nationen in New York teil und setzte sich mit Nachdruck für eine Welt für alle ein.

Information: <https://www.licht-fuer-die-welt.at/yetnebersh-nigussie-alternativer-nobelpreis>;
https://drive.google.com/open?id=0BzSO05q-Z_5sTFFtMnVOYklWbkk.

Menschen mit Behinderungen im Fokus deutscher Entwicklungszusammenarbeit

Laut Weltgesundheitsorganisation (WHO) und Weltbank gibt es weltweit mehr als eine Milliarde Menschen mit Behinderungen, das sind 15 Prozent der Weltbevölkerung. Rund 80 Prozent von ihnen leben in Entwicklungsländern. Sie sind überdurchschnittlich von Armut betroffen und haben unter anderem einen erschwerten Zugang zu medizinischen Dienstleistungen. Deutschland ist eines der wichtigsten Geberländer im Bereich der Entwicklungszusammenarbeit. Dadurch hat es die Möglichkeit, gemeinsam mit den Partnerländern deutliche Verbesserungen für Menschen mit Behinderungen herbeizuführen. Doch bislang gibt es nur wenige Projekte in der deutschen Entwicklungszusammenarbeit, die sich gezielt an Menschen mit

Behinderungen richten. Bei der Planung anderer Projekte werden sie häufig gar nicht erst einbezogen. Valentin Aichele, Leiter der Monitoring-Stelle UN-Behindertenrechtskonvention des Deutschen Instituts für Menschenrechte, empfahl daher anlässlich des Internationalen Tags der Menschen mit Behinderungen am 03. Dezember, dass eine neue Bundesregierung Menschen mit Behinderungen stärker als bisher in den Fokus deutscher Entwicklungszusammenarbeit rücken und zeitnah eine Inklusionsstrategie verabschieden sollte. Auch sollten verlässliche Zahlen erhoben werden, mit denen überprüft werden kann, ob die Entwicklungszusammenarbeit Menschen mit Behinderungen tatsächlich erreicht und ihre Situation verbessert. Ebenso soll die Beteiligung von Menschen mit Behinderungen verstärkt werden, damit Entwicklungszusammenarbeit erfolgreich sein kann. Insbesondere Selbstvertretungsorganisationen vor Ort sollten gestärkt und in die Planung, Umsetzung und Evaluierung von Projekten der Entwicklungszusammenarbeit einbezogen werden. Die Verpflichtung Deutschlands, die Rechte von Menschen mit Behinderungen in der internationalen Zusammenarbeit umzusetzen, ergibt sich auch aus der UN-Behindertenrechtskonvention, konkret aus Artikel 32.

Information: <http://www.institut-fuer-menschenrechte.de/presse/meldung/article/pressemitteilung-menschen-mit-behinderungen-staerker-in-den-fokus-deutscher-entwicklungszusammenarbe/>;
<http://www.institut-fuer-menschenrechte.de/publikationen/rechte-von-menschen-mit-behinderungen/>.

General Comment on Living Independently and Being Included in the Community

In August 2017, the Committee on the Rights of Persons with Disabilities adopted its General Comment N°5 on Article 19 of the Convention on the Rights of Persons with Disabilities on living independently and being included in the community in the scope of its 18th session. Article 19 of the CRPD recognizes the equal right of all persons with disabilities to live independently and be included in the community and calls state parties to respect their freedom to choose regarding how, where and with whom to live. The Committee issues general comments to identify key norms laid out in the convention and to provide guidance to state parties on how to interpret and implement its provisions. General Comment No. 5 was adopted after a day of general discussions held in April 2016 and a call for submissions to all stakeholders in the field of disability and human rights, including state parties and DPOs. It directly addresses uncertainties and misconceptions about the right of persons with disabilities to live independently and be included in the community that arose in the previ-



ous state party review processes and stresses: "Article 19 is one of the widest ranging and most intersectional articles of the Convention and has to be considered as integral to the full implementation of the Convention." (par. I.6). Key concepts such as *independent living arrangements* and *personal assistance* are elaborated and the comment clarifies that the institutionalization of persons with disabilities is incompliant with article 19 of the UN CRPD.

Information: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22009&LangID=E>; <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx>.

UNESCO 2017/18 Global Education Monitoring Report Released

A new UNESCO report shows that some attempts to promote quality in education actually work against the goal of inclusion, especially concerning children with intellectual disabilities. The Global Education Monitoring (GEM) report notes that establishment of metrics and standardised instruments to enable comparisons of local governments and schools, local control over education, privatisation and ranking of schools can all contribute to further marginalisation of some children. A key message of the report is that accountability needs to emphasise building more inclusive, equitable, good-quality education systems and practices. The report can explain how accountability measures can undermine inclusion but does not contribute constructive recommendations to address this issue. Inclusion International is currently working with its members through its *Catalyst for Inclusive Education* to address the systemic barriers to inclusion. The GEM report substantiates inclusion International's analysis that reducing the education process to academic measurable outcomes forfeits the central tenet of education as a basic human right and a means of realising all other human rights.

Information: <http://inclusioninternational.cmail20.com/t/t-l-kkqdy-iixzdhj-y/>; <http://gem-report-2017.unesco.org/en/home/>.

Fachveranstaltung zeigt Zusammenhang von Gesundheitssystemstärkung und Bekämpfung vernachlässigter Tropenkrankheiten

Deutschland verfügt über vielfältiges Potential, um vernachlässigte Tropenkrankheiten nachhaltig und umfassend zu bekämpfen. Jetzt muss die zukünftige Bundesregierung dieses Potential auch nutzen. Das ist die Schlussfolgerung einer Fachveranstaltung der Christoffel-Blindenmission (CBM) zu den sogenannten Neglected Tropical Diseases, kurz NTDs, am 29. November 2017 in Berlin. Eine in diesem Rahmen vorgestellte Studie zur integrierten Um-

setzung der Bekämpfung vernachlässigter Tropenkrankheiten zeigt bereits mögliche Handlungsfelder auf. Die Autorin Prof. Dr. Ilona Kickbusch, Direktorin des Global Health Programms am Graduate Institute of International and Development Studies in Genf, betont, dass Maßnahmen gegen vernachlässigte Tropenkrankheiten eine zentrale strategische Rolle bei der von Deutschland forcierten Gesundheitssystemstärkung spielen sollten. Beides sollte Hand in Hand gehen und entsprechend gemeinsam gedacht und umgesetzt werden. Eine bessere Verzahnung von Gesundheits- und Entwicklungspolitik ist dabei notwendig. Die Weltgesundheitsorganisation (WHO) definiert 20 Krankheiten als NTDs, die häufigsten sind Flussblindheit, Trachom, Elefantiasis, Wurmerkrankungen und Bilharziose. Weltweit sind mehr als eineinhalb Milliarden Menschen unmittelbar von vernachlässigten Tropenkrankheiten betroffen. Bis zu eine halbe Million Menschen sterben jährlich an ihren Folgen. Infiziert werden vor allem die Ärmsten der Armen in Entwicklungsländern. Sie leiden oft unter unzureichenden Hygienebedingungen und müssen ohne sauberes Wasser oder sanitäre Anlagen auskommen. Krankheiten können sich so leicht ausbreiten. Hinzu kommt ein schlechter Zugang zu medizinischer Basisversorgung. Wenn also sowohl Hygiene als auch Gesundheitsversorgung in den betroffenen Ländern verbessert werden, hilft dieses im Kampf gegen vernachlässigte Tropenkrankheiten. Gleichzeitig leisten die bereits bestehenden NTD-Programme einen wichtigen Beitrag zur Verbesserung der allgemeinen Gesundheitsversorgung in Entwicklungsländern: Durch Schulung von medizinischem Personal, den Ausbau von Gesundheitsstationen auch in entlegenen Regionen sowie durch Aufklärungsmaßnahmen in der Bevölkerung. Wenn die deutschen Strategien zur Gesundheitssystemstärkung die bestehenden NTD-Programme aufnehmen, könne eine integrierte und damit wirkungsvollere Bekämpfung von vernachlässigten Tropenkrankheiten erreicht werden.

Information: <https://www.cbm.de/infotohek/presse/pressemeldungen/Politisches-Silodenken-muss-ein-Ende-haben-533929.html>.

New General Assembly Resolution on Situation of Women and Girls with Disabilities and the Implementation of CRPD

The Third Committee of the 72nd session of the UN General Assembly adopted the draft resolution at its 53rd meeting on 21 November 2017. The draft entitled Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol Thereto: Situation of Women and Girls with Disabilities shifts the strictly procedural resolution to a substantive one focusing on specific themes. In line with the report of the Secretary-General on the situation of women and girls with disabilities and the status of the Convention on the Rights of Persons with



Disabilities and the Optional Protocol thereto, the resolution recognises that women and girls with disabilities are faced with multiple and intersecting forms of discrimination which poses barriers in all aspects of life, and therefore focuses on a number of key issues critical to realising their rights on the equal basis with others, namely 1. multiple and intersecting forms of discrimination; 2. education and employment; 3. access to health services, including sexual and reproductive health; 4. access to justice and equal recognition before the law; and 5. participation in public and political life.

Information: <https://www.un.org/development/desa/disabilities/news/news/unga72-adopted-a-new-resolution-on-the-implementation-of-crp.html#more-20981>; <https://www.un.org/development/desa/disabilities/news/dspd/women-and-girls-with-disabilities-crp.html>; <http://bit.ly/2AuiuUc>

Facilities for Barrier-Free Travel of People with Disabilities in Hyderabad

The Hyderabad Metro Rail (HMR) Limited, which is likely to begin its first phase in the next few weeks says it's going to be accessible for all, even as the Telangana Department for Disabled Welfare is in the process of making public transport facilities accessible for persons with disabilities. Making services available for several disabilities in the stations, lifts, ticket counters and the rail itself, officials claim those with disabilities can travel without a hassle. Officials at the HMR Ltd designed these spaces after consulting persons with disabilities in order to incorporate their needs. A pan-India organisation called – Friendly Environment for the Disabled was involved in providing suggestions to make this hassle-free for persons with disabilities. Through a press release, officials at the HMR Ltd informed that ramps to facilitate wheelchairs along with spacious lifts have been designed. Besides this, arrangements have been made to ensure that there is no danger to their lives while boarding the train. Lift operating buttons will have information in Braille for the blind and also a tactile strip for easier navigation. There are also special wheelchair spaces which will allow wheelchairs to be locked to a special *grab hold* in the train. Inclusive toilets are also being constructed. Wide automatic fare collection gates are present for wheelchair passengers while special ticket vending machines for persons with speech impairment are being designed. Announcements of train arrival and departure will be made in three languages along with relevant signage and pictograms. Telangana Department of Women, Children, Disabled and Senior Citizens issued an order to invite tenders to supply aids and for beneficiaries. The list includes retrofitted motorised vehicles, tricycles, callipers and artificial limbs, battery-operated wheelchairs, laptops with JAWS software, MP3 players, walking sticks, Braille books, hearing aids and 4G smartphones for the hearing impaired, and teaching and learning materials.

Information: <http://globalaccessibilitynews.com/2017/11/21/telangana-government-announces-facilities-for-barrier-free-travel-of-people-with-disabilities/>.

Uganda Sign Language App Launched

The Uganda National association of the Deaf (UNAD) launched a mobile application to ease communication for people who are deaf or hard of hearing. The UGsign Mobile App was developed in partnership with SPIDER, a Swedish programme for ICT in developing regions, to make learning of sign language accessible via digital platforms. People with hearing disabilities make up close to 3.4% of Uganda's population and is one of the most excluded minority groups in the country. A recent survey by UNAD estimates that 87% of people who are deaf have no access to social services and this has been as a result of communication barriers that limit them from accessing education, health, legal and public services among others. The UGsign Mobile, if fully adopted, will address most of the challenges facing those with hearing disabilities because it is user-friendly.

Information: <http://globalaccessibilitynews.com/2017/11/07/uganda-sign-language-app-launched/>.

Bhutan Launches Study on Children with Disabilities

The Education Ministry in collaboration with UNICEF Bhutan launched the first-ever Knowledge, Attitudes, and Practices (KAP) study on children with disabilities in Thimphu. The study provides an insight into attitudes of Bhutanese people towards children with disabilities. According to education officials, the survey was carried out in nine districts where responses were asked based on sex, age, and education status among others. One of the key findings under the knowledge on disability is very limited, whereas educated people are more aware of disability issue and their attitude towards children with disability is more positive than those who are uneducated, said Tshering Lhamo, Deputy Chief Programme Officer of Education Ministry. It was discovered that access to services for children with disability is poor, mainly in rural areas. UNICEF Bhutan hopes the study will be instrumental in making policies and programmes to address the needs of one of the most marginalised groups and help identify priorities on social inclusion of children with special needs. The KAP study is also expected to guide relevant stakeholders in improving and reforming policies to support disabled children.

Information: <http://globalaccessibilitynews.com/2017/11/07/bhutan-launches-kap-study-on-children-with-disabilities/>.



High-Level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities

ESCAP, in cooperation with the China Disabled Persons' Federation (CDPF), was organising the High-level Intergovernmental Meeting on the Midpoint Review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, in Beijing from 27 November to 1 December 2017. Objectives of the Meeting were: To undertake a midpoint review of the progress made, including gaps and challenges, in the implementation of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to *Make the Right Real* for Persons with Disabilities in Asia and the Pacific; to discuss the future policy direction for building disability-inclusive societies in Asia and the Pacific, bearing in mind the synergies between the Incheon Strategy and the 2030 Agenda for Sustainable Development as well as the Convention on the Rights of Persons with Disabilities; to consider and adopt an outcome document to accelerate the implementation of the Incheon Strategy for the remainder of the Decade. The Meeting was held in pursuance of the Commission resolution 69/13 of 1 May 2013 on the *Implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific*.

Information: <http://www.unescap.org/events/high-level-intergovernmental-meeting-midpoint-review-asian-and-pacific-decade-persons>; <http://www.unescap.org/official-documents/high-level-intergovernmental-meeting-asia-pacific-decade-persons-with-disabilities/session/2>.

New UNICEF Study Shows Children with Disabilities often Face Stigma and Discrimination in Malaysia

Six in ten people surveyed do not have enough information about children with disabilities, UNICEF said in a study released in October 2017. This is the first nationwide research to shed light on the perceptions, attitudes and practices towards childhood disability in Malaysia. Findings from the research reveal that knowledge about disability is low and that children with disabilities, their parents, and family face real stigma and discrimination at home, in schools, and other environments in Malaysia. As part of efforts to build a more inclusive society with and for children with disabilities, UNICEF and Petrosains co-organised the #ThisAbility Makeathon 2017. The event aims to showcase the creativity of Malaysians living with disabilities and their families at inventing assistive devices to improve their lives at home, during play, or in school. Through the Makeathon, children with disabilities and their families received the support needed to prototype a product which would make living with disabilities easier.

Petrosains, which hosted the #ThisAbility Makeathon, is the first private company in Malaysia which has committed to become Champions of Inclusion with UNICEF. As part of a signed Memorandum of Understanding, both organisations agree to collaborate on creating a more inclusive learning environment through the use of technology and innovation. Insights gathered through this platform on the ways in which children with disabilities experience learning will then lead to the co-creation of innovative solutions to overcome learning barriers. Additionally, as Champions of Inclusion, Petrosains agrees to develop inclusive services for children with disabilities.

Information https://www.unicef.org/malaysia/media_KAP_Launch_Makeathon_Petrosains.html#.WiKubbYlyRs; [https://www.unicef.org/malaysia/Final_File_Childhood_Disability_in_Malaysia_Book_\(Interactive_PDF\).compressed_3_Oct_2017.pdf](https://www.unicef.org/malaysia/Final_File_Childhood_Disability_in_Malaysia_Book_(Interactive_PDF).compressed_3_Oct_2017.pdf).

South African Human Rights Commission Holds Conference on Rights of Children with Disabilities

The South African Human Rights Commission (SAHRC) has held a two-day conference on the rights of children with disabilities in Johannesburg this week. The focus is on access to education, as the commission concludes that this basic right has been denied to those children. In a statement, the SAHRC cites a 2015 Human Rights Watch Report titled, *Complicit in Exclusion: South Africa's Failure to Guarantee Inclusive Education for Children with Disabilities*; which states that nearly half-a-million children with disabilities were denied access to education while the Department of Basic Education statistics for 2017 indicate that 11,461 children with disabilities were on school admission waiting lists. The commissioner responsible for children's rights, Angie Makwetla, says that children with disabilities and their families constantly experience barriers to the enjoyment of their basic human rights which includes the right to education, right to healthcare and right to family care. This is contrary to the norm stipulated in the Constitution, national legislation as well as regional and international instruments which state that children with disabilities must enjoy equal rights as children without disabilities. Through this conference, the SAHRC aims to strengthen relations between itself, non-governmental organisations and government departments in their efforts to educate society on the rights of children living with disabilities, while empowering their parents.

Information: <http://globalaccessibilitynews.com/2017/10/13/sahrc-holds-conference-on-rights-of-children-with-disabilities/>.



Report of the UN Special Rapporteur on Sexual and Reproductive Health

At the 72nd session of the UN General Assembly, Ms. Catalina Devandas, UN Special Rapporteur on the rights of persons with disabilities, presented a report dedicated to the sexual and reproductive health and rights of girls and young women with disabilities. The report explores the systemic abuse and violence faced by young women and girls with disabilities around the world, and calls for ending practices such as forced abortions, sterilisation and other forms of contraception, among other non-consensual practices. It also calls for states to change legal capacity laws that limit the right for persons to decide over their lives and bodies.

Information: <http://bit.ly/2BbNUM9>.

Innovate, Collaborate and Accelerate: The 2018 Harkin Summit on Global Disability Employment

The Second Harkin Summit on Global Disability Employment took place from 2nd to 3rd November 2017 in Washington D.C. 260 invitees from companies, civil society, Disabled People's Organizations, NGO, government, foundations, microfinance institutions, universities and research centers from more than 40 countries came to exchange ideas about the solutions and innovations for disability-inclusive employment. To share best practices for the summit, Handicap International, member of the planning committee, co-wrote with the NGO Leonard Cheshire a white paper called *Good for Business, promoting partnership to employ people with disability*, to share their experiences and best practices in developing countries about the employment for people with disabilities.

Information: <http://www.harkinsummit.org/>; <http://bit.ly/Good4Biz>.

G3ict: Smart Cities for All

The Global Initiative for Inclusive ICTs (G3ict) and World Enabled announced that their Smart Cities for All (SC4A) global initiative will develop a new tool to assess and benchmark digital inclusion and ICT accessibility in smart cities. The Smart Cities for All Digital Inclusion Maturity Model will become the first maturity model targeted specifically at digital accessibility and inclusion in Smart City programs worldwide. The new SC4A Maturity Model is being developed to help cities clearly evaluate their progress towards achieving ICT accessibility and digital inclusion across a broad range of functions that are important to all cities, e.g. communications, procurement, training, and standards. It will define key performance indicators and metrics that support advancing accessibility and digital inclusion. The maturity model will define five levels of digital inclusion and accessibility progress, or maturity, dealing with smart city technology, data, culture, and strategy.

Information: <http://bit.ly/2A3BBkQ>.

Addressing Violence against Women and Girls with Disabilities in Africa

The Making It Work Gender and Disability Technical Advisory Committee (TAC) has just finalised its selection of nine good practices implemented by seven DPOs and two Women's Organisations in six countries: Cameroon, Kenya, Malawi, Nigeria, Rwanda and Uganda. The good practices include successful community-based prevention of violence, national advocacy, increased access to justice and to health services, among others. Selected practices respect criteria of leadership of women with disabilities, diversity and gender equity. Next step will bring the TAC members, Good Practice Holders, and Handicapped International project team to the second Gender and Disability Forum in Kenya, in March 2018.

Information: <https://www.makingitwork-crpd.org/>.



Literatur

ILO

Guide for Business on the Rights of Persons with Disabilities - How Business can Respect and Support the Rights of Persons with Disabilities and Benefit from Inclusion

This easy-to-read version of the UN Global Compact/ILO *Guide for Business on the Rights of Persons with Disabilities - How Business can Respect and Support the Rights of Persons with Disabilities and Benefit from Inclusion* is published. The guide suggests concrete actions and measures companies can take to implement good practices that are inclusive of persons with disabilities in the workplace, marketplace and in the community - in alignment with relevant UN conventions and frameworks.

Bezug: <http://bit.ly/2BjHIXZ>.

Vera Van Ek/Sander Schot

Towards Inclusion. A Guide for Organisations and Practitioners

Inclusive development is about creating societies that value and enfranchise all marginalised groups. It is often not difficult to open up development projects to persons from these marginalised groups. But it does take time before organisations are willing and able to fully commit to inclusion. *Towards Inclusion* aims to support organisations who wish to commit to an inclusive approach. It establishes the rationale for inclusion and provides technical advice and tools for putting theory into practice. It is intended to be used as a reference during organisational development, as well as a tool to support good practice in implementation. This guide consists of three parts. The first part guides the reader through the process of assessing whether or not the organisation is ready to change towards becoming a more inclusive organisation. The second part introduces the ACAP framework, which sets up a way of approaching inclusion via focus on the areas: Access, Communication, Attitude and Participation. It then demonstrates how the framework can be applied to projects and programmes. The third part provides guidelines for the people who will guide organisations through the process of change towards becoming inclusive of persons from marginalised groups.

Bezug: <https://europa.eu/capacity4dev/disability-and-development-network/documents/towards-inclusion-guide-organisations-and-practitioners>;

<http://www.asksource.info/resources/towards-inclusion-a-guide-organisations-and-practitioners-0>.

Katie Moore/Juliet Bedford

Childhood Disability in Malaysia: A Study of Knowledge, Attitudes and Practices

This study was carried out to assess the knowledge, attitudes and practices of society towards children with disabilities, the children themselves, and their peers in Malaysia. The study took place in Selangor, Kelantan, Sabah and Sarawak. There were 756 total respondents/participants including government ministries, community members, service providers, care givers and children and adolescents both with and without disabilities.

Bezug: <http://www.asksource.info/sites/asksource.info/files/Unicef-ENG.pdf>; <http://www.asksource.info/resources/childhood-disability-malaysia-a-study-knowledge-attitudes-and-practices>.

Ola Abu Al-Ghaib/Susanne Wilm

Disability Inclusion and the Sustainable Development Goals: Practices and Challenges

This research was commissioned on the occasion of the 2017 High-level Political Forum (HLPF) in New York to investigate how far the global commitment to disability has translated into implementation, monitoring and reporting processes at national and sub-national level. Four case studies were commissioned, exploring the extent of disability inclusion in alignment with the SDGs in Bangladesh, Kenya, Sierra Leone and Zambia. DPOs played a pivotal role in the research, with more than 40 DPOs consulted through key informant interviews and focus group discussions. In Zambia, the research was implemented by a local DPO – the Zambia Federation of Disability Organisations (ZAFOD). A literature review identified internet-based policy, legal and strategic documents related to disability and the 2030 Agenda, as well as documentation and reports on different SDG nationalisation initiatives.

Bezug: http://www.asksource.info/sites/asksource.info/files/lc_disability_international_report-full_prf3.pdf; <http://www.asksource.info/resources/disability-inclusion-and-sustainable-development-goals-practices-and-challenges>.



Accelerating Core Competancies For Effective Wheelchair Service And Support (ACCESS) Project

The 8 Steps+: The Role of Community Development Organisations in Providing Holistic Wheelchair Services

This report suggests a *twin-track* approach based on the World Health Organisation's Guidelines on the Provision of Manual Wheelchairs in Less Resourced Settings, an eight-step process, and dedicated disability inclusion programming, the *plus*. By following this 8 Steps+ approach, community development organisations can provide appropriate wheelchairs and empower their constituencies to exercise their rights and fundamental freedoms.

Bezug: <http://www.asksource.info/sites/asksource.info/files/The%208%20Steps%20%2B%20FINAL%20Compressed%20File%20%281%29.pdf>;
<http://www.asksource.info/resources/8-steps-role-community-development-organizations-providing-holistic-wheelchair-services>.

Christen Dobsen

Supporting Inclusive Movements: Funding the Rights of Women with Disabilities

This brief explores funding at the intersection of women's rights and disability rights and offers steps donors can take to ensure that their grantmaking is more inclusive of women with disabilities and to support this emerging movement. Background is provided by recent mapping by Women Enabled International about the state of advocacy by women with disabilities, the amount of funding in 2014, sample grants and example use of them. Tips from peer donors and women with disabilities are given.

Bezug: http://www.asksource.info/sites/asksource.info/files/Supporting_inclusive_movements_web.pdf;
<http://www.asksource.info/resources/supporting-inclusive-movements-funding-rights-women-disabilities>

Ola Abu Alghaib/Roseanne Tromp **Inclusive Education and Accountability Mechanisms**

The adoption of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and in particular Articles 24, 31 and 33, which requires countries to develop an inclusive education system for all children as well obliging them to implement and monitor the process, presents both a challenge and an opportunity to the countries of the world. This report discusses the advances that have been made in terms of the implementation of inclusive education system for people with disabilities, as well as the challenges that are still ahead. The UNCRPD requires ratifying countries to submit Country Reports on the implementation of the Convention to the UN Committee on the Rights of Persons with Disabilities. The present report is unique in that it is based on a thorough analysis of these Country Reports. In addition, it is based on a thorough review of literature about inclusive education for people with disabilities.

Bezug: <http://www.asksource.info/sites/asksource.info/files/259577e.pdf>; <http://www.asksource.info/resources/inclusive-education-and-accountability-mechanisms-paper-commissioned-20178-global>.

Ursula Wynhoven et al.

Guide for Business on the Rights of Persons with Disabilities

A guide to help improve business' understanding of the rights of people with disabilities, including how to respect, support and give them an opportunity to improve their competitiveness and sustainability in alignment with relevant United Nations (UN) conventions and frameworks. This guide is the result of an international collaborative effort spanning over 12 months. Its findings and recommendations are based on the following: desk research, a review of publically available information, literature and case studies, ongoing consultations with an international multistakeholder expert group constituted specifically to advise on and shape the development of this guide, good practice examples submitted by companies across the world to the partner organisations, and an extensive global consultation with interested businesses and other stakeholders.

Bezug: http://www.asksource.info/sites/asksource.info/files/Accessible_Disabilities_Guide.pdf;
<http://www.asksource.info/resources/guide-business-rights-persons-disabilities>.





VERANSTALTUNGEN/EVENTS

- 07.02. - 13.02.2018 The Ninth session of the World Urban Forum, Kuala Lumpur, Malaysia.
Information: <http://wuf9.org/>.
Kontakt: E-Mail: infohabitat@unhabitat.org.
- 08.02. - 09.02.2018 5th Global Mental Health Summit *Leaving no one behind*, Johannesburg, South Africa
Information: <http://www.globalmentalhealth.org/5th-global-mental-health-summit-2018-1>
Kontakt: Charlene Sunkel, Principal Coordinator of Movement for Global Mental Health, Email: admin@globalmentalhealth.org
- 21.02. - 23.02.2018 Zero Project Conference 2018 on Accessibility, Vienna, Austria.
Information: <https://zeroproject.org/>.
Kontakt: E-Mail: office@zeroproject.org.
- 09.03. - 18.03.2018 International Paralympic Winter Games, Pyeong Chang, Republic of Korea.
Information: <https://www.pyeongchang2018.com/en/paralympics/index>.
- 30.05. - 01.06.2018 Inclusion International 17th World Congress, Birmingham, UK.
Information: <http://inclusion-international.org/part-world-congress-2018/>.
- 13.06. - 15.06.2018 Fourth International Conference on Global Public Health 2018.
Information: <http://www.health3000.org/>.
Kontakt: Prabhath Patabendi, E-Mail: ppca3000@gmail.com.



Schwerpunktthemen kommender Ausgaben der Zeitschrift Focal Topics of Upcoming Issues

- 1/2018: Behinderung und Forschung/Disability and Research (verantwortlich/responsible: Jana Offergeld)
- 2/2018: Kultur und Behinderung/Culture and Disability (verantwortlich/responsible: Dr. Thorsten Hinz)
- 3/2018: Flucht, Behinderung und Migration/Flight, Disability and Migration (verantwortlich/responsible: Jana Offergeld)

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Kurzbeiträge/Other contributions	15.01.2018	28.04.2018	31.07.2018

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