UNPRPD FUND
Partnership on the Rights of Persons with Disabilities

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

LESSONS & CONCLUSIONS FROM THIRTY FOUR COUNTRIES

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SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES IN

LESSONS & CONCLUSIONS FROM THIRTY-FOUR COUNTRIES

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ABOUT UNPRPD

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) is a unique partnership that brings together UN entities, governments, OPDs and broader civil society to advance the rights of persons with disabilities around the world.

The Partnership was created to foster collaboration between its members and complement their work around disability inclusion through UN Joint programming. The Partnership operates through a Multi-Partner Trust Fund (MPTF) established to channel resources for participating UN organizations (PUNOs).

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNFPA, UNICEF, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC).

The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden, United Kingdom.

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This report was written by Annika Nilsson, Senior Consultant at the UNPRPD Technical Secretariat. The report was edited by Leah Brumer. We would like to recognize the efforts by the 34 selected country teams for successfully completing the comprehensive situational analysis process and drafting the full reports.

Disclaimer

The data presented in the report is based on the situational analyses conducted at the country level. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. This document summarizes and presents the main conclusions from these findings and does not necessarily reflect the position of the UNPRPD.

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1 INTRODUCTION

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust MPTF (UNPRPD MPTF) is a unique partnership that brings together UN entities, governments, organizations of persons with disabilities (OPDs) and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

In 2020, UNPRPD adopted a new programme design approach and embarked on a collaborative strategic review. This generated a new Strategic and Operational Framework 2020-2025, which moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability inclusive SDGs.

The UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. To support the delivery of these objectives, UNCTs were invited to submit an expression of interest under the UNPRPD's Fourth Call for Proposals. Successful teams were then allocated a budget to deliver an Induction Training, conduct a country situational analysis and complete a full joint programme proposal.

In total, 132 countries were invited. An analytical framework and a global results framework with three outcomes, examples of outputs and a menu of indicators was developed to serve as a tool to monitor investments toward the objectives of the Call.[1] In 2021, twenty-six of the countries that submitted an expression of interest were invited to participate in the inception phase.[2]

In 2022 another 10 were invited to participate in the call.[3] Eight of them have submitted their situational analyses so far. In late 2023, 13 new countries were invited to undertake the inception training and the situational analysis process.[4]

2 WHY A COUNTRY SITUATION ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions.

To support countries in the most catalytic manner, we must understand the main bottlenecks and priorities in each country related to fulfilling the CRPD. We need to know who the key stakeholders are, how implementation/ monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The analysis should focus on the essential preconditions for disability inclusion. It should build on a human rights-based understanding of change processes, where empowerment and collective action by rights holders (persons with disabilities and their families) is a key precondition, along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international conventions.

The situation analyses were designed to:

- Inform the design of future PRPD-funded programmes in the country, with specific focus on the objectives of the Fourth Call ant to serve as a baseline for these programmes;
- Inform UNCTs of gaps in terms of disability inclusion in on-going national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as a basis for future co-design of joint programmes;
- Strengthen the capacity of the above stakeholders to include and address more effectively the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

The analysis conducted may also be used for the following:

- To provide information useful for policy planning and implementation, including sectoral policies, poverty reduction policies and SDG national plans, among others;
- To contribute to regional and global analyses as relevant.

3 THE ANALYTICAL FRAMEWORK

The situation analysis focussed on the five preconditions for disability inclusion and the three cross-cutting issues, as these are the basis of the PRPD strategy and the Theory of Change.[5]

Figure 1
Preconditions for inclusion as outlined in UNPRPD Theory of Change

1. Equality and non-discrimination
2. Accessibility
3. Inclusive service delivery
4. CRPD-compliant budgeting and financial management
5. Accountability and governance

Figure 2
Cross-cutting issues

- **Participation:** Enabling full and effective participation of persons with disabilities
- **Inequalities:** Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities
- **Gender:** Addressing gender inequality and advancing the rights of women and girls with disabilities

Throughout the analysis process, teams should keep in mind that the purpose of the analysis is primarily to guide future joint UN programming at the country level. Thus, the analysis should answer questions such as:

- What are the critical systemic bottlenecks hindering progress towards achieving disability inclusive SDGs, CRPD implementation and equality of persons with and without disabilities?
- What are the key priorities as assessed by persons with disabilities and their representative organizations?
- How can UNPRPD and other donor funding support disability inclusion at the country level in the most catalytic manner? Are there ongoing processes/opportunities that could be leveraged?

The teams were asked to contextualise the questions, while adhering to the prescribed format and framework. Teams have covered what is possible in each context and noted where further investigation or analysis is required.

Based on the lessons learnt from the first 26 Situational Analyses, the Guidelines were updated during 2023 to clarify expectations, simplify the framework and provide examples. A special version of the Guidelines for humanitarian/conflict contexts was also developed. Thus, practical and methodological guidance was provided under each precondition and cross cutting issue to illustrate the approach and types of information that are relevant to collect. Specific guidance was provided to ensure that a meta-analysis of key systemic gaps and a prioritisation discussion was included as well as actionable, concrete recommendations for the UN agencies at country level to act on. A new support module on how to translate the recommendations in the Situational Analysis to the results framework of the UNPRPD proposal format was also developed to help countries, a so called “priority table”.

4 KEY COUNTRY GAPS OBSERVED

Stakeholder analysis

A stakeholder analysis is an important foundation for the country analysis. Understanding the roles of the stakeholders and the coordination mechanisms in place is essential to identifying processes and possible capacity gaps, determining where further investment is required, and identifying with whom the PRPD programmes should be working and on which issues.

All of the situation analyses confirm that critical gaps exist in the capacities of the stakeholders responsible for implementing and monitoring commitments towards disability inclusion. Policy-level commitments at the national level are easy to make. They do not require specific capacities and they generate positive feedback from the international community for leaders. However, if these commitments do not lead to implementation and enforcement mechanisms with sufficient resource and capacities (at the local level as well), they will remain empty promises. While some countries have also made progress in terms of implementation, the general observations below should be considered:

- Overall responsibility for CRPD implementation is often assigned to a line Ministry of Social Welfare, which lacks the authority, capacity and budget to fulfil this mandate. Many countries have also established a National Disability Council, which is often chaired by the Ministry of Social Welfare. This council should oversee and coordinate implementation of disability-related laws and policies.
- However, all countries indicate that the disability coordination body is weak. Either it does not exist/exists on paper only (35 percent) or is dysfunctional or lacks power and capacity to carry out its mandate (65 percent). This poor coordination is evident within the government (both across ministries and between national and local levels), among donors and among OPDs. Supported programmes sometimes overlap or even contradict each other. Country reports indicate a need for disability focal points within all government ministries nationally and in districts, better coordination among government, development partners, civil society organizations (CSOs) and OPDs, and a more unified and well-informed voice for OPDs.
- It is particularly troubling that most countries indicate that OPDs do not participate meaningfully in national SDG coordinating bodies or in humanitarian/Covid-19 response committees. Thus, disability has remained a low priority (with few exceptions).
- Mechanisms set up for coordination and consultation on policy development and monitoring of disability inclusion often fail because government representatives lack the capacity, authority or budgets (and in a few cases, the will) needed, donors want to brand their contributions, and local actors compete for funding. Initiatives often operate as isolated pilots and do not achieve the sustainability expected. Findings indicate a vicious circle of lack of effective coordination platforms, lack of provision of reasonable accommodation from the government, and limited OPD capacity to engage meaningfully. All 34 countries mentioned weak government coordination mechanisms as a key systemic obstacle.
- In some cases, well-meaning donors still contribute to programmes that are not CRPD compliant, such as renovating and building new institutions, since infrastructure is often good for branding purposes.

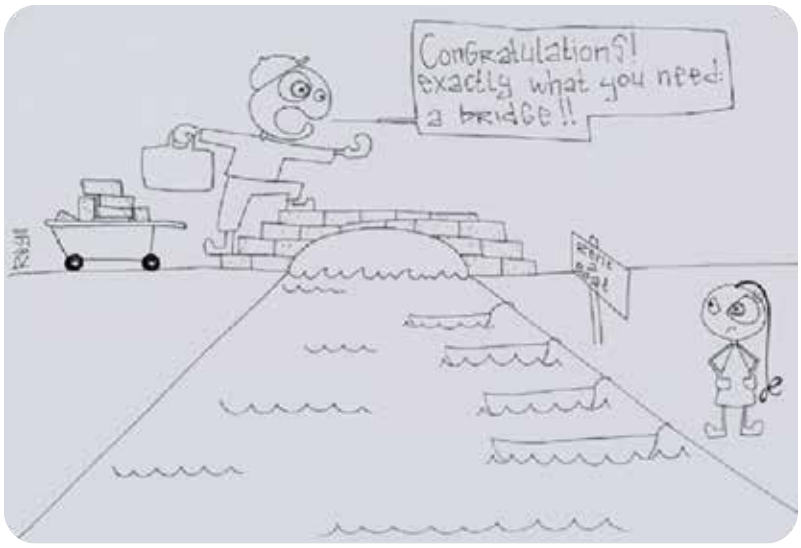


Illustration by Bianca Kronlöf

Thirteen countries (38 per cent) describe the OPDs as active and engaged with development and CRPD monitoring processes. Still, almost all of the countries mention that OPDs' weak capacity and poor coordination are key obstacles to effective OPD participation and influence. While all countries can point to empowered individuals with disabilities who act as champions, the majority of persons with disabilities remain disempowered.

The key issues raised in the reports include the following:

- Some groups of persons with disabilities are not organized and remain unaware of their rights (mostly persons with psychosocial disabilities, rural/indigenous/ low-caste populations, persons with intellectual disabilities and persons who are deaf). These groups needed targeted support from the movement (and donors) in order to organize. Groups that were already organized often needed support to develop leadership, management and advocacy skills.
- Poor coordination and even fragmentation is too common within the movement. OPD engagement often focussed on disability-specific issues and the immediate needs of their organization and service provision, rather than advocacy for inclusion and changes in national systems and structures. It is also easier for them to obtain funding to respond to service provision gaps than to strengthen institutional capacity and develop advocacy skills. This makes it difficult for OPDs to pursue their advocacy agenda and become a strong and coordinated movement. Still, many countries note that OPDs' voice and capacity are growing, thanks to some courageous donors who have invested in individual and organizational capacity development of weaker and emerging organizations.
- Often, no distinction is made between the roles and mandates of OPDs (led by persons with disabilities) and CSOs that provide services to persons with disabilities. Donors often prefer to fund the latter because they often have greater administrative capacity. This contributes further to marginalizing OPDs.
- Competition for funding between CSOs and OPDs (at the national/local level), the branding practices of international organizations and agencies, donors' requirements for separate reporting on the results of their funding (moving away from basket funding), and the practice of funding the strongest CSOs (based on bids) - rather than supporting those most in need of greater capacity - have devastating consequences for coordination and OPD capacity development.

Equality and non-discrimination

An enabling legal and policy environment is critical to protecting, promoting and fulfilling the rights of persons with disabilities and implementing the CRPD. There must be a legal commitment to non-discrimination on the basis of disability and disability discrimination must include the denial of reasonable accommodation, as per Articles 2 (definitions) and 5 (equality and non-discrimination) of the CRPD. In addition, the legal and policy framework across sectors must commit to equality, ensuring that persons with disabilities are entitled to equal benefit and protection.

Most countries have passed disability laws and adopted national disability policies based on the CRPD (74 percent). Often, they were developed after ratification of the CRPD in an effort to achieve compliance. Some countries also have anti-discrimination legislation forbidding discrimination on the grounds of disability (among others). However, for the most part, refusal to provide or neglect in providing reasonable accommodation is not defined as discrimination.

Further, existing (older) legislation has not been revised to be CPRD compliant. These older laws, especially regarding mental health, legal capacity and other types of disability- related restrictions, remain in force alongside newer ones and may contain derogatory language. Where the older and new laws conflict, this greatly affects the possibilities for persons with disabilities to access justice.

Despite legal advances and high-level commitments to disability inclusion, implementation of these commitments is generally weak. All 34 countries report that implementation is not enforced properly. This is due to a range of underlying factors, specifically:

- Stigma, prejudice and a persistent medical view of disability are serious obstacles to change in all 34 countries. In many of them, persons with disabilities are still seen as objects of charity, burdens to society or even victims of witchcraft. Prejudice is still widespread among decision-makers, public sector staff, employers, the general public and, even, among persons with disabilities themselves. Seventy-three percent of countries identify a persistent “medical approach” to disability as a key obstacle. All countries point to the need for awareness-raising campaigns to address these obstacles.
- Because the definition of disability in the CRPD is imprecise, countries have come up with their own - based on specific impairments or medical conditions - or have left that task to the discretion of district-level medical officials, who often have insufficient training. Thus, new legislation may not apply to many persons with disabilities because the law does not define them as such. This is often the case for persons with psychosocial disabilities.
- New disability legislation and policies have not been accompanied by specific budgets. These new disability-related laws and policies often lack implementation structures and outcome targets for all government sectors. Responsibility for implementation is often assigned to a Ministry of Social Welfare or a National Disability Council, entities that often lack both authority and budgets for implementation.
- All 34 countries mention poor or non-existent law enforcement and monitoring mechanisms as a key gap. There are no consequences for failure to comply with disability legislation. Individuals, OPDs and human rights commissions have brought only a small number of lawsuits alleging discrimination or violations of rights. This is also due to the fact that the majority of persons with disabilities seem to be unaware of their rights and how to take legal action. Those few cases often involve discrimination in higher education or employment, which affects upper-class individuals.

Accessibility

Accessibility is a critical precondition for persons with disabilities to live independently and participate fully and equally in society. It underpins a vast range of other rights, and thus is cross-referenced throughout the convention as well as being a foundational principle of the CRPD. The gradual achievement of accessibility depends on a solid legal and policy framework, standards, and intentional efforts to continually improve and ensure that new investments, infrastructure, information communication, and technology and service developments do not perpetuate barriers but, rather, facilitate participation.

Country reports indicate that accessibility legislation is increasingly in place, with extensive requirements for public buildings and transport. This is promising. However, all countries struggle with enforcement mechanisms. Guidelines exist, but often no one is responsible to ensure that they are followed. Law enforcement is generally weak and contractors seem to be unaware of requirements. Even when accessibility is the key objective of the construction, failures occur. In one country, accessible toilets were built in schools, but all were constructed on top of high concrete foundations and the doors opened inward. In another country, the ramps built were so steep that not even an Olympic athlete could manage them.

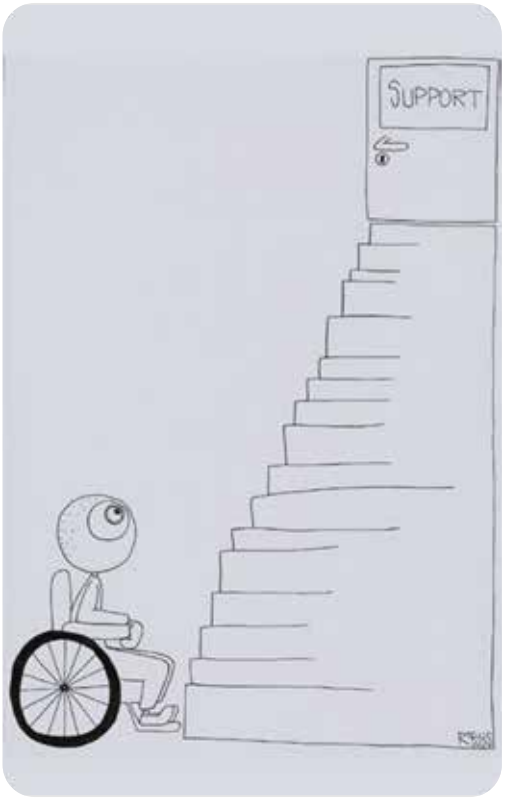


Illustration by Bianca Kronlöf

In other cases, public transport regulations have not always been enforced. Several country reports provide examples of cases of transporters who refuse to carry persons with disabilities for various reasons (including economic concerns and stigma).

Access to information is also a major gap in most countries. Persons with visual, hearing and intellectual disabilities, in particular, experience difficulties accessing vital information delivered via media or in written formats. Sign language interpretation and easy-to-understand messages are not standard in public communication, except on rare occasions on national television. With few exceptions, websites of key importance for citizens are not accessible for visually impaired persons or persons with intellectual disabilities. Lack of availability of information in emergencies, as exemplified by the Covid-19 pandemic, showed that many countries face serious issues of accessibility.

Access to justice is also a significant problem, especially for persons who have been stripped of their legal capacity. This still occurs in many countries, as CPRD-compliant supported decision-making systems have yet to be implemented and old legislation prevails in some areas. There are no/few means of revoking a decision on legal capacity when decision-making authority is granted to directors of institutions or relatives who do not always have the best interests of the person with disabilities under their guardianship in mind. Persons without legal capacity often cannot vote, start an OPD, open a bank account, inherit property, be heard in court or obtain employment. They are seen as unreliable witnesses and their claims of abuse are often ignored. They are sometimes subjected to forced medical treatment, including forced sterilization. Some countries report that researchers have not been able to interview individuals who have experienced such treatment out of fear of putting them at risk. The courts' lack of physical accessibility also hampers access to justice. Sign language interpreters are often not provided and victims/defendants must call them in at their own initiative (and expense).

Persons with disabilities report that their most pressing need is accessibility in the areas of transport, information and access to justice.

Inclusive services

Disability assessment and referral systems

Disability assessment and determination are critical processes for analysis, as they are used to determine eligibility and referral to disability-related social protection, health insurance, publicly-funded rehabilitation, support services, and assistive devices and technology. Disability assessment refers to the process of collecting information about an individual and determination refers to the official decision (using the assessment findings) as to whether someone will be classified as having a disability and, often, to what degree. In some countries, this may be an official status, represented by a disability card/other form, which can provide access to services and fee waivers. Additional and different processes also exist to determine eligibility for different types of social protection, insurance, health and support services.

As mentioned above, universal design remains a distant goal, even if a few countries have enshrined it in their policy frameworks. Instead, countries generally develop laws and policies that commit to providing targeted/specialized support services aimed at compensating for impairments.

In order for persons with disabilities to access such special services, countries have developed systems to assess and determine disability. Only two the 34 countries report having based these on an internationally agreed method (WHO ICF classification), using multidisciplinary teams. The remaining 32 highlight weaknesses in the assessment systems (to various degrees) and 10 countries (29 percent) indicate that there is no unified, functioning assessment system at all. They mention, for example, that the definition of disability is not CPRD compliant, eligibility criteria for benefits are not clear, and assessment methods used are based on a medical model by doctors who lack sufficient training. Many reports describe cumbersome and inaccessible assessments, with families faced with long trips to obtain services or obligated to pay for private doctors. Often, the disability must be of a certain “degree” to be eligible for support. This “degree” is often determined based on offensive testing/questioning or prejudicial assumptions. In most countries, only a fraction of persons with disabilities have qualified for support based on a disability assessment and determination (often confirmed by issuance of a “card” confirming their qualification). Many countries indicate that persons with disabilities often remain unidentified, because the assessment procedures are inaccessible/unaffordable, offensive and do not lead to substantial benefits. Further, these processes are disempowering because they aim to identify everything that a person cannot do, rather than focussing on what he or she could do if provided with support and reasonable accommodation.

Apart from a more empowering assessment and determination system, persons with disabilities give priority to access to health care services, education and income generation/employment as the most important service areas. Discriminatory practices are still carried out in all these areas.

Disability support services

The availability of affordable assistive and support services is vital for many persons with disabilities, especially the poor, to be able to fully access and benefit from policies and programmes on an equal basis with others. For many persons with disabilities, access to such goods and services constitutes a precondition for the respect of their inherent dignity and the full and equal enjoyment of all human rights and fundamental freedoms.

Disability support services may include:

- *In-home/residential and community support, including personal assistance*
- *Non-coercive support for persons experiencing psychological distress*
- *Services focused on assistive devices and technology provision and training*
- *Supported decision-making*
- *Communications support, such as sign language interpretation*

All country reports mention that the support services are insufficiently developed and resourced. The most common gaps described are the lack of appropriate and accessible services for persons with psychosocial and intellectual disabilities. Legislation covering the rights of these groups is often not CRPD compliant, individuals lose their legal capacity and find it hard/impossible to recover, community-based, non-coercive support is rare, and institutionalization is still the main option in many countries.

Other gaps that other countries mentioned include the inaccessibility (due to lack of eligibility, distance or awareness) or unaffordability of essential services (e.g., technical aids, personal assistance, rehabilitation services and medication). Disability grants are often extremely low and only reach those who have been "properly assessed."

Quota systems introduced by law that require employers to hire persons with disabilities are rarely enforced. Even when there is enforcement, employers often prefer to pay a small fine rather than employing a person with a disability. The refusal to provide reasonable accommodation is not yet defined as "discrimination" under law in most countries. Given these inequities, it should not come as a surprise that persons with disabilities and their families make up a disproportionate share of people living in poverty in all countries.

Mainstream services

Persons with disabilities require and have the right to the same basic services as persons without disabilities, such as education, vocational training, health, access to justice, emergency services, social protection and recreational services. It is therefore fundamental that these services are inclusive and link to disability support services where necessary. Such services include access to sign language interpreters in order to appear in court, access to community-based support mechanisms to be able to evacuate in an emergency, or access to an appropriate wheelchair and advice on how to use it in order to attend school.

Country analyses show that persons with disabilities lack the access to health services that other citizens enjoy, although their health care needs are greater than those of the general population. Health care staff in mainstream health services often do not know how to communicate with or treat persons with disabilities and may display abusive attitudes. In addition, premises and information are not accessible to all, sign language interpretation is rare and essential medication is often not available. Country reports specifically mention that persons with intellectual and psychosocial disabilities are treated badly, and that informed consent is not obtained.

Country analyses confirm the observations made in the International Disability Alliance's flagship Inclusive Education Global Report[6] and UNESCO's 2020 Global Education Monitoring.[7] Both found that children with disabilities are enrolled in school at lower rates than their peers without disabilities and that that difference is growing. In countries that have such monitoring data, between 0.9 percent and 46 percent of children with disabilities are reported to be enrolled in basic education. One country report confirms that primary school enrolment of children with disabilities is less than 1 percent, compared to more than 94 percent of children without disabilities. This same country has received substantial support for inclusive education from the international community over the last eight to 10 years, indicating that the approaches taken to support countries have not been effective. In summary, the country analyses find significant gaps in implementation of inclusive education, even when policies are in place.

The reasons include the following:

- The school system is of poor quality overall. Classrooms are crowded, materials are lacking, staff does not have adequate training and buildings/roads/toilets are not accessible. Inclusion in such settings can do more harm than good for some children and parents are reluctant to send their children.
- Most countries lack sufficient data on children with disabilities and there is no common understanding of inclusive education and what it entails.
- Negative attitudes persist, with low expectations for children with disabilities.
- The results frameworks of education programmes rarely include disaggregated monitoring indicators for in- and out of school children with disabilities. Thus, inclusive education is not implemented in consistent fashion and educational outcomes for children with disabilities are not reported.

Similarly, other service systems, such as social protection and employment/income generation support, have yet to improve living conditions for most persons with disabilities.

Country reports point to the following as underlying causes for the slow progress in implementing inclusive services:

- Mainstream services are generally of poor quality, making it difficult to provide new resources and skills to meet the needs of persons with disabilities, and prejudice exists against persons/women with disabilities.
- National and local efforts are not coordinated and competition exists among interventions. Many pilots are never brought to scale and expire when donors end their engagement.
- Institutionalization and segregated special services are still heavily funded and transition plans are hampered by poor/slow development of inclusive alternatives, resistance from long-time professional staff, and distrust of inclusive alternatives within the disability community.
- OPDs are not consulted in programme design.

Based on the country reports, it appears that persons with disabilities can be included only if the general service system (e.g., health, education and social protection) operates well and is of sufficient quality. This means that disability inclusion requires investing not only in targeted disability inclusion efforts, but also in the overall financial and human resources of these systems – and in attitudinal changes.

Thus, it is not surprising that segregated solutions are still part of all countries' service systems and that persons with disabilities and OPDs themselves often prefer them – in the short term. They are reluctant to give up these few opportunities before confirming that a better (or similar) inclusive option is available. Concrete, widely consulted and well-funded transition plans – that are not coordinated by the existing institutions - are a precondition for successful change.

CPRD-compliant budgeting

Financial planning and monitoring

Analysing the extent to which a country's domestic and international resources foster inclusion of persons with disabilities is critical to understand the priority ranking of this issue, identify the untapped resources that can be mobilized and support adequate policy and budget planning. CRPD-compliant budget analysis provides a unique perspective on the policy efforts to translate commitments to disability inclusion and the rights of persons with disabilities into action through policies and legislation. Combined with in-depth national statistical data analysis, it offers a clear picture of the gaps between resources invested and the scale of the barriers and issues that persons with disabilities face.

All 34 countries concluded that current national, subnational and donor budgets are insufficient to meet CRPD standards and implement disability laws and policies that follow from it. Disability laws and policies are rarely budgeted. Very few countries have concrete implementation or transition plans that specify the relevant ministries' responsibilities and budgets. As mentioned above, responsibility for implementation of the CRPD and disability legislation is often assigned to a Ministry of Social Welfare or a Disability Council, but does not grant those entities budgeting power or authority over other ministries that need to take action. In countries that are transitioning from institutionalization, less expensive community-based services are still commonly denied funding, while more expensive institutional care and institution upgrading continues.

Illustration by Bianca Kronlöf

Less than half of the countries report that they have adequate systems in place to monitor disability budgeting and expenditures. While it may be possible trace national budgets for disability-targeted (segregated) interventions, such as disability grants, rehabilitation services, special education or institutional operations, it is often impossible to trace disability inclusion in budgets of line ministries and local governments where disability is said to be "mainstreamed".

With few exceptions, countries report that a very small share of national sector budgets is allocated to disability specific interventions; often less than 1 percent of health and education sector budgets (when this information is available).

Mainstream sector programmes and national development programmes still do not report consistently on their contributions to disability inclusion. If these programmes lack disaggregated disability specific targets and monitoring indicators, they will certainly not include persons with disabilities, even if they are mentioned as a "target group."

Regulation and support for the additional costs of disability

Explicit budgeting for reasonable accommodation is extremely rare, which means that it is not provided. Persons with disabilities must often pay for support services and adaptations from their own pocket, which contributes to their exclusion from consultations, decision-making, education, social services and access to justice.

Accountability and governance

Quantitative and qualitative data are essential to understand the situation of persons with disabilities, the inequalities they experience and the barriers they face to participating on an equal basis. Data are also key to report on progress and ensure that persons with disabilities are factored into budgetary, policy and programming decisions so that barriers and inequalities are addressed.

Inclusive evidence and data-gathering systems

As the assessment makes clear, very few countries are using a CRPD-compliant definition of disability. Surveys are often constructed ad hoc to respond to a particular issue and may use different definitions and approaches to disability. Agencies and institutions seldom share or compare data. This shortcoming affects the ability to compile and compare statistical information from various sectors and household surveys.

Only approximately half of the countries have made some efforts to use the Washington Group Short Set of Questions on Disability in their data gathering systems.[8] Even if this set of questions is more useful than existing, nationally developed categories and definitions, it comes with some difficulties in identification of some persons with psychosocial and intellectual disabilities.

The reports mentioned the following key gaps:

- National statistical systems lack information on persons with disability or do not coordinate and use exiting data. This affects the ability to plan and budget. All 34 countries mention the lack of reliable statistics and data as a key gap.
- Most governments and development partners do not yet have disability disaggregated objectives, targets and indicators to monitor the effects of their programmes and interventions.
- Reporting on SDG disability indicators is scarce. UN agencies could do more to assist national development processes in this regard.

National accountability mechanisms

While legislation and policies are increasingly in line with the CRPD, enforcement gaps exist in all the countries, reflecting gaps in accountability and governance systems and structures.

According to country analyses, these gaps are related to the following:

- Human rights monitoring mechanisms and legal aid systems are still weak in terms of supporting the rights of person with disabilities. Reporting is ad hoc and only a few legal cases have been brought. Fourteen countries (41 percent) report that they have no functioning independent monitoring mechanism, while the rest (59 percent) report a lack of sufficient capacity of their mechanism.
- Persons with disabilities often do not report violations, typically because they do not expect to be heard, do not have legal capacity or do not know their rights.
- OPDs do not participate meaningfully in monitoring national development or humanitarian programmes as they are often not invited and/or lack capacity and coordination of voice. However, OPD advocacy capacity is growing.

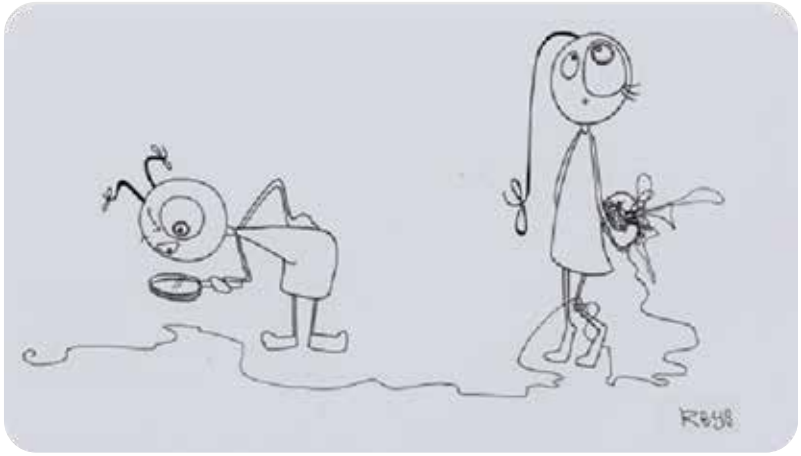


Illustration by Bianca Kronlöf

Coordination across sectors

As mentioned under the stakeholder analysis, weak coordination mechanisms constitute a key gap in all 34 countries. Government, development partners and OPDs generally work in silos to meet their own targets. It is difficult for them to take a holistic approach and seek synergies, due partly to funding requirements, limited mandates and poorly- functioning coordination mechanisms. This has negative impacts on the effectiveness of interventions and increases risks of duplication.

5 CROSS-CUTTING APPROACHES

Participation

All 34 countries report that OPD participation in coordinating, implementing and monitoring development and humanitarian programmes is insufficient. Findings indicate a vicious circle of lack of effective coordination and monitoring platforms, lack of provision of reasonable accommodation by government/development partners, and limited OPD capacity to engage meaningfully.

In some countries OPDs report that they experience consultations as an exploitation of their skills and knowledge. They feel that they are asked to provide these services for free, without seeing any results of their contributions. Their knowledge (and legitimisation) often helps CSOs, UN agencies, researchers and governments to design and get funding for programmes. However, it is common that OPDs never hear back from these actors again after the initial consultations. While the role of OPDs is to engage in advocacy and knowledge sharing, they expect that international CSOs, UN agencies, research institutions and governments provide feedback, pay for professional services and fund OPD participation in the implementation and monitoring phases of initiatives.

Marginalized groups

Discrimination against persons with disabilities affects some groups more than others. Countries specifically point to the exclusion of persons with intellectual, psychosocial and communication-related disabilities. They are more often left behind in all areas of society, development programmes and consultations, as well as within the disability movement. In a number of countries, persons with these types of disabilities lose legal capacity and lack access to supported decision-making. In some countries, they are still institutionalised and new institutions are being built, despite ratification of the CRPD. Countries mention public stigma and persistent prejudices among medical staff as an underlying factor. The pride of (and belief in) “specialists” also hampers investments in community-based services for these groups.

Despite the many development programmes claiming to apply a human rights-based approach, be “inclusive” or practice “intersectionality”, persons with disabilities are rarely incorporated. In the practical design, targets or indicators of programmes. While programmes are said to focus on the most “vulnerable” or “marginalised” groups, they still do not include persons with disabilities. The common belief appears to be that some marginalized groups must be prioritized over others when resources are scarce. Persons with disabilities are often left out due to preconceived idea that it is difficult and an expensive/ineffective use of money. Disability inclusion is yet to be seen as an integral part of the development, humanitarian and human rights agenda. Instead, it is seen as a separate issue that is mainly the responsibility of the health system. A more CRPD-compliant and human rights-based approach would focus more broadly on barriers to inclusion.

Like all children, children with disabilities who lack resourceful and supportive families have fewer opportunities.

Gender

Despite strong legislation against gender-based discrimination in most countries, women and girls continue to be marginalized in many areas, including in the women's and disability movements. Although a few countries mention the problem of "feminization of the disability sector" (making it less important), most countries find that women are underrepresented in terms of participation and influence in the sector. Existing OPDs are often male dominated (except parent organizations). Only a few countries have specific OPDs that represent the voice of women with disabilities. Women with disabilities have less access to education, job opportunities, health and social services, and decision-making. Several reports mention that women with disabilities are denied freedom of movement and privacy as families want to "protect" them. Some country reports mention that women with disabilities are more often single parents, leaving them economically vulnerable.

All countries mention that women with disabilities are at higher risk of gender-based violence compared to women without disabilities. Still, they have less access to justice (they lack legal capacity, are not heard or do not know where to turn) and to sexual reproductive health and rights (SRHR) services (negative attitudes and no accessibility). Some countries still practice forced sterilization, despite legislation introduced against it. Few SRHR programmes address these issues. Many country situation analyses recommend actions to do so.

6 DISABILITY INCLUSION IN DEVELOPMENT AND HUMANITARIAN CONTEXTS

Development programmes

Twenty-four countries (70 percent) refer to the Sustainable Development Cooperation Framework between UNCTs and governments as an important vehicle to promote disability inclusion. The framework is identified as a reason why these countries submitted an expression of interest for UNPRPD funding, illustrating that these frameworks can play an important role in pushing for inclusion. Still, countries mention that the frameworks are not yet fully disability inclusive, but they have helped to initiate certain disability-related programmes. Countries note that the Situation Analysis will help make efforts more systematic and strategic.

All countries confirm that national development programmes increasingly consider persons with disabilities as an important target group. However, the programmes have focussed primarily on policy reforms and implementation has not begun. Programme objectives are often general and lack concrete, time-bound targets. Typically, disability-disaggregated indicators are not used to monitor progress (even those included in the SDG monitoring framework) and baselines for these indicators are seldom in place. In some countries, the agencies responsible for implementation lack sufficient resources, capacity or mandate to carry out the measures needed. Successful pilots exist but are not brought to scale. Generally, the focus is on disability-specific projects rather than mainstreaming. With few exceptions, OPDs rarely participate in the national development plan/SDG coordination body in a meaningful way.

In many countries, the devolution of powers to district level is adding to the implementation obstacles. Responsibilities for implementation of national disability inclusive policies and plans are moved to local level politicians, who are yet to be empowered with knowledge, tools and resources to implement these. This lack of capacity in combination with poor coordination between national and local level governments are key reason for limited realisation of national commitments. Furthermore, OPDs often have limited advocacy capacity at the local level.

Climate change

Less than half of the country reports mention climate change as an issue of importance to persons with disabilities. In these cases, they mainly describe how natural disasters affect persons with disabilities more adversely than others because they are already among the poorest and they have difficulties accessing information, emergency measures and recovery support during a disaster. Countries describe how persons with disabilities have been left behind in floods and cyclones and how they struggle to access relief services. While persons with disabilities are mentioned in the list of vulnerable groups in some of the climate change adaptation plans, the actual, concrete preparedness is limited. OPDs are still to be engaged in fora discussing climate change mitigation and adaptation in a meaningful manner. As explained below, few countries include persons with disabilities in disaster risk and response plans.

Humanitarian contexts and disaster preparedness

Only seven out of 34 countries mention that disability is considered in disaster and emergency management plans and guidelines. The seven countries refer specifically to the Sendai Framework for Disaster Risk Reduction 2015-2030 as important guidance, which states:

> *"Persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design."*[9]

While the seven countries (6 of them in Asia and Latin America) provide examples of inclusive policies and practical implementation during cyclones, flooding and earthquakes, gaps still exist in terms of putting sufficient measures in place to meet the scale of preparations needed.

The remaining 27 countries note that persons with disabilities are not considered adequately or are absent altogether from disaster and emergency management plans. There are even examples of rejection, where emergency agencies refer persons with disabilities to "social welfare authorities where they belong".

The most common explanation/excuse to the lack of disability inclusion is that there is no data on persons with disabilities (regarding their location and needs) and that, therefore, it is impossible to plan for and include them. The limited participation of OPDs in the planning and monitoring also contributes to the poor understanding and inclusion of persons with disabilities.

Covid-19

Covid-19 put all countries' emergency preparedness to the test. Most countries report that governments largely failed to consider persons with disabilities in their responses. While in a few countries OPDs were indeed involved in consultations and planning at the national level, the information and support measures did not reach out the local level where the majority pf persons with disabilities reside.

Failures described include:

- Information about the virus and protective measures to be taken was inaccessible, particularly for persons who are blind or deaf, as well as those in institutions and with intellectual disabilities.
- Governments did not consult with OPDs on how to mitigate the effects of withdrawal of services that are essential for the survival and daily life of persons with disabilities (e.g., rehabilitation, health, social, psychological, education and livelihood services).
- Adequate measures were not introduced to ensure that children with disabilities were able to access distance learning methods.
- Measures to mitigate the isolation of persons with disabilities who live in institutions or independently and who could not leave their rooms/homes for months due to restrictions were not introduced.
- Grants did not reach the most vulnerable groups.

At the same time, new technical solutions were developed during the pandemic that can open new avenues for persons with disabilities to participate in education and political life, as well as to access services and social relationships via the internet. This provides an opportunity to "build back better." All countries mentioned the importance of consulting OPDs and including persons with disabilities in the recovery plans.

7 CONCLUSIONS

All countries have made substantial commitments to implement the CRPD and achieve inclusion of person with disabilities. Apart from ratifying the CRPD, all have adopted new disability legislation and policies. This new legislation is often CPRD compliant, with some exceptions related to the definition of disability and compliance with mental health legislation. However, existing legislation related to various sectors has often not been revised, sometimes contradicts the new law directly, and may still use derogatory language.

The main challenges highlighted in country analyses are implementing, enforcing and monitoring the commitments.

Based on the 34 country reports, we conclude that general gaps in systems, structures and capacities exist, creating obstacles to disability-inclusive development:

- A persistent medical understanding of disability and discriminatory attitudes among decision-makers, professionals, the general public and, even, among persons with disabilities themselves undermines development.
- Disability assessment and referral systems have weaknesses in all countries to variable degrees. To move away from a medical model, it seems essential to identify and share good practices of multidisciplinary teams and use of rights- based models.
- Laws and policies have not been budgeted and there are no concrete implementation plans with explicit targets and disaggregated monitoring indicators for every ministry and donor agency.
- Coordination mechanisms are weak or non-existent at national and local levels. Initiatives are therefore fragmented and often follow donor preferences or the preferences of local activists. Thus, sustainability is limited and pilots are not brought to scale.
- Monitoring mechanisms do not function properly due to lack of independence from government and insufficient capacity and mandate. Sometimes, CRPD monitoring mechanisms do not exist or are not separate from the coordination mechanism responsible for CPRD implementation. There are very few examples of litigation. OPDs are either not invited or lack capacity to be part of monitoring.
- As long as inclusive and community-based services are not of sufficient quality, stakeholders will prefer segregated solutions. This has not been sufficiently recognized as an obstacle.
- The disability movement is often uncoordinated, lacks sufficient capacity to engage with overarching policy and development processes, and is characterized by gaps in the representation of marginalized groups, including women.
- Access to justice is a big problem for persons with disabilities, especially women, when their legal capacity is removed or questioned, and/or when the justice system is insensitive to disability and provision of reasonable accommodation.

Opportunities are emerging to address some of these systemic gaps, mainly:

- The increased recognition of disability inclusion as an important part of the sustainable development framework opens doors for UN and development partners to support governments in addressing gaps.
- The lessons learned from the Covid-19 experience can be used to build back better if stakeholders use these lessons effectively.

While most challenges seem to be similar globally, there are also regional differences. In **Eastern European and Central Asia countries** for example, the continued practices of institutionalisation, and a belief in the need for "experts" to fix things are prominent and present a particular obstacle to transformation towards community-based solutions. It is also common that there are detailed regulations hindering persons with disabilities to enter the ordinary job market, offering only traditional sheltered work. The OPDs in these contexts have historically been parastatal service providers/sheltered workplaces, while new rights based OPDs are now emerging around individual, charismatic activists. This means that the disability movement is yet to form a common agenda and voice.

In **Asia and Pacific**, the consequences of climate change and the special challenges for persons with disabilities are more prominent in Situational Analyses than elsewhere. Countries are referring to the importance of The Sendai Framework for Disaster Risk Reduction 2015-2030 and the need for development and testing of inclusive emergency response mechanisms. The role of OPDs in identifying and reaching persons with disabilities in their respective local areas is mentioned as an important area to explore. The inclusion of OPDs in disaster risk reduction planning and monitoring mechanisms will be crucial.

In **Africa**, many countries are actively working with interesting, community based inclusive development (CBID) models, including political representation of persons with disabilities. The voice of OPDs in increasingly heard. The key obstacles are the high poverty levels and the general lack of human and financial resources in important basic service sectors, such as education, health and social security. In addition, devolution of powers makes policy implementation difficult.

In **Latin America**, countries struggle to identify and reach persons with disabilities beyond the more affluent population in the capital and in big cities. Many Situational Analyses also describe high levels of discrimination of women with disabilities and on-going practices of forced sterilisation. Key obstacles in Latin America seem to be related to the overall high levels of inequality in society. There are a limited number of OPDs representing the most marginalised groups.

8 LESSONS LEARNED FROM THE PROCESS

To support country teams, guidelines detailing expectations regarding the method, content and format of the Situation Analysis were developed and distributed. All country teams were offered an opportunity to participate in a webinar and bilateral meetings to review the requirements in detail. Consulting with OPDs to ensure that they could express their experiences and priorities was an important priority. A substantial part of the guidelines and the webinar dealt with this issue.

Many countries report that while the inception phase process was demanding, it constituted an important learning process that helped to bring stakeholders together and establish relationships. The consultation process also helped stakeholders understand the complexity of change processes and the importance of prioritizing by requiring that gaps and opportunities be analysed and actionable recommendations formulated.

Some of the key lessons learned from the Situation Analysis process include the following:

Stakeholder participation

The level of participation also varied based on approaches taken by the consultancy teams and stakeholders' capacity.

- **OPD participation in the process varied**. Initially, the pandemic often required conducting interviews and workshops virtually. This excluded many people, particularly those from the most marginalized groups. Some countries addressed these challenges by engaging OPD representatives as part of the research team and/or using OPD networks to reach out at the local level with surveys or focused group discussions. In a few countries, only a small number of OPD leaders based in capital cities could be expected to respond. Several countries struggled with limited OPD capacity to engage meaningfully in systemic-level discussions/priorities and challenges related to fragmentation within the movements.
- **Government participation in the process varied.** In most countries, the government participated mainly in the inception training as key informants and in the verification stage. In a few countries, government representatives took a more active role, leading to a more cautious description of gaps and a greater emphasis on achievements made. Clearly, the government's involvement in identifying and recognizing such gaps – and its willingness to engage - was critical to ensuring the feasibility of action on recommendations for systemic changes and the inclusion of those recommendations in the upcoming UNPRPD programme proposal.
- **UNCT participation in the process varied**. In those countries where the Resident Coordinator (RC) office took an active role in guiding and ensuring the quality of the consultant's work, the quality of the Situation Analysis was substantially higher than in countries where the consultant did not receive such support. Also, the RC's role in supporting cross agency engagement and balancing OPD demands, government interests and UN agency capacities proved to be critical in a number of countries in identifying priorities for possible programming.

Quality of reports

The quality of the reports varied based on capacity, level of stakeholder engagement, data gaps and Covid-19. However, 34 out of 36 countries completed the process, achieving a satisfactory level of quality and learning key lessons. A number of governments, UNCTs and OPDs are already using the Situation Analysis recommendations to inform ongoing processes and funding proposals, which extends beyond the purpose of the UNPRPD Fourth Call.

To support country teams, the Technical Secretariat issued several communications between June and November 2021 with specific guidance on issues that emerged from continued interactions with the countries.

Technical gaps that required further guidance included:

- **The definition of disability and the distinction between intellectual disability and psychosocial disability.** Many countries used the term "mentally disabled," which was extremely confusing.
- **Challenges regarding the inclusion of persons with psychosocial disabilities in the analysis.** They are not defined as persons with disabilities under national legislation. In some countries, teams did not interview persons living in institutions or under guardianship to protect their safety.
- **Confusion between OPDs and service providing CSOs.** In many countries, service- providing INGOs or CSOs are not distinguished from OPDs, which are controlled and led by persons with disabilities, because the former are more vocal and resourced. One country even mentioned donor funding for these CSOs as a key obstacle for the development and growth of OPDs.
- **Lack of clarity, which created problems in understanding what to include in the Analysis section. That section seemed very similar to the Findings section and the Critical Gaps and Opportunities section.** This lack of clarity created multiple difficulties and the Secretariat should revise the guidelines for these sections.
- **Identifying opportunities that could be leveraged.** Not all draft reports identified such opportunities and some countries had to be reminded to do so.
- **Formulating actionable, systemic-level recommendations.** Some of the recommendation sections tended to be long wish lists with recommendations ranging from the most comprehensive systemic change to the smallest detail in service delivery. Recommendations were phrased in very general terms and did not name the parties responsible for taking action, nor how the UNCT should support the proposed changes to make them a reality.
- **Translation quality was often poor.** Countries that needed to translate the Situation Analysis from the national language to English often did not give sufficient attention to translation quality and proofreading. The Secretariat shared an English glossary of key terminology to address this.
- **Difficulty to translate Situational Analysis recommendations into the required programme proposal format (outcomes and outputs).** To assist countries the Technical Secretariat developed a template – Prioritisation Table - where the recommendations could be reformulated into outcomes and outputs. The Technical Secretariat also offered individualised meetings with country teams and consultants to support them to understand how to translate their priorities into the require results framework.

Capacity and role of UNCTs and consultants

Countries took very different approaches to recruiting consultants/research teams. A few engaged OPDs in data collection, which was a helpful tool for reaching out under the Covid-19 restrictions and ensure participation. Three countries hired OPDs as lead consultants. While this did ensure that an OPD perspective was included, it was also difficult for those organizations to analyse the dynamics and capacity gaps in their own sector.

Most countries recruited consultants from research institutions or consultancy firms. Depending on the consultants' background, some relied more on document reviews (secondary data) and quantitative surveys, while others primarily addressed qualitative data collection through key informant interviews and focussed group discussions. A few countries noted that it was difficult to find consultants with the required experience in disability issues at the national level and chose to recruit international consultants to lead, with support from local colleagues.

Overall, the consultants' varied backgrounds affected the methodologies and quality of the reports. In a few cases, the Situation Analysis had to be revised four or five times before it could be validated.

The main lessons learned include the following:

- Active UNCT involvement in guiding and ensuring the quality of consultants' work at the country level is important for quality and ownership.
- Recruiting independent consultants with the right skills is important, but not always easy. It is essential to ensuring quality and may require more guidance.
- A single lead consultant should take overall responsibility for delivery, ensuring balance of content and a consistent writing style.
- Lead consultants should be independent from government and OPDs.
- When translations into English are needed, sufficient budgets should be allocated to ensure their quality.

To support countries the Technical Secretariat has updated the Situational Analysis guidelines and the workshop PPT, developed a resource database and a roster of consultants.

ANNEX 1:

34 SELECTED COUNTRIES

Argentina
Colombia
Ecuador
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Benin
Cameroon
DRC
Eswatini
Kenya
Mozambique
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zambia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova
Serbia

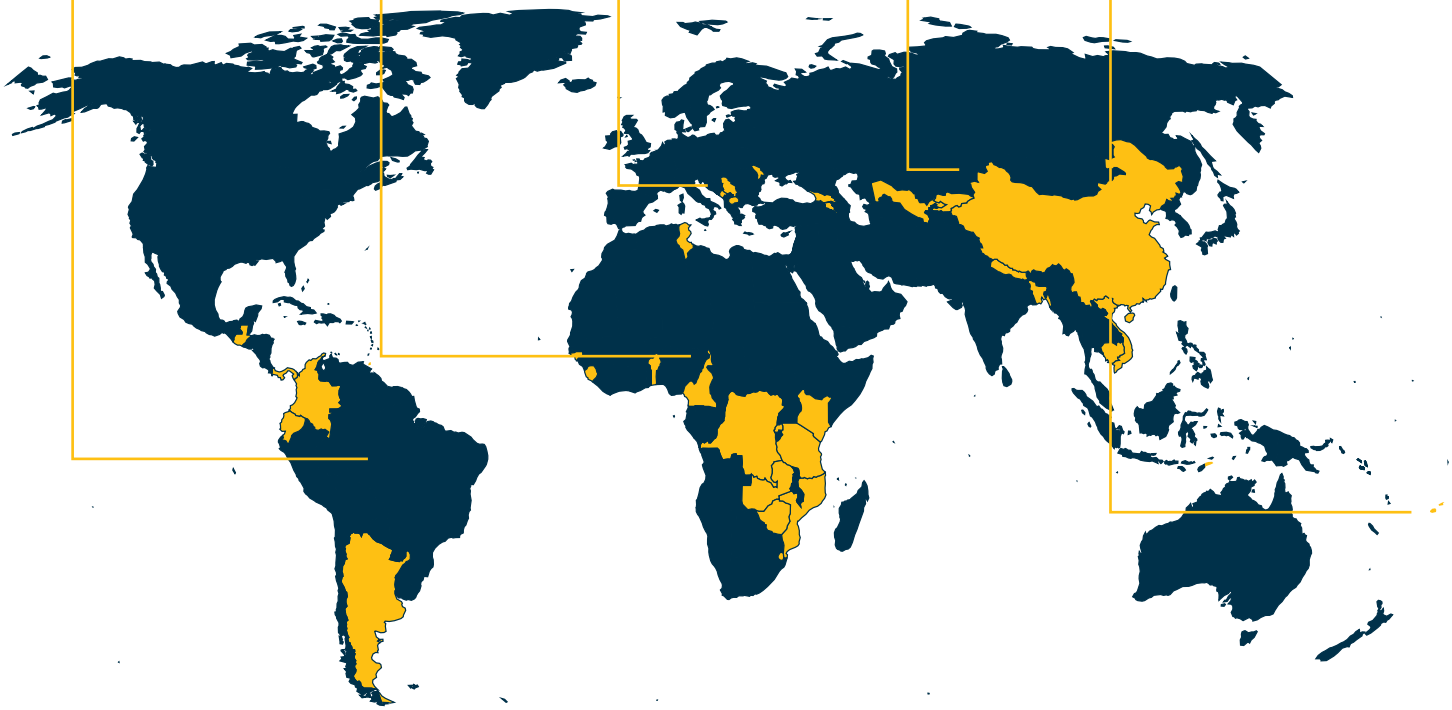
EUROPE

Armenia
Bangladesh
Cambodia
China
Georgia
Kirgizistan
Nepal
Uzbekistan
Vietnam
Timor Leste

ASIA

Cook Islands

OCEANIA



ENDNOTES

1 The UNPRPD situational analysis framework was developed with contributions from researchers in the School of Education, College of Social Sciences at University of Birmingham and CBM Global Disability Inclusion (cbm-global.org).

2 Selected countries in the first tier include: Argentina, Armenia, Bangladesh, Cambodia, Cameroon, Colombia, Cook Islands, Democratic Republic of Congo, Eswatini, The Gambia, Ghana, Georgia, Guatemala, Moldova, Montenegro, Nepal, North Macedonia, Panama, Rwanda, Sierra Leone, Tanzania, Trinidad and Tobago, Tunisia, Uzbekistan, Vietnam, Zimbabwe

3 Selected Countries in Tier 2 A include: China, Ecuador, Fiji, Kenya, Kirgizstan, Peru, Serbia, Timor Leste, Zambia (Peru and Fiji not yet included in this analysis)

4 Selected countries in Tier 2 B include: Algeria, Azerbaijan, Barbados, Botswana, Costa Rica, Kosovo, Malawi, Maldives, Mali, Nigeria, Sao Tome, Sri Lanka, Uruguay

5 See PRPD note: The preconditions necessary to ensure disability inclusion across policies, services and other interventions.

6 International Disability Alliance (IDA) (2020). "IDA Inclusive Education Report," https://www.internationaldisabilityalliance.org/ida-inclusive-education-2020

7 UNESCO, Global Education Monitoring Report (2020). "Inclusion and education: All means all," https://en.unesco.org/gem-report/report/2020/inclusion

8 CBM Global Disability Inclusion, Washington Group Questions, https://idrr.cbm.org/en/card/washington-group-questions

9 United Nations (2015). "Sendai Framework for Disaster Risk Reduction 2015-2030," https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf

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