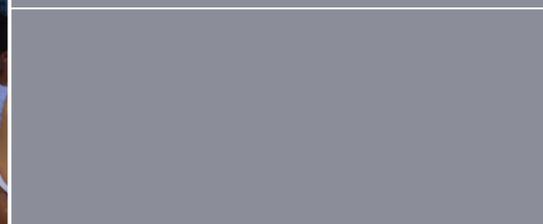




Mainstreaming disability in the new development paradigm

Evaluation of Norwegian support to promote the rights of persons with disabilities

Report 1/2012 Evaluation



Norad

Norwegian Agency for
Development Cooperation
P.O.Box 8034 Dep, NO-0030 Oslo
Ruseløkkveien 26, Oslo, Norway

Tel: +47 23 98 00 00
Fax: +47 23 98 00 99

Photo: Nora Ingdal/NGC, Save the Children Norway
Design: Siste Skrik Kommunikasjon
Print: Network Broking/Digital PrintService
ISBN: 978-82-7548-623-1

Mainstreaming disability in the new development paradigm

Evaluation of Norwegian support to promote the rights of persons with disabilities

February 2012

Nordic Consulting Group

Team leaders: Nora Ingdal and Annika Nilsson

Team members: Basil Kandyomunda, Malek Qutteina, Jack Makoko, Era
Shrestha, Anne Hertzberg, Zozan Kaya and Mari Brekke Mogen

Quality-Assurance: Miriam D. Skjørten and Guro Fjellanger

Note on layout and language

The layout of the document has tried to conform to guidelines for accessibility and ease of reading, which require Arial font and left (not full) justification of the text.

The report has tried to avoid unnecessary use of acronyms and abbreviations.

An easy-read version of the final report will be made available on www.norad.no

Disclaimer:

The report is the product of its authors, and responsibility for the accuracy of data included in this report rests with the authors. The findings, interpretations and conclusions presented do not necessarily reflect the views of Norad Evaluation Department.

Preface

During the last decade the approach to disability has changed from a medical approach to a social and a human rights-based approach where focus is on removing barriers in society.

Norway has been among the driving forces establishing a framework for including and mainstreaming disability in development cooperation. How has Norwegian support to the promotion of the rights of persons with disability in the last decade been reflecting this?

The purpose of the evaluation was twofold: to document and assess the results of the Norwegian support in the last decade, and to assess the adequacy of the current 2002 Guidelines for the future, with special reference to the Convention on the Rights of Persons with Disabilities.

The evaluation offers an overview of Norwegian support to promote the rights of persons with disabilities. Between 2000 and 2010 the total funding *targeting* persons with disabilities was 1,4 billion Norwegian kroner (USD240 million). In addition to the targeted support, the report identifies a few general programs in which disability aspects have been *mainstreamed*. These projects had a total budget of 1, 6 billion Norwegian kroner of which only a small part (less than 1%) went to facilitating the inclusion of persons with disabilities.

The documentation and analysis of Norwegian support in the four case countries Malawi, Nepal, the Palestinian territory and Uganda, and the desk study of the support to Afghanistan, argue for a two-track approach, utilizing gender mainstreaming as a model. Targeted initiatives give short term results and empower the rights-holders. Mainstreamed initiatives may take more effort and time, but - when successful – capacitate the governments (duty-bearers) in providing long term and sustainable results by removing barriers for inclusion and universal access.

The research team systematically analyzed the Norwegian funded projects in light of a human rights-based theory of change, relying on the assumptions that projects need to empower persons with disabilities and their organizations, as well as

build the capacity and demand accountability of the duty-bearers to take their responsibility for fulfilling the rights of persons with disabilities as stipulated in international conventions and national laws. Ensuring that research, statistics and knowledge are fed into the programming is also a key dimension of this theory of change. The evaluation found that very few stakeholders applied a human rights-based theory of change, but rather focused on service provision which the team suggests is more likely to address immediate needs rather than creating sustainable changes.

The main synthesis report is available electronically and in printed version. A braille copy can be downloaded from the web. The four country reports, written in English, are available electronically. As part of Norads efforts of ensuring universal access, the summaries of the country studies are made available electronically, with translations to the relevant local languages Nepali, Arabic and Chewa. In addition an easy-read version in English and Norwegian of the main report is available electronically. In the oral presentations, sign language interpretations were facilitated for the hearing impaired and the deaf.

Nordic Consulting Group, in cooperation with researchers from the countries involved, carried out the evaluation and is responsible for the contents of the report, including its findings, conclusions and recommendations.

Oslo, February 2012

A handwritten signature in black ink, appearing to read 'Marie Gaarder', written in a cursive style.

Marie Gaarder
Director of Evaluation

Acknowledgements

The evaluation of the Norwegian support to promote the rights of persons with disabilities has been organised and implemented by Nordic Consulting Group Norway and involved a large number of stakeholders; duty-bearers and rights-holders, in this case, the persons with disabilities themselves.

The evaluation was conducted by a team of 11 persons, organised in the following manner:

- **Evaluation Team Leaders:** Nora Ingdal and Annika Nilsson who shared the joint responsibility for the overall report.
- **Country Lead Consultants:** Dr Malek Qutteina (the Palestinian territory), Basil Kandyomunda (Uganda), Jack Makoko (Malawi) and Era Shrestha (Nepal). They were fully responsible for the case country reports (printed as separate reports), including the field visits, the data collection and analysis, the write-up and interaction with local and Norwegian rights-holders for validation. They presented the country findings both in Norway and the case countries. They wrote thematic sections on individual empowerment, education, humanitarian aid, research etc. and took full part in the write up of the whole report.
- **Research, statistics and analysis:** Anne Hertzberg was in charge of the Afghanistan desk study, and the analysis of Norwegian humanitarian funding; she also took full part in the write up of the main report. Mari Brekke Mogen was responsible for the mapping study and the statistical analysis of the portfolio of Norwegian supported initiatives for the period from 2000-2010; and Zozan Kaya assisted with synthesising previous evaluations and reviews, in addition to backstopping the team with logistical and administrative support.
- **Quality Assurance** has consisted of Miriam Donath Skjørten, special needs education expert and Guro Fjellanger, former minister, now lobbyist and advisor, who have provided comments on the country studies and on the final report.

The composition of the evaluation team reflected a good balance of gender, age, and abilities.

The evaluation team would like to extend our sincere thanks and appreciation to all those who have willingly shared with us their experience in working with mainstreaming or targeting disability in development and humanitarian assistance. Especially people in Norad, the Ministry of Foreign Affairs and the Embassies in the Palestinian territory, Malawi, Nepal and Uganda. A special thanks to Anette Haug in the Evaluation Department of Norad for being an inspiring, flexible and professional colleague.

Last, but not least – we would like to extend our **sincere appreciation to the children, women and men with disabilities** – and their organisations, in the countries we visited. We hope that this report might make a small contribution to a more effective, transparent and better coordinated aid that will continue to make a difference in people's lives.

Despite our efforts to validate and check the findings in this report, any error found is the sole responsibility of the evaluation team.

Oslo, Stockholm, Blantyre, Jerusalem, Kampala and Kathmandu, 21.11.2011

Contents

	Preface	iii
	Acknowledgements	v
	List of abbreviations	xi
	Executive summary	xv
1	Introduction	3
	1.1 Background	3
	1.2 Scope	3
	1.3 Point of departure	4
	1.4 Users of the evaluation	5
	1.5 Definitions	6
	1.6 Evaluation methods	8
	1.7 Limitations to reliability and validity	11
2	From charity to rights – a decade of paradigm shift	14
	2.1 Disability Time- and Storyline	14
	2.2 Convention on the Rights of Persons with Disabilities	18
3	Theory of change	21
	3.1 The model	21
	3.2 Different theories of change	23
4	Portfolio Analysis	25
	4.1 Trends	25
	4.2 Type of interventions	27
	4.3 Channels and partners	28
	4.4 Types of disabilities	30
	4.5 Cause of disabilities	31
5	Achieving the rights of persons with disabilities	33
	5.1 Individual empowerment	33
	5.2 Capacity development of Disabled People’s Organisations	38
	5.3 Government/duty-bearers	42
	5.4 Research	43
	5.5 Priority sectors	47
	5.6 Overall findings on results	59

6	Modalities of the aid	60
6.1	Disability in the new development paradigm	60
6.2	Grant management and policy dialogue	62
6.3	Coordination and cooperation	66
6.4	Role of the Atlas Alliance and DPOs	68
6.5	Comparison with other donors	72
6.6	Some good practices	73
7	Overall assessment	75
7.1	Relevance	75
7.2	Effectiveness	77
7.3	Sustainability	79
7.4	Risk analysis	81
7.5	Suitability of current framework	82
8	Conclusions and recommendations	85
8.1	Conclusions	85
8.2	Recommendations	87
8.2.1	Recommendations for MFA	87
8.2.2	Recommendations for Norad	89
8.2.3	Recommendations for Embassies	90
8.2.4	Recommendations for Fredskorpset	90
8.2.5	Recommendations for civil society organisations	90
8.2.6	Recommendations for the Atlas Alliance	91
	References	92
	Annexes	101
	Annex A: Mapping Study	103
	Annex B: List of informants	136
	Annex C: Summary of Afghanistan case study	149
	Annex D: Summary of Malawi case study	158
	Annex E: Summary of Nepal case study	164
	Annex F: Summary of the Palestinian territory case study	170
	Annex G: Summary of Uganda case study	174
	Annex H: Terms of Reference	179
	List of Figures in main report	
	Figure 1: Model Theory of Change	22
	Figure 2: Total Norwegian disability related support for years 2000-2010 (in '000 NOK)	25
	Figure 3: Targeted, mainstreamed or partly mainstreamed for the years 2000-2010	28
	Figure 4: Channels of funding for mainstreamed projects 2000 – 2010 (000' NOK)	29
	Figure 5: Channels of funding for targeted projects in years 2000 – 2010 (000' NOK)	30

Figure 6: Classification of the types of disabilities	31
Figure 7: Main Focus of the projects targeting persons with disabilities	34
Figure 8: Main focus of the mainstreamed or partly mainstreamed projects	35
Figure 9: Implementing channels in Individual Empowerment - targeted projects	36

List of Tables in main report

Table 1: Informants by categories	10
Table 2: Time and storyline of key disability events in Norway	16
Table 3: Disability aid as share of total Norwegian aid for the years 2000-10 (in NOK '000 and %)	27
Table 4: Allocation to Capacity Building for DPOs in targeted projects 2000-2010	39
Table 5: Disability related research funded by Norway for years 2000-2010 (NOK '000)	44
Table 6: Largest sectors in projects targeting and mainstreaming persons with disabilities for the years 2000-10 (in 000'NOK)	48
Table 7: Extending agencies for targeted and mainstreamed projects for the years 2000-10 (in 000'NOK and %)	63
Table 8: Comparison of sectors and policy dialogue in case countries	65
Table 9: Comparison of three Norwegian umbrella organisations	70

List of Abbreviations

CBO	Community Based Organization
CBR	Community Based Rehabilitation
CEDAW	Convention on Elimination of all Forms of Discrimination Against Women
CMC	Cluster Munitions Coalition
CRPD	UN Convention of the Rights of Person with Disabilities
CRC	UN Convention on the Rights of the Child
CSO	Civil Society Organizations
DIGNI	Norwegian Churches and Missions in Development
DPO	Disabled People's Organisation
EU	European Union
FAO	Food and Agriculture Organisation (UN)
GPDD	Global Partnership for Disability and Development
HRBA	Human Rights-Based Approach
ICBL	International Campaign to Ban Landmines
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
ILO	International Labour Organization
INEE	Interagency Network for Education in Emergencies
LBGTI	Lesbian, gay, bisexual, transgender and intersex
MFA	Ministry of Foreign Affairs, Norway
MDG	Millennium Development Goals
NABP	Norwegian Association of the Blind and Partially Sighted
NAD	The Norwegian Association of Disabled
NCA	Norwegian Church Aid
NFU	Norwegian Association of Developmental Disabilities
NGO	Non-Governmental Organisation
Norad	Norwegian Agency for Development Cooperation
NPA	Norwegian People's Aid
NOK	Norwegian kroner
NRC	Norwegian Refugee Council
NUFU	Norwegian Programme for Development, Research and Education
PRSP	Poverty reduction strategies and plans
PWD	Persons with disabilities
RBA	Rights-based approach (see also HRBA)
SFD	Special Fund for the Disabled (ICRC)

SHIA	Swedish Organisations' of Persons' with Disabilities' International Development Cooperation Association
SIU	Norwegian Centre for International Cooperation in Education
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WFP	World Food Program
WHO	World Health Organization

Executive Summary



Executive Summary

Introduction

Persons with disabilities do not make up a small, insignificant group. As much as one out of seven (15%), or more than one billion women, men and children live with a disability according to the *World Report on Disability, 2011*. Most of them live in developing countries, excluded from health, education, social, economic, political and cultural opportunities. Between 110 and 190 million people experience very significant limitations. The prevalence of disability is increasing due to population ageing, the global increase in chronic health problems, but also negative impact on health from environment, road traffic accidents, natural disasters, conflict, and unhealthy life style. Having a society, where everybody can participate and contribute is not only a human right but it is also good for economic growth and poverty reduction.

During the last decade these facts have started to influence development programs. The approach to disability has changed from a medical/welfare approach focusing only on individual impairments - to a social and a human rights-based approach where focus is on removing barriers in society and investing in Universal Design.

This paradigm shift has been underpinned by the process of drafting and adopting a UN Convention on the Rights of Persons with Disabilities (hereafter: CRPD or simply *the Convention*). In this Convention, the rights of persons with disabilities have been given a solid international basis and framework. The new approach to disability is now being reflected in policies and strategies of many development agencies and national governments, although implementation still remains a challenge.

Norway along with the other Nordic countries, were pioneers in establishing a framework for including and mainstreaming disability in development cooperation more than ten years ago. The Norwegian Ministry of Foreign Affairs approved a Plan for inclusion of persons with disabilities in development, and Norad produced a set of Guidelines with the same purpose. Norway also participated actively in the process of drafting the Convention, signed it in 2007 and is now in the process of preparing for ratification.

On that backdrop Norad's Evaluation Department initiated the current evaluation to take a critical look at how the paradigm shift has been translated into practice and funded by Norway. The purpose of the Evaluation was two-fold:

- Document and assess the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade. The evaluation should include, but not be limited to an assessment of the extent to which the support to persons with disabilities has been mainstreamed and the special merits of such an approach within the cooperation.
- On the basis of the plan and the guidelines from 2002, considering the recent developments on the international scene, with special reference to the Convention (and Art. 32), propose guidelines appropriate to meet the challenges for Norway related to the support and promotion of the rights of persons with disabilities.

Methodology

The evaluation took its starting point in defining what is meant by “promoting the rights of persons with disabilities”. Based on a human rights based theory of change, this would entail:

- Empowering persons with disabilities and their organisations (the **rights-holders**) with hope, assertiveness, knowledge, skills, tools etc. enabling them to claim their rights as stipulated in national laws and UN conventions, and;
- Supporting, capacitating and demanding accountability of those in power (the **duty-bearers**) to respect and respond to these legitimate claims.

All projects studied in this evaluation have been analysed within this theory of change framework.

The methodology of this evaluation has consisted of six different activities, each including different tools for collecting and analysing data.

1. A survey of the most recent literature on disability and development, and relevant evaluations and studies of projects and programs.
2. A Mapping Study which involved classification of close to 1400 disbursements with a value of 3 billion Norwegian krone (NOK) (around 500 million USD) and their relevance to the rights of persons with disabilities.
3. Field visits in the four case countries: Malawi, Nepal, the Palestinian territory and Uganda to obtain a deeper understanding of how the rights of persons with disabilities have been promoted, and estimate the possible contributions of the Norwegian support. Afghanistan was included as a desk study.
4. In depth interviews with stakeholders in Norway.
5. Rights-holders’ consultations to obtain the views and experiences of persons with disabilities themselves.
6. Analysis workshop in Oslo: the lead country consultants were brought to Norway for one week, to present the findings from the case studies to the Norwegian organisations and DPOs involved and get feedback and comments.

Findings

Policy and practice

The policy and guidelines on mainstreaming disability in Norwegian development initiatives have not translated into concrete action by development partners. In fact, the policy and guidelines are hardly known by any staff of Norwegian agencies or their partners in the case countries, with the exception of the Atlas Alliance in Norway. The follow up study of the policy, made in 2004, was also not known and has subsequently not been used as a source of inspiration for a review of development approaches. The main reasons for the failure to translate policy into practice were:

- a. lack of political priority;
- b. lack of understanding of disability as an important human rights and poverty reduction issue;
- c. a belief that inclusion of persons with disabilities is difficult, expensive and not viable;
- d. weak advocacy by the disability organisations.

For some of the Norwegian NGOs, the instructions from the donor (Norad) to concentrate their portfolios according to key competencies led to reductions in their support for projects related to disability, rather than increase. None of these NGOs had been asked to report on how they target or include children, women and men with disabilities.

The human rights based approaches necessary to remove barriers and to achieve lasting changes in society and in the lives of persons with disabilities, were mostly absent in the Norwegian funded initiatives studied. Cooperation between stakeholders was limited and initiatives fragmented. Even among the Norwegian funded initiatives, the linkages were weak. This could be ascribed partly to how Norwegian funding is organised: the civil society projects were funded by Norad, bi- or multilateral sector programs were funded by the Embassies and programmes for land mine victims were most often funded by the Ministry of Foreign Affairs in Oslo. The civil society funding is mainly for NGOs, not governments.

Other factors also impeded the potential synergies; the development partners had different theories of change and views on disability, many still use a medical and welfare approach rather than a rights-based approach. The concept of mainstreaming was also not fully understood among the different development agencies, DPOs and duty-bearers. For example; violence against women and girls with disabilities was in general not included in the women's rights organisations (except one case found in Nepal), children with disabilities were not targeted among children's rights organisation, except in Plan Norway that has been a driving force in this issue, and HIV and AIDS programs failed to make their initiatives inclusive and accessible to persons with disabilities.

Statistical overview

Between 2000 and 2010 the total funding targeted for persons with disabilities was 1,4 billion Norwegian kroner (NOK), which equals around 240 million USD. Due to the sharp increase in the total Norwegian official development aid budget the share of funding to persons with disabilities decreased over the years; funds *targeting* persons with disabilities was 1% in 2000 but sunk to 0,5% in 2008. The largest single recipient, receiving 45% of the targeted funding, was the Atlas Alliance members that work in 20 countries with service-provision, individual empowerment of persons with disabilities, capacity-building of DPOs and advocacy. The second largest recipient was the Norwegian Red Cross - mainly for the Special Fund for the Disabled (SFD) and the International Committee of the Red Cross (ICRC), which received 31% of the targeted funding. Together they have handled $\frac{3}{4}$ of the total funding targeting persons with disabilities in the period of the evaluation.

During the same time period, 1,6 billion NOK was spent on general projects where persons with disabilities had been included systematically (*mainstreamed*) or as a small part of a project/program (partly mainstreamed). Funds mainstreaming disability gradually increased over the years from 0,2% of the total aid budget in year 2000 to 0,7% in 2010. The largest recipient was the ICRC (via the Norwegian Red Cross) for its humanitarian and emergency assistance in conflict and war zones. The second largest recipient was the Nepal Ministry of Education for the inclusive education programs where Norway is a lead donor. The third largest partner that has channelled funds for mainstreaming disability into development is the World Bank led *Trust Fund for Environmentally and Socially Sustainable Development* (TFESSD). The fourth largest was the Norwegian Church Aid health program in Malawi. These four partner initiatives have received more than 88% of the 1,6 billion NOK spent on mainstreamed and partly mainstreamed initiatives. It should be noted that only a minute share of this amount has actually gone to promote the rights of persons with disabilities. In the projects studied, it was around 2-3 % of the total funds.

Results targeted interventions

The best documented and sustained outcome on improving the lives and enhancing the rights of persons with disabilities were found in the targeted projects. The long term financial and moral support from sister organisations in Norway has helped national disability organisations (DPOs) to develop their capacity. The supported DPOs had become stronger, more visible and managed to influence policy changes in almost all the countries visited. Before the Norwegian support some 20 years ago there were hardly any DPOs in the countries studied, which is a clear outcome indicator. Other good examples are the community-based rehabilitation programs (CBR). These have impacted on access to services, empowerment and participation of persons with disabilities in society. Despite positive outcomes, there are still major capacity gaps in some DPOs; many still focus on service-provision for their own group rather than investing in joint advocacy for mainstreaming access to health, education, justice, and income generation.

Through the service provision projects, persons with disabilities have been assisted to reduce their impairments and improve mobility and daily living skills (through cataract operations, physical rehabilitation etc.). These projects, however, were often found to be focussed on individuals rather than on building the capacities of national duty-bearers and systems. Thus, many of the traditional service-provision projects were not sustainable.

Results mainstreamed initiatives

Mainstreaming of disability is still rare in development cooperation. Results were therefore hard to detect, and because monitoring and reporting frameworks do not have disaggregated information. The current modalities of the aid such as poverty-reduction strategies, sector-wide approaches, budget support etc. were found to be excluding persons with disabilities, not necessarily by intention, but rather by the way they are set-up. To access information and understand how the aid systems work was found to be out of reach for most of the DPOs visited. Even programs that are designed to include vulnerable and marginalised groups frequently do not include persons with disabilities. If they do, children, women and men with disabilities are often the last to be considered. This was found to be the case in some education programs (e.g. education programs).

Even if the results of targeted projects were more visible and better documented, that does not mean that mainstreaming as an approach does not yield results. Rather, it reflects limitations in the understanding of mainstreaming and how to plan, monitor and report on disaggregated results.

The benefits of the targeted interventions are comparatively quick results on the individual level, while the main weaknesses are limited coverage, short duration and low sustainability. By contrast, mainstreaming is slower in producing results, though with better prospects of coverage, changes on societal level and long-term sustainability. Mainstreaming requires deliberate, explicit measures in support of inclusion and removal of barriers (attitudinal and practical).

Results education and humanitarian assistance

Education and humanitarian assistance were under special focus in this evaluation. For education, the results were meagre. With few exceptions, children with disabilities had not been deliberately or substantially included in the education programs supported by Norway. The main focus of Norwegian funded education programs, including the large contributions to UNICEF was inclusion of girls. UNICEF has only recently started to promote inclusion of children with disabilities in their programs, with appointment of a focal point for disability in 2011. Alongside attitudinal and financial constraint, lack of donor and government commitment towards the education of children with disabilities was found in most of the countries. As the stakeholders focus on reaching education targets in terms of enrolment and completion rates, children with disabilities were found to be left out. There is also absence of statistics regarding children with disabilities who are out of school. Knowing the crucial importance of education for a child's inclusion in society and future opportunities in life, this is one of the areas that need urgent attention.

The Humanitarian Policy of Norway mentions persons with disabilities among the most vulnerable groups that need special protection and access to humanitarian assistance. Recently Norway, along with the Atlas Alliance, has organised a conference of the need for inclusion of disability in conflict and emergencies and on mainstreaming disability in development aid. The awareness of the necessity to protect girls and women with disabilities was found among a few of the partners in the Northern Uganda crisis such as the Trust Fund for Victims. Norwegian Refugee Council had also initiated reporting formats to capture statistics of persons with disabilities, but among the other main partners such as UNICEF, there were no reported outcomes on the protection of children and adults with disabilities.

Norway has supported some important research and knowledge development initiatives in the area of disability, especially through the World Bank, the University cooperation and research funded by the Atlas Alliance and conducted by members and SINTEF. There are also a few good examples from national levels. However, Norway has not strategically and deliberately supported research to build a foundation of facts, evidence and knowledge which are essential for development agents. Existing research is often not shared and used as it is seldom presented in a user-friendly and accessible way. There is great potential to use research strategically as leverage for better results in many sectors.

Conclusions and recommendations

Specific recommendations for MFA, Norad, the Embassies, Fredskorpset, the Atlas Alliance and the civil society organisations can be found in chapter eight of the report. Below is a summary of the key issues that needs to look into in the follow-up of this report.

Conclusion 1: The evaluation found that Norway only to a limited extent had promoted disability as a human rights issue since 2002. Mainstreaming of disability has not been deliberately implemented despite the parliamentary decision, the policy and the guidelines.

Recommendation 1a: Take a political, high level decision to include disability as a key human rights issue in the international engagements of Norway around the world. When Norway has ratified the Convention it will be a legal obligation to do so (article 32).

Recommendation 1b: Use the gender equality work as a model for mainstreaming disability. Build internal capacity by appointing focal points in departments and Embassies. If MFA wants to lift the issue even higher on the agenda, a Disability Strategy can be developed and a Disability Ambassador can be appointed.

Recommendation 1c: Demand disability disaggregated objectives and indicators in planning and reporting (as with gender) in grant and instruction letters to Embassies, directorates (Norad, Fredskorpset) and other partners and set aside earmarked budgets for inclusion.

Recommendation 1d: Strengthen the capacity of DPOs (disabled peoples organisations), as part of the support to human rights defenders, so that they can become vibrant and influential civil society actors in the partner countries.

Recommendation 1e: Instruct the different sections in Norad about including disability as a human rights issue in appraisals, reviews and evaluations, and reintroduce the disability marker in the statistical database.

Recommendation 1f: Coordinate with Nordic development agencies (and other like-minded donors such as DFID, CIDA, Austria and the EU) as disability is a priority also for them both in bilateral and civil society programs

Conclusion 2: The majority of the funds studied in this evaluation have been channelled to service-provision and activities to meet the immediate needs of persons with disabilities, especially medical interventions to reduce or cure impairments. Many of these service provision programs are of a gap-filling character and not sufficiently linked to national or local structures that ensure lasting and sustainable changes.

Recommendation 2: Continue to support adequate and affordable services for persons with disabilities, but challenge the implementing agencies in both humanitarian and development assistance to adopt a human rights-based approach, focussing more on capacity building of duty bearers so that they can take over responsibility and fulfil their obligations towards persons with disabilities as stipulated in the Convention.

Conclusion 3: Disability in the context of victims' assistance of the land mine or cluster ammunition conventions has been and is a key concern for Norway's humanitarian policy. Although not well documented, there seems to be strong results in the empowerment of land mine victims and survivors.

Recommendation 3a: Utilise Norway's unique experience from rights-holder empowerment in the victims' assistance programs by making Disabled People's Organisations (DPOs) strategic partners and technical experts for mainstreaming disability systematically.

Recommendation 3b: Evaluate and document the outcomes of the funding channelled via ICRC and the SFD, including the integration of the mine victims' assistance into the overall disability strategy as well as its relevance vis-à-vis the human rights-based approach and the CRPD article 11.

Recommendation 3c: Build up the competency of Norwegian DPOs as advocates, watchdogs and experts in mainstreaming disability in humanitarian settings; MFA could consider signing a long-term partnership contract with such a DPO.

Conclusion 4: Although large resources are invested in the educational programs funded by Norway, children with disabilities have, with few exceptions, not been deliberately included. The main focus has been on inclusion of girls.

Recommendation 4: Maintain education as a key priority in Norway's development and humanitarian assistance and develop a strategy for including children with disabilities. As a minimum, funding should be earmarked for inclusion of children with disabilities which includes deliberate measures, capacity development within education systems as well as monitoring of enrolment and completion rates of children with various disabilities, and community/parent awareness.

Conclusion 5: Norway's visible efforts in promoting women's rights and gender equality were found to have triggered positive outcomes in the DPOs and the disability movement. Still, women and girls with disabilities are highly marginalised within the disability movement, and within general gender equality initiatives. Female governance programs were not including women with disabilities.

Recommendation 5: Promote disability as a crosscutting issue in gender-specific programs, such as gender-based violence.

- a. Increase attention to gender-related issues within the disability-specific interventions (make sure that disability-related programs are gender-responsive), and vice versa; ensure that gender responsive programs are disability inclusive.
- b. Include girls and women with disabilities in the dialogues with bilateral, multilaterals and organisations and ask for disability disaggregated indicators in plans and reports.
- c. Ensure that governance programs include women and men with disabilities.
- d. Support research on the issues of gender-based violence and disability.

Conclusion 6: Only few bilateral programs captured the results of mainstreaming. This was not always because efforts were not made, but due to reporting and monitoring tools not capturing disability related results.

Recommendation 6: Insist on introducing disaggregated impact and outcome indicators for women, men, girls and boys with disabilities in the poverty-reduction strategies, and sector programs (health, education, agriculture, business/microfinance, HIV/Aids, democracy etc.) and in national surveys.

- a. Promote earmarked, substantial budget allocations in sector programs to ensure that action is taken to reach these impact and outcome targets.

- b. Strengthen the capacity of governments to monitor progress in relation to their own commitments, possibly by suggesting the establishment of disability desks in each ministry, supporting capacity development of the national disability and human rights mechanisms, such as Disability councils and Human rights commissions.

Conclusion 7: Norway has supported some important research and knowledge development initiatives in the area of disability, especially through the World Bank and the University cooperation and a few good examples from national levels. Norway has not strategically supported research to build a foundation of facts, evidence and knowledge which are essential for both duty bearers and rights holders in order to be able to move forward the agenda of inclusion and human rights for persons with disabilities.

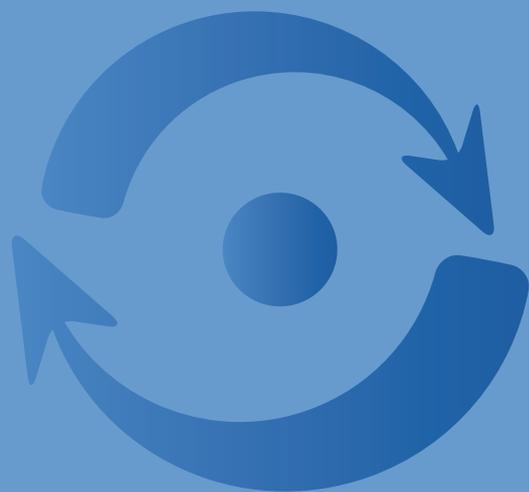
Recommendation 7: Fund and utilise research more strategically as leverage for better results by supporting base line studies and participatory research.

- a. DPOs must always be consulted as strategic partners in research and statistical data collection.
- b. Continue to support national statistical offices and ensure that they are members or linked up with the Washington Group on Disability Statistics. SINTEF, Statistics Norway, and other research programs should be encouraged to work closer together in assisting the production of high quality disability statistics.
- c. Assist the countries that have signed the CRPD (Uganda, Malawi, Nepal) in their qualitative research and statistical reporting on the Convention.

Conclusion 8: The most tangible result of the Norwegian support has been the strengthened capacity of DPOs in partner countries. Despite this, the capacity to advocate effectively for mainstreaming is still limited among both Norwegian and local DPOs.

Recommendation 8: Support Atlas Alliance and its members and partners to strengthen their capacity to advocate for and build capacity of development and humanitarian agencies/organisations for mainstreaming of disability in general development programs.

Main Report



1. Introduction

1.1 Background

This report is the result of an external and independent evaluation of the Norwegian Support to Promote the Rights of Persons with Disabilities in the last 11 years. The intention of the evaluation is to analyse the results of targeted and mainstreamed¹ initiatives towards achieving the rights of persons with disabilities.

During the last decade the international development regarding the rights of persons with disabilities has undergone substantial changes. With the UN Convention on the Rights of Persons with Disabilities (hereafter: CRPD or simply *the Convention*) these rights have been given a solid international basis and framework. The Convention reaffirms the universality of all human rights and fundamental freedoms – and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination.²

Having signed the Convention, but still in the process of preparing for ratification, Norway along with the other Nordic countries, were pioneers in establishing a framework for including and mainstreaming disability in development cooperation around ten years ago (see chapter two for the Disability storyline). Since then there is little documentation on how this has been followed up.³ On this background Norad's Evaluation Department initiated the current evaluation to take a critical look at the results of the Norwegian support to promote the rights of persons with disabilities in the last decade.

1.2 Scope

Support to governments as well as organizations that work to improve the lives of persons with disabilities and secure their rights has long been an important element of Norwegian development cooperation. With the basis in a White Paper from 1998-99⁴, an Action Plan for working with persons with disabilities was developed in 1999.⁵ Following this plan Norad developed in 2002 practical guidelines for the inclusion of disability in development cooperation with sub-

1 See definitions below. Note that the term "mainstreamed" is utilised throughout the report understood as "inclusion" of persons with disabilities.

2 CRPD, Preamble, c).

3 The Last overall study on the usage of the 2002 guidelines, was by A. Hertzberg and B. Ingstad (2004), Included in Development? Report from a follow-up study, December 2003 – January 2004.

4 White Paper 8 (1998-99) Om handlingsplan for funksjonshemmede 1998-2001. Deltaking og likestilling [About the Action Plan for the disabled; Participation and Equality]

5 Plan for arbeidet med mennesker med funksjonshemming i bistanden, Utenriksdepartementet, 10.11.99.

stantial inputs from Atlas alliance NGOs.⁶ Furthermore, Norad's Directors' Assembly decided in March 2002 that disability should be integrated in all its work in development cooperation.

The intention of the 2002 Guidelines was to include a general approach to Norwegian development cooperation to strengthen the integration of the rights of persons with disabilities as a central concern in its overall policy and guidelines. How this has been implemented is a key concern. The evaluation will thus also be an input to the Norwegian authorities' preparations and plans for follow up of the ratification of the Convention.

On this background the *purpose* of the evaluation was twofold:

- Document and assess the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade. The evaluation should include, but not be limited to an assessment of the extent to which the support to persons with disabilities has been mainstreamed and the special merits of such an approach within the cooperation.
- On the basis of the plan and guidelines from 2002, considering the recent developments on the international scene, with special reference to the Convention (and Art. 32), propose guidelines appropriate to meet the challenges for Norway related to the support and promotion of the rights of persons with disabilities.

The Terms of Reference asked the evaluation to specifically concentrate on the sectors of education and humanitarian assistance.

1.3 Point of departure

Statistics on Norwegian aid show a large number of geographical areas, sectors, and development partners funded through multilateral channels, bilateral cooperation and via the civil society. Although the Terms of Reference for this evaluation indicates a general study on approaches to rights based support it is evident that we had to make a selection.

This evaluation has chosen to select the following samples for generating information on how Norway works to promote the rights of person with disabilities:<

- Mapping of all initiatives with a disability marker in the Norad database and studying the global projects with the largest contributions (in financial terms).
- Studying the total portfolio in selected case countries, with focus on the largest partners and sectors, crosschecking it with the projects with disability markers in the database.

⁶ The Norad Plan of Action for the Inclusion of Disability in Norwegian Development Cooperation was discussed by the Norad Direction in October 2000 and the practical guidelines were adopted in January 2002.

The selection of case countries could be done in different ways. One option could be to concentrate on the countries that have received most financial support regardless of the channels. Another could be to follow specific channels of support. A third option could be to study the countries that have received most financial assistance to disability related initiatives (according to the database).

The 2004 follow up study of Norad's guidelines concentrated on the three countries that had received most Norwegian financial support on a global level.⁷ In the present study the Norad Evaluation Department pre-selected three countries for field and in-depth studies: Malawi, Uganda, and the Palestinian territory. All these countries are among the 10 that receive most Norwegian development support. Following discussions with the Evaluation department and during a stakeholders' interaction with MFA, it was agreed that since the TOR stated a specific focus on education, Nepal was added as a fourth field visit country. These four countries also had the most developed partnerships between Norwegian and national disabled people's organisations and rather large contributions to disability related initiatives according to the database.

During the decade of 2000 – 2010, however, the largest recipients of Norwegian aid were Tanzania and Afghanistan, none of which had been included in this study. Following further discussions with the Evaluation department it was agreed to conduct a desk study on Afghanistan because of the sheer size of Norway's engagement, and due to the emphasis on humanitarian approaches in the TOR. Afghanistan's specific situation as a protracted conflict/post-conflict country also made it interesting from a disability point of view.⁸

1.4 Users of the evaluation

Who are users of this evaluation? Who will utilise the findings, conclusions and recommendations?

The Norad Evaluation Department initiated the evaluation, and made it known in the Norad Evaluation Programme 2008-10.⁹ The Norwegian DPOs under the umbrella of the Atlas Alliance welcomed the Evaluation.¹⁰ The evaluation was not initiated by MFA, sections in Norad or any of the Embassies, which is often the case.¹¹ In such events, the "owners" and "users" of the evaluation would be clear. Due to the lack of a clear owner in the Terms of Reference, the evaluation team tried to identify the users as a first priority in the inception phase by conducting a stakeholders' mapping.

The team found that there was no specific section, department or focal point that had the normative responsibility for disability policies in development cooperation in MFA. We did find however that a number of departments were interested

7 Hertzberg & Ingstad (2004)

8 The Norwegian funded conference in May 2011 on Disability in conflict and emergencies made clear Norwegian foreign policy's interest in this issue, see "Reaching the most vulnerable" speech by Jonas Gahr Støre, Minister of Foreign Affairs, 30 May 2011.

9 Norad Evaluation Programme 2008-2010, August 2008.

10 Atlas Alliance letter to Norad Evaluation Department on the implementation of the Norad 2002 Guidelines, dated 9.2.2009.

11 Although the Evaluation Department is administered by Norad, its mandate and work is regulated by a separate instruction letter from the Ministry of Foreign Affairs underlining its strict independence.

in the evaluation and its results; the MFA Department of UN, Peace and Humanitarian Affairs (especially the Section for Human Rights and Democracy, and the Section for Humanitarian Affairs), and the Department for Regional Affairs and Development (especially the Section for International Policy Development), as well as the Norad Department for Global Health, Research and Education (Education Section, Section for Research, Innovation and Higher Education, and the Rights and Social Equity Team). Recently Norad appointed a senior advisor to be in charge of disability in the development cooperation, while there is no such focal point in MFA.

The stakeholders' main interest was to find out if the funding provided through various channels has made a difference for children, men, and women with disabilities and how disability could be included in the present set-up and policy direction of Norwegian aid. The evaluation team therefore took note of the requests from the different sections in Norad and MFA, and has tried to analyse disability in the current set-up of the Norwegian aid modalities (see especially chapter six).

1.5 Definitions

According to the *Convention*, "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This means that a person is disabled in relation to the accessibility and inclusiveness of his/her environment. What is defined as a disability in one socio-cultural context is not necessarily perceived as a disability in other contexts.

For the purpose of this evaluation:

- HIV and AIDS; and Tuberculosis are not considered a disability in most partner countries and therefore initiatives targeting persons living with HIV/Tuberculosis have not been included.
- Initiatives focusing on prevention of disability have not been defined as disability related (e.g. mine clearance, vaccination campaigns, health education campaigns) as the persons targeted do not yet have a disability.

However:

- Corrective surgery is included (e.g. operations to improve mobility, eye sight, but also surgery related to sexual gender-based violence, female genital mutilation, fistula and other harmful traditions) as well as programs providing medication to persons with disabilities (e.g. epilepsy, mental health etc.) when this is part of a more comprehensive rehabilitation and empowerment program.

- Long-term mental health conditions that restrict full and effective participation in society are considered a disability and thus are addressed by this evaluation even if the projects of concern do not always use the term “disability”, but rather mental health.

For classification of the **different types of disabilities**, the Washington Group classifications have been used as a point of departure. The Washington Group is a UN City Group commissioned to improve the quality and international comparability of disability measurement in censuses and surveys. Following that mandate, the WG has recently developed, tested, and adopted a short set of questions on disability primarily for use in national censuses and has embarked upon the task of developing extended measures of disability intended for use in surveys and survey modules.¹² Since the classification made by the Washington Group is primarily meant for measurements in population and health surveys it was not completely relevant for our purposes. Instead we used the more traditional classifications that have formed the basis for self-organisation among person with disabilities.

Definition of types of initiatives

Addressing the rights of persons with disabilities, just like gender equality, requires both separate, targeted measures as well as measures of inclusion in general programs. When analysing the types of initiatives in this evaluation we have used the following categorisation and definitions:

1. **Targeted projects/programs**, which focus directly on improving the conditions of persons with disabilities. These initiatives have as their main aim to support service provision, empowerment, organizational capacity development, advocacy or other measures to promote the rights of persons with disabilities.
2. **Mainstreamed projects/programs**, where persons with disabilities are included in a wider program targeting a sector, issue or geographical area. “Mainstreamed initiatives” may have other main aims, but include persons with disabilities as part of their agenda.¹³ This evaluation considers that mainstreaming of disability has taken place when two main criteria are fulfilled:
 - a. explicit measures to include persons with disabilities and to remove the barrier(s) that prevent them from taking part must be mentioned in the planning document and/or a budget linked to these measures; and
 - b. progress, annual or end report(s) must include specific information on results (output, outcomes, impact) for persons with disabilities.

Partly mainstreamed¹⁴ projects which do not fulfil the criteria under point 2 above but still were found to have recognisable, separate components targeting persons with disabilities.

¹² <http://unstats.un.org/unsd/methods/citygroup/washington.htm>

¹³ <http://www.make-development-inclusive.org/>

¹⁴ The term «partly mainstreamed» was developed by the evaluation team for the purpose of capturing initiatives that otherwise would have been left out from the database.

Other concepts

Empowerment includes efforts aiming at increasing self-esteem, self-reliance, social status, professional confidence, academic confidence, economic status, spiritual confidence, political status, and/or strength of individuals and communities. Empowerment often involves the empowered gaining knowledge or tools and developing confidence in their own capacities.

Counselling refers to mutual interaction and provision of advice aiming at empowering individuals or groups. Counselling will include guidance, advice and support related to education, job seeking and training, choice and adjustment of practical aids as well as social and psychological support. An important form of counselling is peer support.

Community-based rehabilitation (CBR) is a multi-sectoral strategy that empowers persons with disabilities and their families to improve their own lives and to access and benefit from mainstream social services and all other development programs. It also removes barriers to inclusion in families and communities. CBR is implemented through the combined efforts of persons with disabilities, their families, organisations and communities, relevant government and non-government health, education, vocational, social and other services.

Inclusive education

Inclusive education is addressing and responding to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.

1.6 Evaluation methods

The methods of this evaluation have consisted of six different activities, each including different tools for collecting and analysing data.

1. A survey of the most recent literature on disability and development, and relevant **evaluations and studies** of projects and programs targeting or mainstreaming support to persons with disabilities. International literature was accessed from different development and disability milieus. The Norad database of reviews was useful for obtaining copies of Norwegian funded project evaluations. In addition the Atlas Alliance secretariat shared reports from evaluations of projects under their umbrella.
2. **A Mapping Study** which involved classification of targeted and mainstreamed initiatives in the statistics presented from Norad's database. This was one of the most complex and time-consuming tasks and lasted from the start of the evaluation in May until November 2011. Information about the initial 1374 disbursements with a total value of 2,7 billion NOK (around 450 mil-

lion USD) was classified by consulting and interviewing different implementing partners. The classification was built on the theory of change presented in chapter three (for more details of types of categories see the Mapping Study in the annexes). More than 400 projects that had been wrongly-coded were removed. Other projects that were found to be missing were added to the database. The final database for analysis contained 607 projects over the last 11 years, with a total amount close to three billion NOK; 1.4 billion NOK had been channelled to targeted initiatives for persons with disabilities, while the remaining 1,6 billion NOK were classified as either partly mainstreaming or fully mainstreaming disability. A research assistant worked full time on this for two months. The largest initiatives were specifically analysed through studies of reports, evaluations and interviews (e.g. TFESSD, UNICEF; ICRC).

3. Field visits in the **four case countries of Malawi, Nepal, the Palestinian territory and Uganda** to obtain a deeper understanding of how the rights of persons with disabilities have been promoted, and estimate the possible contributions of the Norwegian support towards improved life conditions of persons with disabilities. The lead country consultants undertook the survey and collection of data from the case countries throughout the whole evaluation process while the international team leaders and other team members backstopped the work in all the countries. Data collection was done through desk reviews, semi-structured interviews and focus group discussions.
4. **In-depth interviews:** key stakeholders in Norad, MFA and the Norwegian organisations were interviewed both before and after the field surveys. Separate interview guidelines were developed for the in-depth interviews in the inception report. Transcribed notes from the interviews were shared with the whole team.
5. **Rights-holders' consultations:** the persons with disabilities themselves, i.e. activists and leaders from the disability movement were consulted at an early stage of the planning for this evaluation. Their views were taken into consideration with regards to methods for data collections and this was reflected in the Inception Report. In the field visits, findings were shared with the Rights-holders' representatives¹⁵ before the write up of the draft country report. After the field report was drafted and shared, a Rights-holders' workshop was held with a number of women and men with disabilities from different parts of the country. Children with disabilities were consulted during the field visits.¹⁶
6. **Analysis workshop** in Oslo: by bringing the lead country consultants to Norway for one week, they were able to present the findings from the case studies to the Norwegian organisations and DPOs involved and get feedback and comments. The lead consultants also used the time to conduct

¹⁵ The rights-holders' representatives from the case countries were identified and included already in the tender.

¹⁶ However there were no specific measures to ensure that children with disabilities could comment on the draft report of the field visit. Facilitations were made to ensure the inclusion of physical, visual and hearing impaired. In Nepal, the draft field visit report was also produced in braille.

additional interviews with Norwegian public or private development agencies. Intensive work in the team allowed for a cross-country analysis and validation of the findings and the recommendations.

This method was praised to be innovative and truly reflecting a commitment to learn from the case countries in the South where Norway has funded initiatives to promote the rights of persons with disabilities. It also built capacity of the country consultants in the South. The understanding of how Norway works on inclusion of persons with disability in its own country was further enhanced when the country consultants spent one whole day in a local municipality outside Oslo.¹⁷

The evaluation had a Quality Assurance team who critically read and commented the written deliverables at the different stages (inception, field reports and synthesis). One of the quality-assurors also took part in the workshop analysis with the whole evaluation team in Oslo.¹⁸

In total more than 360 women, men and children were interviewed and consulted during the eight months process.

Table 1: Informants by categories

Stakeholder categories	No. of respondents
DPOs and Persons with disabilities in case countries	90
Extending agencies (Embassies, MFA, Norad, FK)	44
Government in case countries	57
Local NGOs	51
Norwegian DPOs	15
Norwegian NGOs	47
Others (researchers, experts etc.)	10
UN agencies and international organisations	48
Total number	362

The evaluation was conducted in the time span from June 2011 to March 2012 with sixty person weeks' work. The month of June was an inception phase. The country visits started in July and were completed in September. Country case studies were presented in October, a draft synthesis report in the end of November and the final report was submitted in January 2012. The report was launched in March 2012.

¹⁷ The Municipality of Ås outside Oslo welcomed the evaluation team to learn about the local inclusion and integration efforts; the team interacted with children in the primary, disability inclusive school focusing on adjusted learning. They also observed children in the local culture school and interviewed a local politician.

¹⁸ Presentations and minutes from the Workshop Analysis of the evaluation on 2 November 2011 were distributed to the participants and can be obtained from Norad or the Evaluation team.

1.7 Limitations to reliability and validity

One of the main threats to the reliability and validity in this evaluation is that the classification and reporting on results are based on self-reporting of the organisations and agencies that receive funding from Norway.

Another limitation is that the evaluation team only monitored projects in order to validate the results of the targeted and mainstreamed projects in the four case countries, not the remaining 50 countries where Norway has supported disability projects.

In each country around 10-15 projects were reviewed, in total between 40-55 projects. This is potentially a large error margin as we have classified for example large sector programs in education, health, agriculture as mainstreamed based upon the agencies' reporting of mainstreaming. Based on the definitions of mainstreaming mentioned above, if the team found evidence of specific measures taken to include persons with disabilities and the reports included disaggregated data on persons with disabilities, it would qualify them. During the field visits, we found that many projects only had token or symbolic representation and inclusion of persons with disabilities instead of being fully included as participants or partners.

The importance of **field monitoring to ensure real inclusion** and participation was stressed by the DPOs themselves, who would like to be taken in as partners in monitoring in order to secure that persons with disabilities are actually included and benefitting.

A further limitation was that many mainstreamed projects were not included in the database, but were "discovered" during the field survey interaction with the staff at the Embassies and with the development partners. A typical conversation could go like this:

- *We are here to talk to you about Norwegian support to promote the rights of persons with disabilities?*
- *We understand from the database that you have received xx amount of Norwegian NOK for purpose of (let's say just as an example) agriculture*
- *Yes, but the funding has nothing to do with disability... Norway has never talked to us about disability; they always talk about gender, but not disability.*
- *That's fine, but we just want to hear about your work, and how you reach out to the target group...*
- *OK, well we start by identifying the most vulnerable farmers in a certain area. They would often be female headed-households or very poor families.*
- *Has it happened that any of them have had some forms of disabilities?*
- *Absolutely, many of the farmers have lost a leg or don't see well. For the last group we have produced large posters with large script. And actually for the farmer who has a physical disability, when we mount demonstrations we assist them to demonstrate.*
- *So, actually you have specific measures in order to reach farmers with disabilities.*

- Hm...we haven't thought about it in that way.
- *It can be called inclusion or mainstreaming.*

The simple dialogue helps to explain why there is an overrepresentation of mainstreamed or partly mainstreamed projects from the four case countries in the database as compared to the global database: disability is not reported upon in the mainstreamed projects as there is no room for it in the current formats being utilised.

In order to compensate for possible errors in the statistics, we asked the largest partners (in Norway) to check the projects listed in the database and delete or add on if there were projects missing from the lists. Despite these efforts, there are most certainly many projects funded by the Embassies in the countries outside the case that are not included in this study.

It should therefore be clearly stated that the database does not pretend to include all disability related projects funded by Norway in the period.

Furthermore, the Norad database with the specific marker on physical disability went only up to 2008 and not the whole period under evaluation. For capturing results on specific areas, Norway introduced in 1999 its own variables of the DAC reports related to main target groups, which included women, children, indigenous people, refugees and physically disabled. These target group markers were removed and changed to "focus areas" starting in year 2009.¹⁹ The team therefore examined closely the years of 2009 and 2010 to ensure that projects handled by Norad, the Embassies or the Ministry of Foreign Affairs related to disability were inserted into the database.

Limitations on another level are related to our analysis of the types of disabilities targeted, that the Terms of Reference asked for. Apart from projects specifically targeting visually impaired, hearing impaired and those related to land mines, the field assessments could not establish the type of disability focused by the interventions. Thus a large majority of the projects were classified as targeting "all disabilities" which gives the wrong impression, because in reality they would be mainly focusing on physical disabilities and less severe types of disabilities. Initiatives for persons with developmental disabilities, hearing impairments and mental health conditions are underrepresented in the statistics and sample of projects studied compared to the prevalence of these disabilities globally.

An analysis of the nexus between disabled people's organisations and land mine survivors' networks and organisations was of interest for the evaluation team but was not possible due to lack of field access. For example, the evaluation team studied projects in Uganda, but did not visit the field in Northern Uganda where we would have found both a local DPO network (NUDIPU) and a (former) land mine survivors' organisation cooperating. Other areas where this could have been studied include Vietnam, Cambodia, Lebanon, Angola, and Afghanistan.

¹⁹ Current focus areas of the government are environment, gender equality, good governance and human rights, biodiversity, desertification, trade, climate (emission limitations), and climate adaptation.

Mines and unexploded ordinances are also a potential risk in Gaza, but the evaluation team was unable to travel to Gaza due to mobility restrictions. Interviews were made with some of these stakeholders via videoconferencing and conference telephone calls.

Despite the limitations mentioned above, the evaluation team is confident that the evidence presented in this report rest on solid empirical ground. The evidence comes from multiple sources; the mapping study of 607 projects, the analysis of the aid portfolios of four case countries and desk study of a fifth country (Afghanistan), the review of a large number of documents, consultations and interviews with more than 360 individuals have been triangulated and compared with findings from other studies. Although we have been unable to identify exact similar types of evaluation by other donor agencies, evaluations of mainstreaming indicate similar findings to ours.

2. From charity to rights – a decade of paradigm shift

The main problems facing persons with disabilities worldwide are the negative perceptions which often lead to exclusion from community life and decision making, lack of access to basic services like education and health and income generation activities and employment, lack of access to and control of resources and information. This keeps persons with disabilities disempowered, marginalised and poor.

According to the recent *World Report on Disability*, there are over one billion persons with disabilities in the world, of whom between 110-190 million experience very significant difficulties.²⁰ This figure corresponds to about 15% of the world's population. The prevalence of disability is growing due to population ageing and the global increase in chronic health conditions. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors – such as road traffic accidents, natural disasters, conflict, diet and substance abuse. Most people might experience some form of disability during their lifetime.

According to research by the World Bank and WHO, poverty is closely linked with disability and the millennium development goals will not be reached unless persons with disabilities are included.²¹ Not only is it an imperative in terms of poverty reduction and human rights, it is also an economically viable investment to empower persons with disabilities so that they can contribute to family and community life.

2.1 Disability time- and storyline

Since the UN proclamation of the World Program of Action on Disability (1983) and the Decade of Persons with Disabilities (1983-92), the Scandinavian governments and DPOs have played a leading role in promoting disability as a human rights issue and in advocating for mainstreaming disability in development programs.²²

In 1998 the Norwegian Parliament agreed that disability issues should be included in all development cooperation initiatives. In the year 2000, the urgent

20 World Report on Disability, World Health Organization and World Bank, 2011

21 <http://www.un.org/disabilities/convention/facts.shtml> and http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIAL-PROTECTION/EXTDISABILITY/0..contentMDK:21151218~menuPK:282706~pagePK:210058~piPK:210062~theSitePK:282699_00.html

22 Albert 2004:8

need to include persons with disabilities in the bilateral and multilateral development cooperation was highlighted at a Conference organised by the Nordic Ministers for Foreign Affairs/ Development Co-operation. The members were Norway, Sweden, Finland, and Denmark. This was a result of a growing concern that the large development and poverty reduction programs were failing to include persons with disabilities, leaving the responsibility to a few interested NGOs/DPOs who could only manage to support small, scattered and disability specific initiatives.

At the Nordic Conference, the Ministers agreed that initiatives should be taken to address the issue of exclusion of persons with disabilities in development cooperation programs. A twin-track approach was adopted to guide the way forward:

1. To mainstream and include disability in all development programs, including budget support to Poverty Reduction Strategies, sector programs, multilateral contributions, Civil Society projects etc.
2. To undertake targeted initiatives to empower persons with disabilities and their organisations and to put pressure on/support duty-bearers to fulfil their obligations towards persons with disabilities at global, regional, national and local levels.²³

As described in chapter 1, a policy and practical guidelines were added in 2002. The importance of mainstreaming/including disability in Norwegian development cooperation was specifically stressed and six strategic areas were pointed out. The six areas were; social development, economic development, peace, democracy and human rights, environment and natural resources, humanitarian assistance in the event of conflicts and natural disasters; and women and gender equality.

In the time and storyline below, some events before the millennium shift are included, since they have been decisive or tried to give directions for later development support. International rules and conventions have been decisive for Norwegian policy development and practices to various extents.

23 A "three track approach", the third track being the inclusion of disability in political dialogue, was introduced by Finland, mentioned in Coleridge et. Al: Study of disability in EC.

Table 2: Time and storyline of key disability events in Norway

Year	Events	Documents
1993	UN Standard Rules developed based on experiences from UN Decade of Disabled Persons 1983 - 1992. First explicit rights based approach on disability.	<i>UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities.</i>
1994	Atlas alliance set-up by DPOs with development experience. Telethon 1991. Funding from Norad.	<i>Strategy, regulations, www.atlas-alliance.no</i> Norad Civil Society Support.
1994	Salamanca meeting, to develop a framework for inclusive and special needs education.	The Salamanca Statement and Framework of Action on Special Needs Education (1994).
1998 - 1999	National Action plan for support to disabled approved by Parliament. Chapter on international development.	<i>The plan of action for the disabled 1998 – 2001. White paper no. 8 [Om handlingsplan for funksjonshemmede 1998-2001 - Deltaking og likestilling].</i>
1999	Like minded Nordic approaches to disability and development, preparations to a Nordic conference in Copenhagen, November.	<i>Disability in Nordic development cooperation. Synthesis report prepared for Nordic Conference. Joint commitment made by the Nordic Ministers at the conference.</i>
1999	World Bank first survey of literature indicating link between disability and poverty worldwide.	<i>Poverty and disability - a survey of the literature. World Bank 1999.</i>
1999 - 2000	Norwegian Government focuses on human rights, including rights for persons with disability. Lobbying from DPOs.	<i>Focus on Human Dignity, Norwegian plan of action for human rights, White Paper no 21 [Menneskeverd i sentrum, Handlingsplan for menneskerettigheter, St. melding 21].</i>
2000	Dakar Framework for Action – Education for All.	<i>Education for All initiative 2000-2015 unesco.org/education/efa/ed_for_all/framework.shtml</i>
2002	Norad guidelines for the inclusion of persons with disabilities in development. Work group, comprehensive cooperation with national DPOs.	<i>The inclusion of disability in Norwegian development cooperation – Planning and monitoring for the inclusion of disability issues in mainstream development activities.</i>
2003 - 2004	Follow up study regarding disability in Norwegian development cooperation.	<i>Included in development? Report from a follow up study of the Norwegian action plan for inclusion of persons with disabilities in development cooperation.</i>
2004	Major change in Norwegian development strategy; strong emphasis on UN's MDGs, poverty reduction, rights based approaches, and good governance. Disability as a cross cutting issue.	<i>Joint fight against poverty (Felles kamp mot fattigdom) White paper no. 35, 2003 -04.</i>

Year	Events	Documents
2004	WHO, ILO, UNESCO finalized their work on a joint position paper on Community Based Rehabilitation (CBR).	<i>CBR Joint position paper</i> on Strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion.
2005	Rattsø report, follow-up of White Paper nr 35.	<i>New roles for volunteer organisations in the development cooperation [nye roller for frivillige organisasjoner i utviklingssamarbeidet].</i>
2006	Convention of the Rights of Persons with Disabilities (CRPD) adopted by UN Assembly.	<i>UN Convention on Protecting the Rights of Persons with Disabilities.</i> Ch. 32: On need for development cooperation to ensure rights based development.
2007	CRPD opened for signature by states on 30.03.07.	Norway signed CRPD 30.3.2007.
2008	Emphasis on women and gender equality in Norwegian development support.	<i>Women's rights and gender equality in development support</i> (Kvinneres rettigheter og likestilling i utviklingspolitikken) White Paper no 11, 2007-8.
2009	Strengthened Norwegian emphasis on private sector, climate, conflict resolution, and multilateral cooperation.	<i>Climate, conflict and capital – Norwegian policy in a changed window of opportunity</i> (Klima, konflikt og kapital – norsk politikk i et endret handlingsrom) White Paper no 13 2008-9. CPRD mentioned in a separate box (page 34).
2010	New CBR guidelines launched by WHO and UN agencies, regional CBR networks in Africa & Asia.	<i>Guidelines to Community Based rehabilitation</i> , WHO, ILO, UNESCO, UNDP, IDDC (UNICEF is not part).
2011	Cooperation between Plan Norway and the Atlas alliance on mainstreaming mentioned by UN's CRPD secretariat.	<i>Compilation of best practices for including persons with disabilities in all aspects of development efforts.</i> Working document, preparation for UN high level meeting on disability and development, 67th session of UN General Assembly 2012.
2011	Joint initiative by World Health Organisation and World Bank to review the global disability situation.	<i>World Report on Disability, May 2011.</i>

In 2004, the EU adopted a similar Guidance Note for its development cooperation.²⁴ Many other donors followed suit and have now included disability in their policies and/or programs. In 2010 a Guidance Note was adopted by the United Nations Development Group to guide all UN agencies working on national level programs on how to include disability in their programs and approaches.

However, according to a number of evaluations (Sida, EC, WHO/World Bank²⁵ etc.) the policies and guidance notes have not yet played an important role in practice and a lot still remains to be done in order to mainstream disability into sector programs and projects.

The Millennium Development Goals have been somewhat helpful in the argument for inclusion as it was soon acknowledged that the MDGs could never be reached if persons with disabilities were not specifically included in development programs. Many programs have started to link disability to the MDG's, in particular the universal primary education (MDG 2) and promoting gender equality (MDG 3). Last year the UN General Assembly discussed this issue in its 65th session and presented a report for the way forward.²⁶

2.2 Convention on the Rights of Persons with Disabilities

During the period of review, a process to develop a Convention on the Rights of Persons with Disabilities (CRPD) was initiated. The process was promptly completed and the CRPD was adopted by the General Assembly in December 2006. The latter came into force as a legally binding instrument in 2008, when 20 countries had ratified it.²⁷ Norway signed it when it was opened in 2007, but has not yet ratified it due to a pending change of the Norwegian Act on Guardianship.²⁸

EU ratified the CRPD in December 2010. By November 2011, 106 countries had ratified the Convention.

The CRPD represents an international milestone by acknowledging the shift in attitudes and approaches to persons with disabilities that have been evolving over the past few decades. The Convention recognizes that disability results from the interaction between persons with impairments and the barriers (both social and environmental) that hinder their full and effective participation in society on an equal basis with others. "Nothing about us without us" became the slogan adopted by the disability movement during this period.

In this period, there has been a **paradigm shift** in the international discourse and approaches to disability. Disability is no longer seen as an individual medi-

24 ec.europa.eu/development/body/publications/.../Disability_en.pdf

25 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,menuPK:282704~pagePK:19018~piPK:149093~theSitePK:282699,00.html>

26 A/65/173: "Keeping the promise: realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond. Report of the Secretary-General"

27 <http://www.un.org/disabilities/default.asp?id=17>

28 The Act on Guardianship (vergemålsloven) was passed in Parliament in March 2010, and should be implemented as of 1.7.2013.

cal or social problem but rather as a human rights issue where the possibility to participate in all aspects of society is the focus.

With the new Convention a large number of international agencies have included disability in their policies and/or programs.²⁹ Policies and approaches to include disability are increasingly becoming rights based; by linking service delivery with the inclusion of disability issues in political dialogues, general development programs, human rights advocacy, and capacity building of Disabled People's Organisations as human rights defenders.

CRPD Article 32: 1) States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.

The CRPD reconfirms the paradigm change, from a social welfare approach to a human rights based approach and from segregated measures to inclusion.³⁰ Disability is a highly political and social issue that requires changes and solutions on a societal level, where everybody has equal rights and opportunities in the social, economic, cultural and political spheres of life. A growing trend is also the more prominent position taken by Disabled Persons Organizations in arguing for their inclusion and human rights.

Furthermore, the CRPD treats obligations related to international cooperation in a separate article. Article 32 underlines the importance of ensuring that programs are inclusive and accessible to persons with disabilities, that capacity-building is facilitated and that research, technology transfer and technical assistance of relevance is facilitated and supported. In Article 11, the state parties commit themselves to take all "measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters".³¹

In April 2011, The Human Rights Council adopted a resolution encouraging increased efforts to implement the CRPD and to improve accessibility of programs and initiatives to persons with disabilities. The Council also initiated a debate and commissioned a study on participation of persons with disabilities in political and public life.³²

The CRPD needs to be seen in close connection with other key conventions such as the Convention on the Rights of the Child (CRC), the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW), the International Covenant on Civic and Political Rights (ICCPR), the International Cove-

²⁹ E.g. Millennium goals and persons with disabilities <http://www.un.org/disabilities/default.asp?id=1470> , WHO/World Bank report, World report on disability, UN guidance note on disability (2010), Disability - Guidance note for UN Country Teams, EC guidance note on disability Guidance Note on Disability and Development

³⁰ "Label us able", 2003, 80

³¹ CRPD, Article 11.

³² <http://www.unhcr.org/refworld/pdfid/4dc006cc2.pdf>

nant on Economic, Social and Cultural Rights (ICESCR), the UN Security Council resolutions number 1325 on Women, Peace and Security, and number 1820 on sexual-gender based violence in conflict areas.

During the period under review Norway has also been active in promoting international ban treaties for the use of land mines, cluster bombs and small arms. Special measures have been taken to address the rights of victims to support and compensation.

3. Theory of change

A Theory of Change (TOC) is a tool for defining the building blocks and processes required to bring about long-term results and social changes. "Like any good planning and evaluation method for social change, it requires participants to be clear on long-term goals, identify measurable indicators of success, and formulate actions to achieve goals."³³ Weiss (1995) defines a theory of change quite simply and elegantly as 'a theory of how and why an initiative works'. Sometimes the TOC is elaborated into more detailed logical chains and results based frameworks.³⁴

3.1 The Model

In order to determine if and how the initiatives identified and funded by Norway were contributing to promoting the rights of persons with disabilities, we analysed them according to a theory of change built on a human rights based approach (HRBA) to development.

According to a human rights based approach to development, sustainable change requires:

- a. empowering people (rights holders), particularly the most powerless (with hope, assertiveness, knowledge, skills, tools, communication channels, legal mechanisms etc.) to enable them to improve their lives, organise and claim their rights as stipulated in national laws and UN conventions and
- b. supporting and demanding that those in power (duty-bearers) respect and respond to these legitimate claims (as outlined in the laws and conventions).³⁵

A model Theory of Change, based on the UN understanding and definition of a human rights based approach, was designed by the team to indicate the building blocks that are required to achieve the desired outcome, in the case of this Evaluation; the "rights of persons with disabilities fulfilled" (see figure 1 below). The initiatives were then analysed against these components to see if and how they have contributed to the desired changes for persons with disabilities.

The model TOC was presented in the inception report and further refined by the evaluation team during the evaluation process. The new components introduced

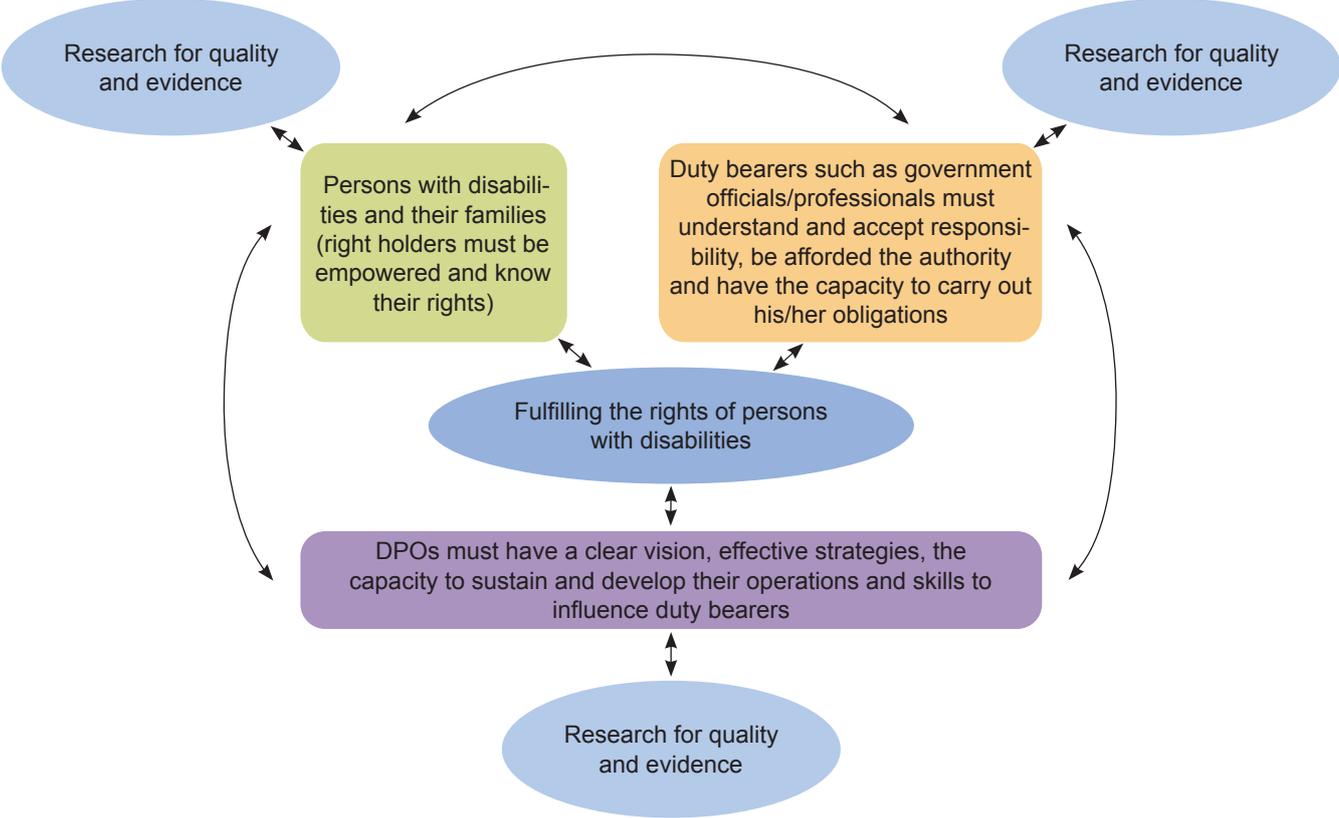
³³ <http://www.theoryofchange.org/about/what-is-theory-of-change/>

³⁴ <http://www.theoryofchange.org/>

³⁵ <http://hrbaportal.org/the-un-and-hrba> and http://waterwiki.net/index.php/Human_Rights-Based_Approaches#The_principles

as compared to the UN version of the figure are: a) the importance of rights holders being empowered to organise themselves and the importance of capacity development of the rights holder organisations (DPOs) in order to give voice and visibility to persons with disabilities; and b) research as an essential input to ensuring that programs are built on evidence based methods and facts.

Figure 1: Model Theory of Change



Source: Based on the UN human rights-based approach and further refined by evaluation team.

According to this model, human rights will be enhanced if individual rights-holders are empowered to address their situation, claim their rights and organise to enhance their voices, if organisations of rights-holders have capacity to take action and influence people of power and if duty-bearers are supported and/or held accountable to fulfil their obligations. Individual empowerment includes improved abilities in a range of areas such as improved functionality (through medical measures), confidence, skills, knowledge, mobility etc.

The framework recognises Disabled People’s Organisation (DPOs), representing the collective voice of persons with disabilities and their movement, as advocates and very important change agents. Similarly, research is also recognised as an important strategic tool for both rights-holders and duty-bearers. If properly disseminated and used, it can provide rights-holders with evidence and facts which can make advocacy more effective and it can provide duty-bearers with knowledge that enables them to develop and deliver relevant and effective services. Hence, given this theory of change, the following five dimensions of

change (categories) have been identified for analysing and synthesizing the finding of this study:

1. Service provision to persons with disabilities (contributing to individual empowerment of rights-holders)
2. Capacity building of the person with disabilities themselves (contributing to individual empowerment)
3. Capacity building of Disabled People Organisations (DPOs)
4. Capacity building of the Duty-bearers
5. Research

A sample of programs and projects were analysed to determine if and how they had promoted the rights of persons with disabilities, with respect to the various dimensions identified above, how the extending, agreement and implementing partners viewed the present Norwegian policy direction in relation to disability and their awareness and importance of the issue. Since, “Humanitarian Assistance”³⁶ and “Education” were specified in the ToR as priority sectors, the evaluation has looked at these sectors specifically. Attempts have also been made to analyse the findings with a gender and women rights perspective.

3.2 Different theories of change

The findings of the evaluation suggest that the most widely adopted theory of change appears to be based on a “medical approach” focusing on “rehabilitating” or “curing” individual persons with disabilities, reducing their impairments and improving/compensating bodily functions. The expectation is that this will lead to increased self-reliance and social inclusion. Service provision initiatives were common within the bilateral and multilateral initiatives and among charities such as Lions Aid Norway, the SOS Villages (until the change in development approach in 2008)³⁷, Norwegian Church Aid (until the move to rights-based approach in 2005, roll-out of change on-going in health sector),³⁸ Norwegian Red Cross via the ICRC, and even among many of the Atlas Alliance members. It indicates that ‘disability’ is still approached with a medical perspective rather than a social or human rights one.

While the importance of medical interventions is not questioned as an important part of the individual empowerment, this theory of change does not address the key obstacles to exclusion of persons with disabilities. It is also limited to persons and conditions that can be treated or ameliorated. Promotion of the rights of persons with disabilities has many other dimensions (as indicated in the figure). The demand for medical relief services by persons with disabilities themselves, the limited capacity and low priority of the state to fulfil its obligations, and the rather easy and quickly rewarded interventions, might also have encouraged donors to engage in this much needed gap-filling without taking sufficient measures to ensure long term solutions.

36 Humanitarian assistance includes; peace building and rehabilitation, refugee rehabilitation and emergency/disaster relief initiatives.

37 SOS Children Villages, Inclusion Policy for Children with disabilities (2008)

38 “Mainstreaming Disability into NCA Health Programs in Malawi”, presentation at Analysis workshop 2.11.2011

The main theory of change adopted by the Atlas Alliance and its members is that in order for change to happen **persons with disabilities and their organizations must be empowered** to know and claim their rights. Initiatives focus both on individual empowerment (e.g. mobility, self-reliance, education and income generation) as well as organizational empowerment, to enable persons with disabilities to meet, have a voice and advocate for change. Organisational support often focuses on strengthening of leadership, governance, management and advocacy skills, etc. An important part of the theory of change of Atlas Alliance is that peer support between individuals and DPOs, sharing the same experiences of exclusion, is a key factor for inspiration, courage, determination, self-confidence and general empowerment. Meeting other men, women, parents or organisations that have changed their situation for the better provides peers with hope and strength to fight. Apart from Atlas Alliance, Plan Norway has also supported empowerment of persons with disabilities and their organizations. All of these initiatives have been supported by Norad.

In mainstreamed projects **capacity development of duty-bearers** was often in focus. The theory of change was that in order to improve the conditions for persons with disabilities the government must recognize the rights of persons with disabilities and include them in plans and development programs. Examples of good practice are found within education programs, poverty reduction programs and community development programs. In a few cases human rights institutions, such as the Human Rights Commissions, have engaged with monitoring of the rights of persons with disabilities, especially after the adoption of the CRPD. These mainstreamed initiatives are often supported via multilaterals or Embassies.

Very few stakeholders had a theory of change that included **all elements of the human rights based approach**. The Theory of Change adopted by Norad's Civil Society Section for example emphasised that Norwegian NGOs (and DPOs) should mainly cooperate with like-minded NGOs in the civil societies in the countries they work. Only in exceptional cases can "local or central government authorities be development partners when this promotes capacity building within their spheres of responsibility".³⁹ The evaluation found examples where Norad had declined support for Atlas Alliance projects that involved capacity-building of governments to take on their duty-bearers' responsibilities for persons with disabilities. The exceptions were CBR and community development programs supported by Atlas Alliance members and Plan Norway, which included capacity development of duty-bearers, empowerment and services to individuals.

The present grant system to civil society organisations therefore makes it difficult to adopt a human rights approach.⁴⁰ In some cases the main problem is the lack of awareness, competence and capacity of the local authorities. Other places, the governments are not willing to take on their responsibilities as duty-bearers. If DPOs and NGOs want to bring about lasting and sustainable changes, they have to involve national and local authorities as parties to the programs.

39 Grant Scheme Rules for Support to Civil Society Actors, Chapter 160.70, 16.12.2009

40 Ibid, and Principles for Norad's Support to Civil Society in the South, Norad, Oslo, 2009

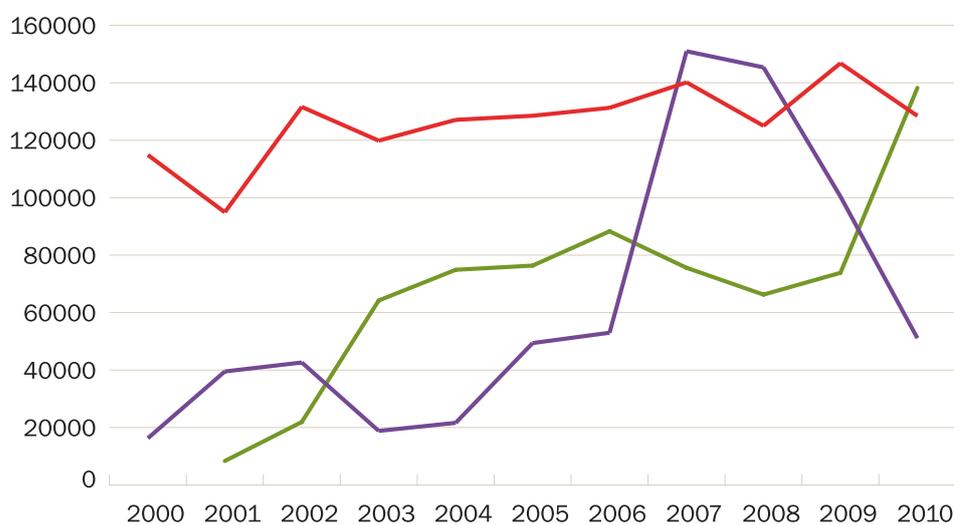
4. Portfolio Analysis

This chapter provides a brief overview of the Norwegian support to promote the rights of persons with disabilities in the period 2000 – 2010 across channels, sectors, geographical areas and development partners. An attempt is also made at classifying types and causes of disabilities, especially related to emergencies and conflict. For a more elaborate analysis of the portfolio, we refer to Annex A, the Mapping Study.

4.1 Trends

The total funding related to the rights of persons with disabilities was close to three billion NOK (around 500 million USD) over 11 years. It increased from approximately 140 million NOK annually in 2000 to 321 million NOK in 2009.⁴¹

Figure 2 Total Norwegian disability related support for years 2000-2010 (in '000 NOK)



Source: Norad database/information from recipient organisations and agencies⁴²

■ Targeted ■ Mainstreamed ■ Partly mainstreamed

⁴¹ The Norad database was not completely updated for the fiscal year ending 31.12.2010, and thus several projects were found to be missing.

⁴² The figures in the Norad database are in constant prices.

Forty per cent (1.4 billion kroner) had targeted persons with disabilities and sixty per cent (1,6 billion kroner) were mainstreamed or partly mainstreamed projects. It should be noted that these 1.6 billion kroner refer to the total project budget and mostly a minute part of the budgets have actually been allocated to, or benefited, persons with disabilities (often 2-3%). However, since there is no system for capturing exact amounts benefitting or targeting persons with disabilities, the evaluation has to refer to the total amount included in the database.

Overall trends observed in the figure above are that the funds (in constant prices) to the targeted projects have remained more or less stable. The funding to the mainstreamed projects increased sharply from less than ten million in 2000 to almost hundred million NOK in 2004. It should be noted however, that only four initiatives make up 88% of this amount; the large support to the International Red Cross Committee, the big education sector program in Nepal, the agreement with the World Bank Trust Fund for Environmentally and Socially Sustainable Development (TFESSD) and the Norwegian Church Aid Agriculture program in Malawi.

Total Norwegian development aid has tripled over the more than ten years of evaluation, while the share targeting persons with disabilities have gradually decreased over the years; it was 1% in the early years in 2000 and sunk to 0,5% in 2008. The total share of funds mainstreaming and partly mainstreaming disability has gradually increased over the years, starting at 0,2% in year 2000 until it reached 1% in 2007. Since then it has decreased again to 0,7%. Although there is error margins involved in this statistics, a trend can be observed: **funding for mainstreamed initiatives has increased and funding for targeted initiatives has decreased.**

**Table 3 Disability aid as share of total Norwegian aid for the years 2000-10
(in NOK '000 and %)**

Year	Total aid (in '000NOK)	Mainstreamed/ partly mainstreamed	Share of total aid (%)	Targeting persons with disabilities	Share of total aid (%)
2000	11 115 146	24 860	0,22 %	114 878	1,0 %
2001	12 103 756	47 868	0,40 %	94 929	0,8 %
2002	13 544 316	64 566	0,48 %	131 587	1,0 %
2003	14 468 882	83 039	0,57 %	119 857	0,8 %
2004	14 814 938	95 526	0,64 %	127 092	0,9 %
2005	17 994 996	125 767	0,70 %	128 518	0,7 %
2006	18 826 914	141 288	0,75 %	131 276	0,7 %
2007	21 808 456	226 554	1,04 %	140 151	0,6 %
2008	22 862 065	211 634	0,93 %	125 009	0,5 %
2009	25 623 594	174 246	0,68 %	146 794	0,6 %
2010	27 681 232	189 335	0,68 %	128 462	0,5 %

Source: Norad database/information generated by Evaluation

Comparing the support to persons with disabilities to the human rights of other vulnerable groups and minorities, statistics generated by a recent *Evaluation of Norwegian Development Cooperation to Promote Human Rights*, showed that out of the total human rights funds in the period 1999-2009, 21% had been channelled to the policy area *women and gender equality*. Issues related to children's human rights had received 15,5%, indigenous people 10% and refugees 8%. Out of the total human rights portfolio, persons with disabilities received 4.9%.⁴³ Statistics for funding to projects targeting the rights of sexual minorities; lesbian, gay, bisexual, transgender and intersex (LGBTI) are not included in the current Norad database.

4.2 Type of interventions

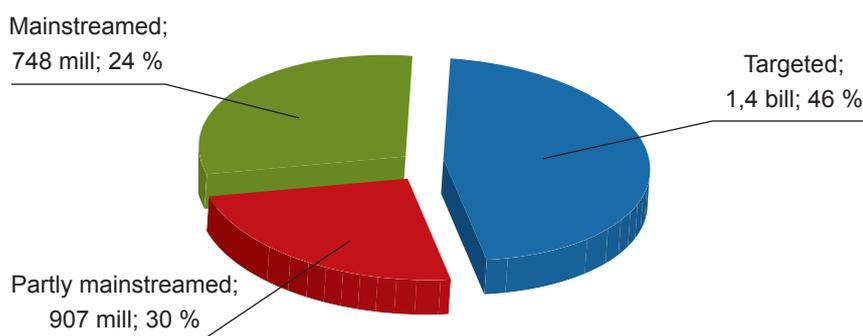
The second step of the portfolio analysis was to assess the type of intervention. Utilising the definitions for targeted projects, mainstreamed, partly mainstreamed or not disability related. Results showed that 46 per cent of the funding was going to targeted projects, where improving the conditions for persons with disabilities was the main or one of the main objectives of the project.

Around 30 per cent of the funding; around 907 million NOK were found to be linked to projects where disability constituted a small part of the total budget costs. Typically partly mainstreamed projects categorized here were the support to the Malawi Ministry of Agriculture and Food Security for the NASFAM project

⁴³ Evaluation of Norwegian Development Cooperation to Promote Human Rights, Norad Evaluation Report 7/2011, October 2011.

in which a small portion of the funds have been channelled to farmers with disabilities, the World Bank, Trust Fund for Environmentally and Socially Sustainable Development, where 2.8 % of the budget was directed to disability specific projects the Nepal Peace Trust Fund (NPTF) and the support to the Nepal's peace process, including rehabilitation of ex-combatants of which a small part of them were disabled due to the conflict, Norwegian refugee council's primary education programs in Kitgum, Northern Uganda etc.

Figure 3: Targeted, mainstreamed or partly mainstreamed for the years 2000-2010



Source: Norad database/information generated by the Evaluation team.

One quarter of the funds qualified for the definition of mainstreamed initiatives; the largest mainstreamed projects were the support to the Nepal Ministry of Education, the Education For All 2004-09, and the School Sector Reform 2009-2013, and the Palestinian Ministry of Education and the Support to its *Education Development Strategic Plan 2008-2012*, and in Malawi, support to FAO's *Food Security and Rural Livelihoods Program*. Also, in these programs the contributions to affirmative action for persons with disabilities was often very small – but at least there were deliberate efforts in plans, monitoring and reporting frameworks.

4.3 Channels and partners

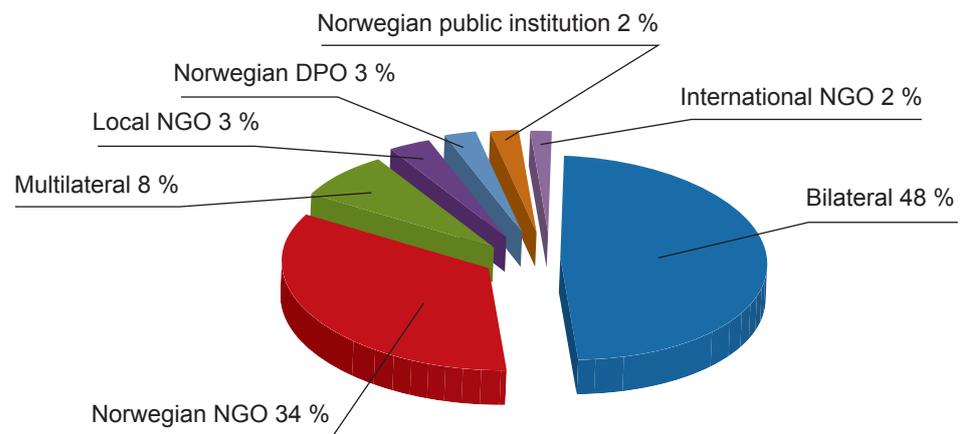
Analysing the channels of the total Norwegian support to targeted, mainstreamed and partly mainstreamed projects the following categories were utilised:

- Multilaterals (UN agencies)
- Bilateral (government)
- Non-governmental organisations (NGOs): Norwegian, local and international
- Disabled People's organisations (DPOs): Norwegian, local and international

As seen in figures 4 and 5 below (and a more detailed table in Annex A), almost all assistance channelled through the bilateral channels (via governments) are

mainstreamed or partly mainstreamed. This implies that Norway has not supported any of the governments in for example building their specific capacity for working with persons with disabilities or registered any sizeable projects that would directly benefit persons with disabilities. The 12,9 million NOK registered at targeted bilateral support are funds for the CBR program handled by the Ugandan Ministry of Finance, but implemented by NAD's partners. NAD's model of working with holding the governments responsible for the services to persons with disabilities has been noted in this report as a good practise.

Figure 4: Channels of funding for mainstreamed projects 2000 – 2010 (000' NOK)



Source: Norad database/information generated by the Evaluation team.

Funding channelled via the multilateral channel is also largely for mainstreaming projects. While all funds via the DPOs are for targeted projects. The Norwegian NGOs account for one third of the funds for mainstreamed projects, while the DPOs have only handled 3% of the mainstreamed funds.

Funds channelled via Norwegian public institutions (2%) of which Fredskorpset is by far the largest, in addition to relatively small and seemingly ad-hoc projects implemented by health institutions, universities⁴⁴, local municipalities etc.

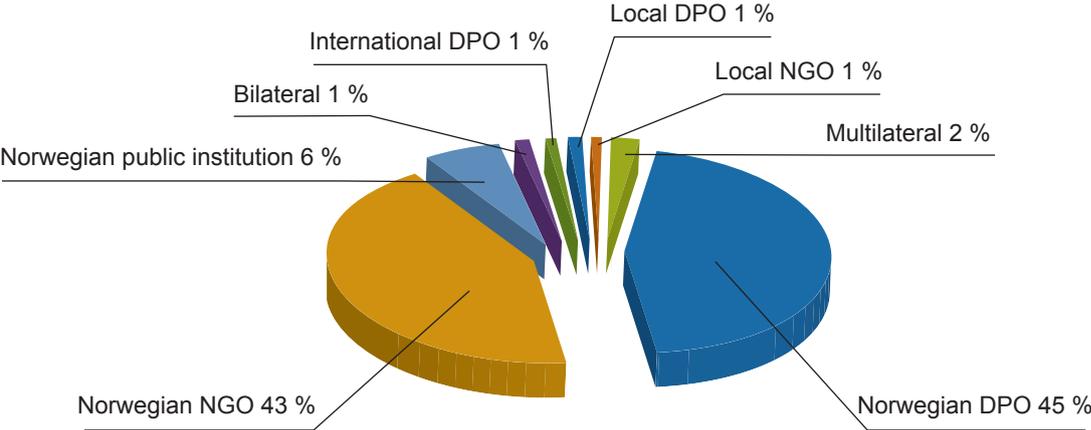
Comparing the funding for mainstreamed projects (figure 4) with the targeted funds (figure 5), the picture looks completely different: for the targeted projects the main channels are Norwegian DPOs (45%) and NGOs (43%) with minor funds (6%) being channelled through Norwegian public institutions (such as Fredskorpset).

In other words, Norway has deliberately utilised the NGO-channel for supporting empowerment, services and projects specifically targeting persons with disabilities. Referring to the theory of change in chapter three and the synergies and linkages needed between rights-holders and duty-bearers in order to promote

⁴⁴ One project related to teachers' training in Uganda funded within the Norwegian University and Research Cooperation (NUFU) handled by SIU was identified and included due to the knowledge of the quality-assurance team of the Evaluation.

long-lasting and durable change in the rights of persons with disabilities, the type of channels utilised for channelling funding is crucial. Compartmentalisation of funding can therefore be detrimental to promoting lasting change (this will be more discussed in chapter 5).

Figure 5: Channels of funding for targeted projects in years 2000 – 2010 (000' NOK)



Source: Norad database/information generated by the Evaluation team.

4.4 Types of disabilities

The terms of reference for the Evaluation specifically asked if it was feasible, to classify the types of disabilities that have been funded. Classifying in the six categories elaborated in the inception report, the mapping study set out to do that.

The six classifications utilised in this study were:

- a. All types, including multiple disabilities)
- b. Visual,
- c. Hearing,
- d. Mobility, physical,
- e. Developmental (cognitive/intellectual/learning),
- f. Mental health,
- and g. Other.

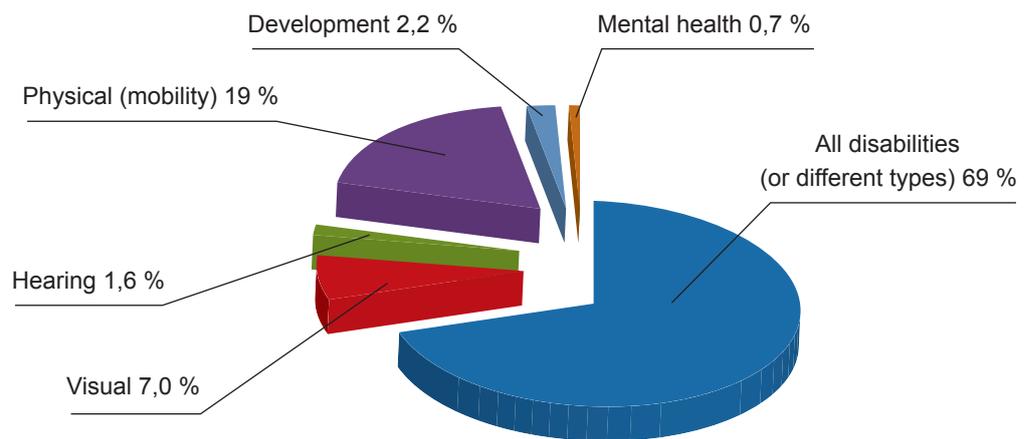
However, it rapidly became clear that this was a challenging task for a number of reasons; first of all, apart from projects specifically targeting persons with visual impairment, hearing impairments, and those related to land mines and war injuries, the field assessments could not establish the type of disability focused on by the interventions.

Secondly, in a majority of cases the targeted interventions such as the Community-Based Rehabilitation Programs, the organisational strengthening of the DPOs etc. would encompass all types of disabilities, or at least they would not intentionally exclude anyone. Thus CBRs were classified as “all types of disabilities”.

However, in reality, the assessment revealed that persons with **mobility impairment were the major beneficiaries**, while those with developmental disabilities, mental health disabilities and hearing impairment were the least served.

Many of the projects stated that they included “all disabilities”, while in reality this meant persons with physical disabilities. Schools ensured access for children utilising wheelchairs, but in particular appropriate teaching materials and methods were not accessible for persons with hearing or visual impairments.

Figure 6: Classification of the types of disabilities



Source: Norad database/information generated by the Evaluation team.

The visual presentation above should therefore be read with caution. Most likely 88% (19+69) of the projects addressed, in some way or another, the needs of persons with mobility/physical disabilities. The most remarkable we can learn from this is that less than **four per cent of the funds are targeting persons with developmental and hearing disabilities and less than one per cent is targeting mental health issues.**

These findings were also validated by the visits in the case countries; projects targeting persons with physical disabilities were most commonplace, followed by projects targeting persons with low vision or visual impairment (both blind and low vision).

4.5 Cause of disabilities

The Evaluation included a specific focus on the cause of the disabilities. This question is related to the Norwegian government’s interest in issues related to disabilities caused by conflict and natural emergencies, the victims’ assistance protocols related to the landmine and cluster conventions. The mapping study developed three main categories:

- a. **Disability caused by armed conflict, natural disasters, small arms, violence.**

- b. **Disability by other causes** (congenital, by birth, diseases, accidents, injuries caused by sexual or gender-based violence, including female-genital mutilation and other harmful traditions, etc.)
- c. **Both conflict and other causes.**

As in the above section, challenges related to classifying the causes of disabilities were found mainly due to the fact that often the project documents would not include information about this. The evaluation team therefore classified projects in category A) caused by conflict, only when specific information was included that the project only targeted victims of wars, natural disaster etc. Frequently humanitarian projects such as for example the Special Fund for Disabled would target mainly victims of wars and conflicts. However the project documents clearly stated that they would not exclude injured persons due to car accidents or illness such as malaria. Working according to “do no harm” principles, most agencies’ work would therefore fall under category C) “both conflict and other causes”. Do no harm frameworks seek to identify ways in which international humanitarian and/or development assistance given in conflict settings may be provided so that, rather than exacerbating and worsening the conflict, it helps local people disengage from fighting.⁴⁵

Some projects reviewed were classified as prevention of disability due to gender-based violence in conflict areas such as the anti-female genital mutilation (FGM) projects in Kenya, Somalia and Sudan. Although not conflict-related, it has long been established that gender-based violence does take its toll on women’s disability and mortality. A World Bank Study almost twenty years ago calculated the disability adjusted life years lost due to the various forms of gender-based violence against women.⁴⁶

Referring to the detailed findings of this variable in Annex A (the mapping study); in the mainstreamed initiatives most of the funding (41%) had been channelled towards projects working in conflict-related settings, while for the targeted projects there was slightly more funding for projects focusing on persons with disabilities caused by congenital, by birth.

⁴⁵ Mary B. Anderson, Do no harm, aiding peace. www.cdainc.com

⁴⁶ L. Heise et al., Violence Against Women: The Hidden Health Burden, World Bank Discussion Paper (Washington, D. C. The World Bank, 1994).

5. Achieving the rights of persons with disabilities

This chapter describes and assesses the results of the Norwegian support to promote the rights of persons with disabilities. The analysis is made according to the human rights based approach and theory of change of this evaluation which entails:

- empowering individual rights-holders/persons with disabilities (either via service-provision and/or empowerment and counselling).
- capacity development of organisations of persons with disabilities (DPOs)
- capacitating duty-bearers/governments to fulfil their obligations according to the conventions, laws and policies adopted
- basing the above measures on evidence gained through research, knowledge and documentation

The analysis then looked at the initiatives and results in relation to the various sectors supported, with focus on the education and humanitarian sectors – two of the priority sectors of Norwegian development cooperation. The analyses are informed by the findings in the case countries, the mapping study and classifications, and studies of the biggest contributions to disability related programs on the global level.

5.1 Individual empowerment

According to the rights-based theory of change, individuals with disabilities and their families must be empowered in order to claim their rights. This empowerment is achieved by two main means: a) provision of medical/rehabilitation services to reduce individual limitations and b) empowerment of the individual and his/her family with knowledge, skills, tools, confidence etc. which enables them to improve their situation and challenge barriers to inclusion in their society.

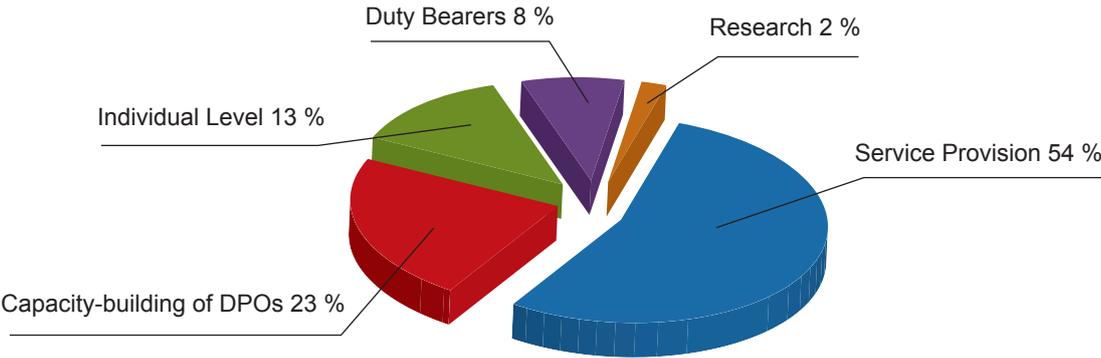
5.1.1 Service provision

Analysis

Our analysis shows that a very large part of the Norwegian interventions focuses on service provision. Moneywise, service provision is the main focus of 54% of the targeted and 46% of the mainstreamed projects. In these projects disability is often, but not always, seen as an individual and medical problem. The assumption is that individuals, who are assisted to remove or reduce their physical limitations through surgeries or assistive devices, can then improve

their own lives. For disabilities that can be compensated for (or even cured) on a medical or technical level, this assumption may be correct. Examples are cataract operations (mostly of elderly), corrective surgeries, provision of epilepsy and mental health medication, provision of eye glasses, hearing aids, prostheses and other assistive devices etc.

Figure 7: Main Focus of the projects targeting persons with disabilities, years 2000-2010 (% of funding)



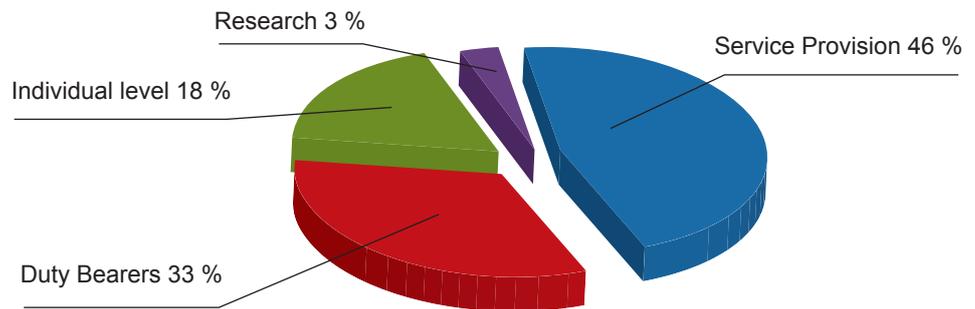
Source: Norad database/information generated by the Evaluation team.

These services are highly relevant as blindness in developing countries is to a large extent curable, around 80%. Lions and NABP are also members of Vision 2020⁴⁷ which is a global initiative to combat curable blindness by 2020. Norway has not given this initiative as much attention as the Global Fund for combatting Malaria, Tuberculosis and HIV, which works to combat life threatening diseases.

Another component of service provision has been the establishment of orthopaedic workshops and provision of technical aids/assistive devices to assist persons with disability in mobility, communication and other needs e.g. braille equipment for wringing and white canes for the blind, wheelchairs and fitting of orthopaedic appliances to enhance mobility, hearing aids and eye glasses. Others provide day care services centres for children with disabilities. Providers of such services vary widely from one country to another and include Atlas Alliance members, Norwegian Red Cross, Norwegian Church Aid among others. It is also the main focus of the ICRC Disability Fund and the ICRC Mine appeals, which is a major channel of Norwegian funds to disability related service provision programs.

⁴⁷ <http://www.vision2020.org/main.cfm?type=WHATVISION2020> – WHO and the International Agency for Prevention of Blindness

Figure 8: Main focus of the mainstreamed or partly mainstreamed projects (% of funding)



Source: Norad database/information generated by the Evaluation team.

Service provision has also been included in many interventions providing humanitarian assistance, where persons with disabilities are often identified as one of the "vulnerable groups". Some other projects provide surgeries, rehabilitation, and counselling for landmine victims and victims of war, such as the ICRC Mine appeals and the Nepal Peace Trust Fund.

Conclusion

The Norwegian interventions have contributed to assisting hundreds of thousands individuals with service provision interventions during the period of review – leading to substantial improvements in their lives. However, these have often been in the form of gap filling. Unless these services are accompanied with capacity development of duty-bearers there will be no lasting improvements of the ability in partner countries to take over and provide such medical/rehabilitation services in the future. The ICRC and the related SFD is aiming at addressing this issue of bridging, but it seems that the results so far are limited when it comes to national takeover of responsibilities.

5.1.2 Empowerment

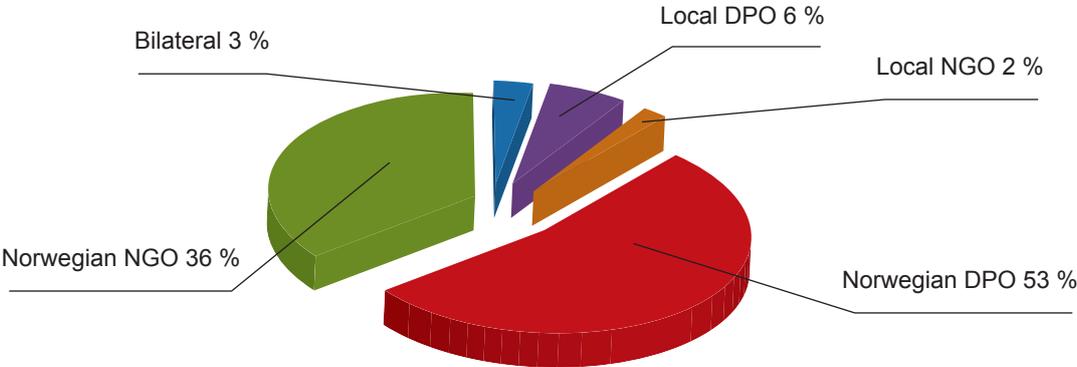
Analysis

Looking at the funding size, empowerment of individuals with disabilities and their families is the main focus of 13% of the targeted and 18% of the mainstreamed and partly mainstreamed projects, respectively 200 and 289 million kroner (figures 7 and 8). These initiatives work holistically to build the self-esteem, self-confidence and self-reliance of individuals (which may also include medical/rehabilitation measures as described above) and to build capacity of families and individuals to address their situation, access services and challenge barriers in their communities. In the mainstreamed empowerment initiatives, persons with disabilities are included as part of general programs in the area of community development and child clubs and child development. In Nepal, efforts have been made to address disability issues through mainstream cultural programs. Aarohan, a theatre group, with support of Save the Children, has been part of documentary production on children with disabilities. This theatre group

had developed a range of disability inclusive plays, which could serve as model of good practice for others working in this field.

In the targeted initiatives, community-based rehabilitation (CBR) is the major approach taken to individual empowerment. In the four case countries studied in this evaluation, Norway (mainly through NAD/Atlas Alliance) is a major promoter of the CBR approach, helping in its development and consolidation over the years. In Nepal, other Norwegian partners (mainly Save the Children and Atlas Alliance/NFU) have played an active role in CBR. In Afghanistan CBR is also adopted as a national strategy, but programs are not funded by Norway. As seen in the figure 9 below, the Norwegian DPOs have played a major role (53%) in the area of individual empowerment.

Figure 9: Implementing channels in individual empowerment - targeted projects, years 2000-2010 (% of funding)



Source: Norad database/information generated by the Evaluation team.

The implementation of the CBR programs seems to vary from one country to another, with the government taking some responsibility for funding of the program in three of the case countries while local NGOs are solely running the program in the Palestinian territory. Involving the government and integrating the CBR approach within the national policies is an important step towards ensuring sustainability. Nevertheless, the NGO-based approach applied in the Palestinian territory seems to be more successful in increasing coverage at the national level, which seems to be a weakness in other countries where the government is taking the lead (only 4 districts out of 28 in Malawi and 5 out of 117 in Uganda).

In all the case countries, one of the success criteria is that the CBR programs enjoy local ownership, with local rehabilitation workers and volunteers playing the main role in its implementation. Through home visits and community-based activities, persons with disabilities are assisted to manage their daily life activities and lead an independent life as much as possible. The CBR program also works with service providers/duty-bearers to ensure that persons with disabilities are indeed accessing the services when referred and that barriers of inclusion are removed (in health, education, agriculture, vocational training, micro-finance

etc.). The CBR program has evidently assisted a large group of persons with disabilities in fulfilling their right to participation in the family and community.

An interesting finding in this evaluation is that CBR programs are acting as catalysts for mainstreaming of disability in the different sectors and programs, especially at the local/district level where successful CBR programs are functioning. This should provide an opportunity and lessons learnt for Norwegian support in general, which is apparently failing to ensure adequate links among the different sectors and thus has made limited efforts to mainstream disability as a crosscutting issue.

Facts about Community-based rehabilitation

CBR was originally developed by WHO in the 1980-ies as a way of providing basic rehabilitation services to persons with disabilities in their communities and to identify those who needed referrals to specialist treatment. It turned out that the major benefits of the model was not medical, as skills were limited among CBR workers and referrals were often not existent or too expensive. Instead benefits were noted in terms of increased self-esteem and self-reliance of persons with disabilities, improved access to mainstream services, improved attitudes towards persons with disabilities, etc. Since its inception CBR has evolved to become a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services. CBR is promoted by a range of UN agencies and in 2010 new guidelines were released. They deal with the five focus areas of CBR; health, education, livelihood, social inclusion and empowerment. The main critique against CBR is that it first and foremost serves persons with mild physical limitations and fails to address issues faced by persons with severe limitations.

WHO, web page and "CBR as we have experienced it" evaluation of CBR from a user perspective, Nilsson & Qutteina, 2005

The evaluation team found that there is very little collaboration among the donors, service providers and projects which makes them fragmented and less effective. CBR is implemented by a range of organisations and government agencies. In many countries there is a CBR Network which is trying to develop standards and promote cooperation, but due to donor practices and self interest in projects the progress is limited. There are also regional networks for example the South Asia CBR Network and the African CBR Network.⁴⁸

Apart from the CBR method, other targeted initiatives were also identified, such as the Mental Health Program in Palestine and in Afghanistan which seeks to build the individual capacity of participants through counselling and medication services and the ICRC mine appeal projects in Afghanistan that not only provide rehabilitation at orthopaedic workshops but also train and employ persons with disabilities as staff in the workshops.

⁴⁸ <http://www.cbrnetworksouthasia.org/> , <http://www.afri-can.org/about%20us.html>

Conclusion

The individual empowerment projects were found to have impacted on the lives of persons with disabilities in many ways, mainly in terms of self-esteem, self-reliance and family acceptance.

The mainstreamed initiatives are still small and reach only few persons with disabilities, but could serve as examples of good practice. Often lack of disaggregated reporting makes it difficult to know if and how men, women, girls and boys with disabilities are actually reached. Opportunities of mainstreaming are missed in most community development programs (e.g. UNICEF), governance, election/voters education programs and adult education programs that aim at individual empowerment.

The targeted initiatives have reported on more concrete results. In addition to improved daily living skills, self-reliance and self-esteem, some CBR programs as well as in the ICRC projects in Afghanistan, report that persons with disabilities have also become active staff members and volunteers within the program. In Palestine and Uganda persons with disabilities have been elected to local government offices as a result of their empowerment via the CBR.

However, there is not yet a wide coverage or access to such CBR interventions by a large proportion of the rights-holders. On the contrary, some of the interventions are small-scale or limited in their geographical coverage. Also there are deficits in some of the components, such as livelihood, social inclusion and empowerment. In addition, there is an apparent variation in the level of support to the different types of disability, with less effort to support those with hearing impairments, developmental disabilities and mental health conditions.

Quality of services is also difficult to verify. There have been limited efforts to develop and use quality standards for CBR, although regional networks are trying. It is therefore very difficult to assess and compare quality of standards of interventions.

Summing up, the team concludes that taking into consideration the modest share of the total budget, the results of the targeted interventions (13%), were found to yield strong results in terms of individual empowerment, while the results of the mainstreamed initiatives are hard to determine.

5.2 Capacity development of Disabled People's Organisations

Analysis

As shown in Figure 7, the Norwegian support to capacity development of DPOs makes up 23% of the portfolio of targeted disability initiatives. The support has almost entirely been provided through the Norwegian DPOs under the Atlas Alliance. Almost no mainstreamed or partly mainstreamed programs have considered supporting DPOs as a worthwhile strategy or part of civil society or human rights strengthening. When involving DPOs it is mainly as partners to implement

a project (as Plan Nepal) and not to develop the institutional capacity. The role of DPOs as human rights defenders has not been appreciated so far.

In the four case countries, the main channel of Norwegian support to DPOs has been Atlas Alliance and its member organisations, particularly Norwegian Association of Disabled (NAD), Norwegian Association of the Blind and Partially Sighted (NABP), and Norwegian Association for Developmental Disabilities (NFU). Small amounts of support have gone through SIGNO Foundation, which is engaged in sign language development. The main beneficiaries have been the national umbrella and cross disability federations (all countries), and single disability DPOs of the Blind (Malawi, Uganda, Nepal), of the Deaf (Uganda and Palestine) and of Caregivers/parents of children with developmental disabilities (Malawi and Nepal).

It is noticeable that in all case countries, women with disabilities have created their own organisations and work together to promote their rights. Also, women with disabilities often have independent wings or sections in their respective disability organisation. Their voices in the general disability organisations are still weak although formally they often have a quota in decision making bodies. While Norway (Atlas Alliance members) has supported women empowerment in single disability organisations, there is limited support to the cross disability women's organisations. Even the Norwegian NGO that has "right to organise" as its overall objective, the Norwegian People's Aid, had not supported women or men with disabilities' organisations.⁴⁹ Also, the general women's movements, strongly supported by Norway, have so far not included women with disabilities as part of their agenda, except in the case of Nepal.

Table 4: Allocation to Capacity Building for DPOs in targeted projects 2000-2010 (in 000' NOK)

Country	Total (NOK '000)	Percentage
Palestine	11 176	14
Uganda	25 419	26
Nepal	21 576	44
Malawi	17 391	7
Total	75 562	91%

Source: Norad database/information generated by the Evaluation team.

The funding has gone to support activities such as building of management capacity, supporting strategic planning, branch development, human resource development, governance structures – and even running costs and infrastructure investments. In some cases such as Uganda, Palestine and Malawi, the Norwegian support package has included technical assistance through attachment of Norwegian experts to support the organisational capacity building of the counterpart DPOs. Funding has also been channelled to DPOs to provide services to

⁴⁹ The female governance program Women Can Do, implemented jointly by Norwegian People's Aid and the Labour Party's Women organisation, have not included disability or ensured the participation of women with disabilities. Evaluation Case study of the Palestinian Territory.

its constituency, such as counselling, rehabilitation and economic livelihoods of persons with disabilities. Some DPOs have started their own separate programs, while the support from NAD has deliberately involved both government and DPOs to develop support services in the CBR programs – using a twin track approach.

Another result of the Norwegian support to the DPOs has been that a majority of those supported have opened up district branch networks and national offices. This enables them to build solidarity among their membership, and increases their visibility and voice. Strengthening of DPOs has increased chances for the voices of persons with disabilities to be heard and recognised. In some cases like Uganda where affirmative action remains a dominant strategy for uplifting marginalized groups such as persons with disabilities, they have joined the rank and file in influencing political and governance decisions.

“Norwegian assistance has left an indelible mark on the FEDOMA and its affiliates. FEDOMA itself has become a unifying force for disability movement in the country and amongst the smaller DPOs FEDOMA has guaranteed them presence and survival. Without Norwegian support most DPOs would not be there”.

Malawi Disability Field Visit Report

In all the case countries, the DPOs have had some impact on the disability related legislation and policy landscape. For instance in Uganda, the DPOs were instrumental in influencing, the Persons with Disabilities Act, 2006 and the National Council for Disability Act, whilst in Malawi DPOs have taken lead in influencing the development of National Policy on Equalization of Opportunities for Persons with Disabilities, drafting the Bill on Equalization of Opportunities for Persons with Disabilities and on reviewing the Handicapped Persons Act. In Palestine, the DPOs have been instrumental in the enactment of the disability law and follow up on its enforcement and the involvement of DPOs in the Higher Council for Disability. In Nepal, DPOs have influenced the new draft constitution and the adoption of supportive laws and policies. In all the case countries, with the exception of Palestine⁵⁰, the DPOs have taken lead in influencing the signing and ratification of the CRPD.

The DPOs have also been instrumental in creating awareness among the public about the issues and concerns of persons with disabilities. Most have taken advantage of using events such as the International Disability Day, International White Cane and World Sight Day to educate the public about their concerns.

DPOs have engaged in advocacy and sensitizing/awareness rising campaigns to demand access to mainstream services. In the four case countries, although there is still a long way to go to achieve full inclusion, there is evidence of improvement in government policies and programs. In order to encourage members who are still excluded, many DPOs often engage in direct support to members in areas such as rehabilitation, education, income generation, vocational

⁵⁰ Palestine has had observer status at the UN since 1974, but is not yet a member. Hence Palestine is not required to sign and ratify its Conventions. UNECOSOC however, approved Palestine's membership application to its Organisation, on 31.10.11.

training and credit schemes. There is limited trust in the ability of the government (and other development programs) to include persons with disabilities. The services organised independently by DPOs reach few and have limited sustainability, but can serve as models and eye openers.

Conclusions

There are still some challenges for the DPOs such as the lack of adequate data and research and hence informed advocacy.

There are still limitations in advocacy and networking skills among DPOs in terms of influencing big development programs. This would require better knowledge of planning and decision making processes in the multilateral and bilateral agencies. It would also require improved ability to keep updated on a regular basis, understanding and engaging with complex sector strategies, policy documents and economic instruments.

Because of well-founded mistrust in mainstream programs to seriously include persons with disabilities on equal terms and with appropriate support mechanisms, DPOs often seek segregated solutions. The pressure for mainstreaming is thereby limited, as compared to pressure from other marginalised groups.

In a number of cases, the umbrella DPO works in competition with its member DPOs. Each member DPO has its own advocacy agenda and this often leads to the disability movement being fragmented and weak.

Limited capacity at district levels as most countries are decentralising decision making, the entry points for advocacy have shifted to district levels, where most DPOs are still weak in capacity.

Women with disabilities are still discriminated, excluded and subjected to violence. DPOs focus on functional empowerment and formal quotas for women, but real influence in decision making is still limited.

Despite the above challenges, the evaluation found that one of the most prominent results of the Norwegian support during the past 11 years has been the increased capacity of DPOs to organise, create a strong voice of persons with disabilities. Results were notable on policy level, although implementation of these policies is still very slow. Good results were also found in terms of increased visibility of persons with disability in society and improved attitudes, at least in big cities. The 315 million NOK spent on strengthening the self-organisation of persons with disabilities therefore seems to be well-invested funds.

5.3 Government/duty-bearers

Analysis

According to the rights-based theory of change, duty-bearers/governments must be held accountable and assisted to fulfil their obligations according to the conventions, laws and policies adopted. This can be achieved through advocacy or dialogue and through capacity building of government ministries and authorities. According to the mapping of Norwegian support, 8% of the targeted funding and 33% of the mainstreamed funding is mainly focusing on influencing or building capacity of governments (see figures 7 and 8).

Analysing the targeted initiatives, there are very few initiatives that are focusing on influencing or building capacity of duty-bearers as its primary focus. However, in most of the targeted initiatives, influencing or building capacity of duty-bearers is the secondary focus (twin-track approach). For example, CBR programs partly focus on building capacity of the government referral systems in health, rehabilitation and education services. In the agreement with the government, the CBR program ensures government involvement and responsibility as part of its approach.

It was also found that advocacy initiatives carried out by DPOs had indeed influenced governments to take some responsibility for ensuring that persons with disabilities can access and participate in development, peace and reconstruction work. All the case countries have rights of persons with disabilities enshrined in the national constitutions and/or enacted local laws and policies. They also have policies for persons with disabilities which include provisions such as free health care, free education, free transportation, equalization of opportunities (employment), livelihood and social security (allowance). These legal provisions, policies and programs have provided the governments with a framework for fulfilling their obligations.

The disability movements have been successful in strengthening the state structures and mechanisms. For example in Malawi, DPOs have been able to lobby for the establishment of a Directorate for Special Needs Education in the Ministry of Education (MoE).

However, although almost all the case countries are progressive in terms of enacting laws and policies, their implementation is still weak and relevant programs and services are lacking. Political will, but also capacity and resources to deliver services have been cited as the main challenges. For more examples of Norwegian support to duty-bearers refer to the Mapping Study in Annex A.

The evaluation did not find any evidence of Norwegian support to capacity building of decision and policy-makers on disability issues, on the CRPD or developing internal expertise and promoting learning (as for example within the gender equality agenda⁵¹). Government line ministries, departments and statutory bodies in partner countries do not have adequate personnel to plan and manage disability issues. Only few have focal points or units.

51 As part of Norway's Action Plan for Women's Rights and Gender Equality in Development Cooperation 2007–2009 resources and capacity-building have targeted national Ministries of Gender, gender statistics, gender budgeting etc.

Conclusion

Norwegian support has indirectly influenced and developed the capacity of the duty-bearers to address disability issues to a small extent in the areas of human rights policy frameworks, education and health/rehabilitation/livelihood sectors. This has mostly been an indirect result of the support provided through other agreement partners supplementing or influencing government services. The focus has been more on funding the services rather than enabling the government to deliver the services by investing more in direct capacity building.

Only very few bilateral or multilateral programs funded by Norway have mainstreamed disability in their programs. It seems that this is due to lack of political priority from the top leaderships as well as limited understanding of disability as a human rights and poverty reduction issue. Enough efforts have not been geared towards developing conceptual/technical skills and expertise and strengthening government mechanisms such as planning, coordination, and quality assurance. Also, government structures for promoting and monitoring the rights of men, women, girls and boys with disabilities are often compartmentalised and hence are not able to coordinate and mainstream disability. Hardly any cross-sectoral or cross-ministerial initiatives targeting or mainstreaming disabilities were found during this evaluation.

Increasingly donors like Norway are focusing more on strengthening the state for long term sustainability, promoting economic development, controlling their own national natural resources and letting the government plan and deliver programs rather than the donors supporting direct service delivery. Sector wide approaches are one of the approaches adopted by many donors to support the government. Promoting disability and building the government's capacity to respond to the needs and rights of this group must come through in this emerging context.

5.4 Research

Analysis

In most countries in the world, persons with disabilities are still considered to be an insignificant, small group with individual medical and social problems. Having evidence based data to describe the size and nature of the problem of marginalization is therefore of utmost importance for successful advocacy and programming.

As a minimum countries need statistics in order to determine prevalence; how many children, women and men have various forms of disabilities, secondly, what kind of barriers they are facing and what kind of measures that are needed for them to be included as equal citizens that can contribute to and participate in economic, social and political life. Further research issues would be linked to issues of the "smart economics" of inclusion will lead to positive results both in terms of human rights and in terms of poverty reduction and economic growth.

A measureable result of the Norwegian support was that all the four case countries have recently included some questions on disability in their respective national censuses. Although there are many actors involved the reasons for this seem to be pressure from national disability movements and input from the World Bank and/or the UN Statistics division, in particular the Washington Group on Disability Statistics, where many of the national statistical offices are members.⁵² The national level pressure could to some extent be linked to the Norwegian support to research conducted by SINTEF in cooperation with Atlas members.

At the same time it was noted that the disability components were not particularly promoted by Statistics Norway, which has cooperation with three of the national statistical bureaus studied in this evaluation. The UN initiative Statistics for Development – Paris21 partnership⁵³, where Statistics Norway is an active partner, does not mention disability as a variable for poverty reduction in any of its publications. According to Statistics Norway, the reason for this is in general a lack of interest in disability as a variable for studying causes of poverty. Also, the mandate of Statistics Norway is formed by the national statistical partners. Disability has not been a prioritised area.⁵⁴

The mapping of the Norwegian support to disability related initiatives showed that “research” has received comparatively little funding – around 2% – compared to the other dimensions of the human rights based approach such as service-provision and empowerment.

Table 5: Disability related research funded by Norway for years 2000-2010 (NOK ‘000)

Disability related research projects – partner countries	NOK ‘000
Social Inclusion Research Fund (Embassy – Nepal)	23 580
Living conditions among people with disabilities in Southern Africa (SINTEF/FFO/Atlas)	15 627
HESO Work Program (Consultants – Norway)	12 843
Ombudsman II (Independent Commission for Human Rights, Palestine funded via Embassy)	5 200
Palestinian Women Research and Documentation Centre (UNESCO via Embassy)	4 125
Documentation and resource bank	1 865
SDN/AMAC Assistance to mine affected communities	1 687
Seminar and material (Atlas Secretariat)	1 081
Advisory Program (Atlas Secretariat)	820
Misc. smaller projects	3 448
Total	70 277

Source: Norad database/information generated by the Evaluation team.

⁵² The evaluation team interviewed the national statistical offices in three of the case countries (Uganda, Malawi and Palestinian territory).

⁵³ <http://www.paris21.org/>

⁵⁴ Email and phone interview with Statistics Norway.

As most of these research contributions have mainstreamed disability as a component, the figures in the table cannot be compared. It is mainly the SINTEF and Atlas Alliance funds that have targeted disability exclusively.

SINTEF (an associated member of Atlas Alliance) has conducted and published studies on living conditions of persons with disabilities in eight African countries.⁵⁵ The SINTEF studies have been widely quoted, also in the recent World Disability Report (2011).

The Atlas Alliance/NAD community based rehabilitation (CBR) programme in Palestine has also used research as part of its strategy. Not only has this research contributed to enhancing the knowledgebase, but many of these research initiatives have also included persons with disabilities as researchers, enumerators or members of the steering committee, thus enhancing the visibility of persons with disability and contributing to attitudinal change. The intention is that new evidence, data and knowledge from research should be used by government agencies to improve their planning and programming and by human rights activists to advocate for change and monitor progress.

The results of the enhanced knowledge base have however been hard to assess in the four case countries. The data from the censuses is quite new (or not even disseminated yet as in Nepal and Malawi). Research reports are not widely disseminated or readily available on the internet. There are seldom explicit links with the potential users in the planning and reporting phase to ensure utilisation focus. Even in the SINTEF studies on living conditions, where close cooperation with the disability movement is part of the methodology, the evaluation team could not establish concrete use or results of the research. SINTEF acknowledged the weak points in distribution and utilisation of the surveys and believed that more efforts were needed to include systematic follow-up on the national levels.

Due to the lack of a marketing strategy, earmarked funding for the utilisation phase and user-friendly simplified versions of the scientific texts, many research reports remain unknown and un-used. In cases of research done by outsiders, where persons with disabilities themselves or DPO were not involved, there was hardly any awareness of pressure to use the results.

On national levels, most of the research has focused on situation analyses such as living condition surveys, census studies, the situation of women with disabilities etc., or on specific topics with limited coverage such as the situation of persons with disabilities in different ethnic groups or geographical areas. However, formative research and contextual studies linking disability with broader national development agenda and international development priorities were not found in any of the case countries.

⁵⁵ <http://www.sintef.no/Teknologi-og-samfunn/Helse/Global-helse-og-velferd/Velferd-og-levetkar/Studies-on-living-conditions/>

Although not coded as having research as its first priority focus⁵⁶ research is also supported by Norway through the World Bank Trust Fund for Environmentally and Socially Sustainable Development.⁵⁷ Approximately 2 million USD (2.8% of the total funds) have been granted to improve the knowledge base on disability, as well as expanding and mainstreaming programs and policies in World Bank activities to address the needs and rights of people living with disabilities. A range of topics have been supported, the most important being:

- **Mainstreaming of Disability at the World Bank.** The lion share (75%) of the funds has gone to facilitate the inclusion of disability components in World Bank operations. A range of projects have been supported and tools have been developed to guide staff on the legal obligations of the CRPD.
- **Strengthening Capacity for Measuring Disability across South Asia.** Improving national capacity for measuring the prevalence, type, level, and causes of disability in Bangladesh, India and Pakistan.
- **Study of the Social and Economic Impact of Disability in Post-Conflict Countries,** Identifying the barriers persons with disabilities face in receiving services and participating in economic and social life, generating policy recommendations, and highlighting possible roles for the Bank in addressing disability (in Angola, Burundi, Sierra Leone).
- **Study of Employment Integration of Persons with Disabilities (ILO),** with an aim of building government capacity to support citizens with disabilities to access the labour market.
- **Integrating Disability into Middle East and North Africa Operations** with an aim of increasing the Bank's ability to incorporate disability components in MENA operations to improve mobility, physical accessibility and opportunity among persons with disabilities.
- **A qualitative study on disability and living standards in Georgia, Kenya and Yemen.** The Yemen study was carried out by SINTEF.

Norway has also supported research on disability related topics via The Norwegian Centre for International Cooperation in Higher Education (SIU). Through scholarships to researchers, experience exchanges between researchers, summer schools etc. in the area of inclusive education, capacity have been built in some partner countries. Findings from the field visit in Uganda revealed that the Norwegian, and generally Scandinavian support to the education sector has contributed towards gradual changes in the education system to remove barriers for children with disabilities, e.g. the examination system, the curricula, early intervention etc.

Conclusions

Norway has supported some important research and knowledge development initiatives in the area of disability, especially through the World Bank and the University cooperation. There are also a few good examples found at the national levels.

⁵⁶ These project are coded with main focus on capacity development of duty-bearers

⁵⁷ <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/ORGANIZATION/EXTSDNETWORK/EXTUNITFESSD/0..contentMDK:20639675~menuPK:1637695~pagePK:64168445~piPK:64168309~theSitePK:1633788.00.html>

However, Norway has not strategically and deliberately supported research to build a foundation of facts, evidence and knowledge which are essential for both duty-bearers and rights-holders in order to be able to move the agenda of inclusion and human rights for persons with disabilities forward. There is great potential to use research strategically as leverage for better results in many sectors.

The role of the Statistics Norway could be enhanced and strategic alliances could be made with the Washington Group to ensure synergies.

The SIU cooperation could be encouraged to further develop cooperation in the area of disability. Shadow reporting on CRPD can also be other strategic research that can be supported by Norway. The Disability Rights Promotion International is one such initiative.⁵⁸

Finally, there appears to be a need to ensure that research is more **utilisation focussed, by allocating specific funds for user-friendly versions and dissemination activities.** This includes involvement and capacity building of the disability movement to use the research for evidence based advocacy and involvement of the responsible duty-bearers to understand and use the evidence in their planning and programs.

There is also need for action-oriented research in overlooked areas, such as marriage and family aspects, violence against children, women or men with disabilities,⁵⁹ and the political participation of persons with disabilities.

5.5 Priority sectors

When analysing the sectors which have included the disability dimension, the evaluation found that education, conflict prevention, peace and security, health, government and civil society and social services were the five largest sectors.

⁵⁸ <http://drpi.research.yorku.ca/>

⁵⁹ In 2010-11, two important research reports have been released; a) Human Rights Watch (2010), As if We Weren't Human - Discrimination and Violence against Women with Disabilities in Northern Uganda, August 26, 2010; and b) Save the Children and Handicap International (2011), Out of the shadows – sexual violence against children with disabilities - Research study on sexual violence against children with disabilities in four African countries. Save the Children, UK. Norway has not been involved in funding such research.

Table 6: Largest sectors in projects targeting and mainstreaming persons with disabilities for the years 2000-10 (in 000’NOK)

Sectors	Mainstreamed/ partly mainstreamed		Targeted		Grand Total
	000’NOK	%	000’NOK	%	
Education	509 214	88 %	70 067	12 %	579 281
Conflict prevention and resolution, peace and security	172 942	32 %	377 913	68 %	550 855
Health	219 315	44 %	281 297	56 %	500 612
Government and civil society, general	192 214	44 %	243 719	56 %	435 933
Other social infrastructure and services	78 477	20 %	300 470	80 %	378 947
General environmental protection	179 850	100 %	-	-	179 850
Agriculture	133 990	100 %	-	-	133 990
Emergency Response	75 120	75 %	25 231	25 %	100 351
Other multi-sector	87 914	97 %	2 560	3 %	90 474
Unallocated/unspecified	-		46 846	100 %	46 846
Population policies/ programmes and reproductive health	22 276	55 %	18 468	45 %	40 744
Banking and financial services	15 948	81 %	3 855	19 %	19 803
Total⁶⁰	1 178 046		1 300 359		

Source: Norad database/information generated by the Evaluation team.

When looking behind these figures it was found that what makes them big are often a few large initiatives:

- Education: a few big sector programs, with Nepal and Palestine making up more than 60%, in addition to education programs via Save the Children, Plan and other NGOs. Conflict prevention: the large contribution to ICRC/ SFD and various Trust Funds for rehabilitation of mine/war victims and ex-combatants makes up the lion share.
- Health; five large projects account for half of the amount (the health sector program in Malawi channelled via Norwegian Church Aid is partly mainstreaming disability, while Norwegian Red Cross, Lions Clubs eye health are targeting disability. Haukeland university hospital’s cooperation with Yekatit hospital in Ethiopia has small components. The remaining 130 projects are targeted and smaller interventions implemented by NGOs.
- Government and civil society sector is almost 50/50 of mainstreamed and targeted initiatives. The targeted are capacity building of DPOs projects implemented by the Atlas Alliance members, while the partly mainstreamed projects are implemented by Norwegian Church Aid, Right to Play etc.
- The Social Services programs are almost exclusively targeted projects: the CBR programs in the Palestinian territory, Eritrea etc. are found here, around

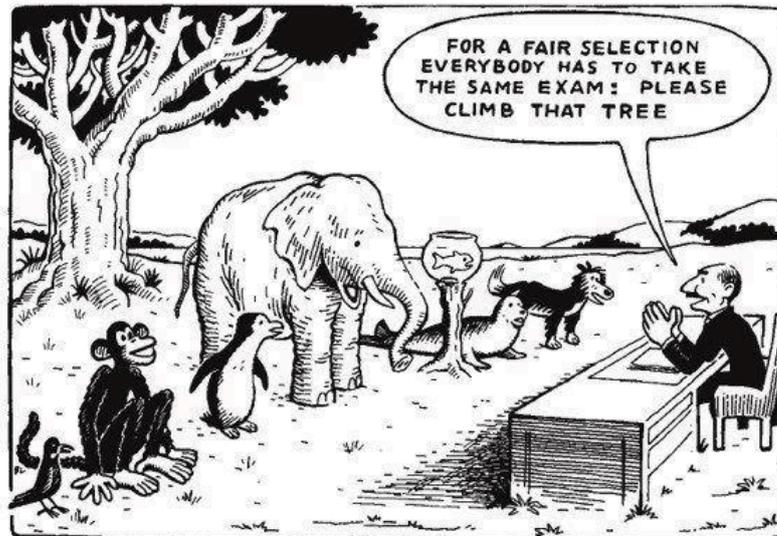
⁶⁰ The total amount does not add up to 3 billion NOK as these are few small sectors not included in the table

50 projects varying from 50 million to a few hundred thousand. Almost exclusively NGO work.

- Finally, it is noteworthy that neither in the environment or agriculture sectors has Norway funded projects targeting persons with disabilities.

Due to Norwegian priorities, the analysis will focus on two of the sectors, Education and Humanitarian/conflict related initiatives.

5.5.1 Education and disability



Cartoon from Facebook - India

Background

Education is a human right and yet most children with disabilities do not go to school. According to UNESCO, one third of children who are not in school today are children with disabilities. The World Bank estimates that fewer than 5% of children with disabilities will reach the Millennium goals of completing primary education.⁶¹ Education, being the most important tool of empowerment and poverty reduction, is still denied for most girls and boys with disabilities.

The Norwegian "Action Plan for Combating Poverty in the South towards 2015" states that "Education is the most important weapon in the fight against poverty". Norwegian development cooperation is to "gradually increase the allocation to the education sector to 15 % of the total development budget." This Action plan was developed by the previous government in 2002. It is not clear whether the Plan is still guiding Norwegian development cooperation. After pressure from different education stakeholders and the Parliament, the government in 2009 increased the funding dramatically for education and spent 1,7 billion NOK on education which is 9,2 per cent of the total aid budget (norad.no). Nevertheless, the target of spending at least 15 % of the total budget on education has not been reached.⁶² Only Nepal can show an investment of this calibre.

61 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0..contentMDK:22549219~menuPK:417740~pagePK:210058~piPK:210062~theSitePK:282699,00.html>

62 The Norwegian Parliament has instructed the government to spend at least 15 per cent of the total aid budget on education, according to MFA.

The Norwegian support to the education sector is channelled through:

- Bilateral or joint assistance (SWAP) Education Sector programs in some countries.
- Support to supplementary NGO initiatives, such as Save the Children and Plan.
- Support to global UNICEF amounting to approximately 50% of its budget for education and sometimes to national UNICEF programs.
- Support through The Norwegian Centre for International Cooperation in Higher Education (SIU) – capacity development of teachers.

In partner countries the education system for children with disabilities is organised differently. In some cases specific departments or directorates for special needs education have been established; in other cases full ministries have taken charge of the education of children with disabilities (although this is not in line with the principles of inclusive education).

About Inclusive Education

Education for All takes account of the needs of the poor and the disadvantaged, including working children, remote rural dwellers and nomads, ethnic and linguistic minorities, children, young people and adults affected by conflict, HIV and AIDS, hunger and poor health, and those with disabilities or special learning needs. It also emphasised the special focus on girls and women.

Inclusion is thus seen as a process of addressing and responding to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.

Educational justification: the requirement for inclusive schools to educate all children together means that they have to develop ways of teaching that respond to individual differences and that therefore benefit all children. *Social justification:* inclusive schools are able to change attitudes toward diversity by educating all children together, and form the basis for a just and non-discriminatory society. *Economic justification:* it is less costly to establish and maintain schools that educate all children together than to set up a complex system of different types of schools specialising in different groups of children. *Legal justification:* Article 24 of the Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child.

Source: UNESCO Policy Guidelines on Inclusive Education

Most countries have adopted a policy on “inclusive education” although this means different things in different countries. Inclusive education⁶³ is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual.

63 <http://www.inclusive-education-in-action.org/iea/index.php?menuid=47> and <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/inclusive-education/children-with-disabilities/>

Analysis bilateral support

In terms of disability policies, laws and strategies all the four case countries have developed a policy and legislations targeting persons with disabilities. All case countries have also adopted policies on inclusive education and have a good will to reach all learners. They are part of international networks on inclusive education and have introduced teacher training modules on meeting children with special needs. However, a closer look reveals that in the case countries effective implementation is facing some challenges. Inclusive education requires not only changes in physical infrastructure and teacher training, but also **changes in attitudes of families and teachers**, accessibility and safe roads to/from school, adaptation in curricula and teaching practices, assistive devices and support staff, communication tools, early intervention etc. Particular difficulties are encountered by girls and children with hearing impairments and developmental disabilities. Also, the responsibility for the **out of school children** seems to be unclear. The education system is often only responsible for those enrolled, but not others.

In the case of Nepal and the Palestinian territory for example schools are building accessible toilets, but the roads to schools are not accessible. Scholarships for children with disabilities were introduced to motivate parents to send their children to school, but the scholarships were collected without children being sent. Teachers were trained, but they do not accept children who cannot learn as others, because they disrupt the class etc. In the case of Palestine, although the United Nations Relief and Work Agency for Palestine Refugees adopted a disability policy to oversee the provision of inclusive environments in its schools, the implementation of special needs education is facing great challenges in terms of financial support and staff capacity. Another constraint to the implementation is physical accessibility and cultural acceptability. The Norwegian support has to some extent tried to address these issues through the Norwegian Representative Office to the Palestinian Authority by engaging in the Education Sector programme; building new schools and adapting old ones to be made accessible for children with disabilities. At the same time NAD in cooperation with a Swedish NGO, Diakonia, have implemented an inclusive education programme with the Special Needs Department in the Ministry of Education, while the Atlas Alliance member SIGNO and the Palestinian Red Crescent have promoted education for the deaf and hearing impaired. The ability of the Rehabilitation Programme of NAD/Diakonia (which is funded by the Norad Civil Society) to engage with the Ministry is commendable, but the effects of that programme would probably have yielded even better results if it had been linked up with the overall Norwegian sector engagement.

In Malawi and Uganda progress is very uneven. There are islands of good practices as a consequence of support from the international community, while in general the situation for children with disabilities remains bleak. Both in Malawi and Uganda the evaluation revealed that Norway has not directly provided support to the education of children with disabilities. In Uganda for example support to the education of children with disabilities has been provided through the Norwegian Refugee Council (NRC) under Humanitarian and emergencies where the

NRC has engaged with local authorities to support and promote education for children with disabilities in their target districts. In Malawi Norwegian institutions such as the Signo Foundation are supporting the education of Deaf-blind children under an adapted educational service program as well as through the Atlas Alliance/NAD Community Rehabilitation Program.

The Norwegian support can take some credit for the positive developments in Uganda (through the SIU initiatives), in Nepal (through efforts in the SWAP steering committee, previous Save the Children initiatives and Plan Nepal community work) in the Palestinian territory (through Atlas Alliance/NAD and Norwegian Red Cross) and in Malawi (through Atlas Alliance/Signo). However, there is **no systematic approach or comprehensive strategy on how to work with education for children with disabilities or how to promote inclusive education.**

Analysis of UNICEF support

The support provided by Norway (approximately 50 % of core budget for the Education section) has broad parameters and is flexible. The Norwegian support is mainly used for the initiative “child friendly schools”, and is especially meant for **girls’ education**. Child friendly schools focus mainly on improving the situation for children already at school and removing barriers to participation and learning in the classroom. Recently (with Australian money) UNICEF has started a program for “Out of School Children”. Children with disabilities are specifically part of this initiative. Cambodia is the pilot country and after that the idea is to scale up the project to 75 countries.

UNICEF has developed good practices for the inclusion of girls and for ethnic minorities. Children with disabilities have not been prioritised until the last year (thanks to the CRPD and pressure from Finland). However, some good/successful UNICEF initiatives can be found in Eastern Europe (linked to deinstitutionalisation programs and wishes by governments to improve their education standards) and in South East Asia, due to personal initiatives and good cooperation with UNESCO and UNDP in the region (Cambodia).

UNICEF has also contributed to inclusion of children with disabilities in emergency education programs. Inclusion has been easier to bring up in emergencies, since there are often children with injuries and disabilities in these places. UNICEF is part of a network that has developed tools for education in emergencies INEE.⁶⁴ UNICEF is also part of the Fast Track Initiative on Education for All – recently renamed to be “The Global Partnership for Education”.⁶⁵ This is a partnership between multilaterals, donors, civil society organisations and Education ministries in developing countries. Nepal, Malawi, Uganda and Afghanistan are partners to the Global Partnership. Disability is not very high on the agenda of the Global Partnership, but one of the objectives is to “half the number of children out of school” and there is a guide on *Equity and Inclusion in Education*.⁶⁶

64 <http://www.ineesite.org/> and the guide <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1007>, which include disability aspects

65 <http://www.globalpartnership.org/about-us/about-the-partnership/>

66 http://www.unicef.org/education/files/Equity_and_Inclusion_Guide.pdf

UNICEF is aware of its poor responses to children with disabilities in general and in education in particular. A Disability focal point was established in UNICEF in February 2011 to address the capacity shortcomings. UNICEF is presently undertaking a mapping of the existing programs and capacities related to education of children with disabilities.

Although there is only one project recorded under UNESCO in the Norad database (in the Palestinian territory), Norway has provided voluntary contributions to UNESCO since 2003, and programme support signed every 2 years. For 2010-2011, Norway provides funding to education (about USD 13.5 million), culture (about USD 2.9 million), and communication, with a contribution to the International Programme for the Development of Communication of approximately USD 320,000.⁶⁷

UNESCO is the responsible organisation for the normative and technical development of tools and approaches on education in the UN system. Included in the education programme, UNESCO has a «Flag Ship Initiative» which has dealt in particular with inclusion of children with disabilities. This initiative has focussed on development of various tools for teachers; schools etc.⁶⁸ According to reports, the Flagship initiatives have not been able to achieve much on the ground as UNESCO is often not operative on country level. The UNESCO tools remain unused or unknown to many.

In May this year 2011, a meeting was held in Paris, where the donors of the UNESCO disability initiative (mainly Finland) expressed disappointment on UNESCO and asked UNICEF to take over the main responsibility for the operationalization of education for children with disabilities as part of Education for All initiatives. Finland is now negotiating how to support UNICEF in this role.⁶⁹

Analysis of SIU support

As part of the cooperation between Oslo University and universities in developing countries, inclusive education has been one of the topics. Students from a number of countries have received scholarships and been invited to do research in this area. There have also been summer schools arranged on this topic. This has enhanced capacity in teacher training, curricula development and examination procedures, especially in Uganda. There is also institutional cooperation in physiotherapy training between Oslo University College and African institutions, among them in Malawi, which has contributed to enhanced capacity.

67 Information from unesco.org

68 <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/inclusive-education/children-with-disabilities/>

69 Judith Hollenweger (2011), Education Commission RI, Chair European Region, Mainstreaming Disability in EFA: Planning future steps, Partners' meeting on the 20th of May 2011 at UNESCO HQ, Paris

Conclusion

With few exceptions, children with disabilities have not been deliberately or substantially included in the education programs supported by Norway. The main focus has been on inclusion of girls (which is important!). Alongside attitudinal and financial constraint has been lack of donor and government commitment towards the education of children with disabilities in almost all the countries. As all stakeholders focus on reaching primary/secondary education targets in terms of enrolment and completion rates and grades achieved, children with disabilities are left out. They are not considered to be “worth the investment”. There is also an absence of statistics regarding children with disabilities who are out of school and proof of the economic gains to be expected in families and communities if children with disabilities receive education, making evidence based advocacy difficult. The attitude of both teachers and parents towards children with disabilities has also contributed to most of them not accessing education. Norway could do more to inspire inclusion of children with disabilities in its support to primary and secondary education. Also in programs aiming at early childhood development and adult education, persons with disabilities are left out, while they and their families have the most to gain from participation.

5.5.2 Humanitarian work and disability

Background

Norway has for many years had a strong commitment to protecting and ensuring that people in need receive the necessary humanitarian protection and assistance. As a donor Norway has a humanitarian policy which focuses on “equipping the international community to meet future global humanitarian challenges prevent, respond to and initiate the recovery of communities after humanitarian crises” (Humanitarian Policy, 2008). The government has worked closely with the ICRC and the Norwegian Red Cross in these efforts. Norway has also supported the Special Fund for Disability which is an offspring of ICRC aiming at continuing the ICRC programs after the conflict phase. SFD focuses on “restoring and maintaining physical mobility”⁷⁰ of persons injured during the conflict and strives to integrate these services in the mainstream service provision for persons with disabilities. Other major partners are UNHCR, Handicap International and Norwegian NGOs. The conflict prevention and emergency preparedness sectors constitute the largest share of Norwegian disability related initiatives during the period of review, 29% of targeted initiatives and 15% of mainstreamed/ partly mainstreamed initiatives.

Analysis of global level initiatives

ICRC is a main channel for Norwegian humanitarian support, receiving roughly 300 million NOK per year. The Geneva Convention guides the assistance, although the human rights conventions are also mentioned by the respondents as guiding documents. ICRC is particularly mentioned in the Norwegian humanitarian policy.⁷¹ Support is given to field operations in selected countries, humanitarian de-armament, to mine victims and victims of armed violence. MFA gives

70 According to SFD's Annual Report 2010

71 MFA, Report number 40 to the Storting [Norwegian Parliament] (2008-2009), Norway's Humanitarian Policy.

few specific directions for ICRC's work, but emphasise involvement in prioritised countries, such as Sudan, the Palestinian territory and Afghanistan.

ICRC is also a key partner in the Norwegian involvement in the Mine Ban Convention and the Convention on Cluster Munitions, particularly related to information, awareness raising and mine victims' assistance. Jointly with ICRC, alone or with other donors, MFA has since 1995 been a key donor and supporter of many landmine survivors' networks in Afghanistan, Angola, Cambodia, Lebanon, Uganda etc. and other organisations working in victims' assistance. These networks focus on peer support and advocacy, in addition to some service-provision. The establishment of separate land mine survivors' networks and organisations was critical in bringing the survivors and victims' voices into the negotiations of the land mine and cluster ammunition conventions (see also discussion on the phase out of the networks and their integration into the general disability movement in chapter 7 under sustainability).

SFD was established, within the context of ICRC, in 1981 to ensure continuity of former ICRC programs. In principle SFD is presently a separate foundation from ICRC, with separate funding since 2001, but has still strong links to ICRC. SFD is intended to give gap funding after emergency situations that are covered by the ICRC mandate, and to prepare for handing over of physical rehabilitation facilities and services to government and other national partners (i.e. national Red Cross/Red Crescent organisations). SFD has received 250 million NOK from Norway during the last 10 years. There are no general evaluations of SFD organisation, functions or support, only a few evaluations of projects at country support level. There were no clear answers from the MFA, Norwegian Red Cross or SFD as to why there have been no organisational or institutional assessments of the recipient partner.

On a much smaller scale, Norway has supported the SPHERE project which was set up in 1997 to develop a set of minimum standards in core areas of humanitarian assistance by a group of humanitarian NGOs.⁷² The initiative is now supported by international and national non-governmental organizations, the ICRC, UN etc. Sphere has published a handbook, *Humanitarian Charter and Minimum Standards in Disaster Response*⁷³ to guide those agencies / organisations serving in emergency situations and has linkages with the International Network for Education in Emergency Minimum Standards.⁷³ Both of the minimum standards tools have considered disability as a cross cutting issue. In the documents it is clearly stated that persons with disabilities have a right to special considerations. Persons with disabilities and other socially disadvantaged persons are the ones that suffer the most in conflict and emergency situations, but paradoxically, they are often the last to be considered in almost all humanitarian response interventions, unless they are combatants or victims of war and seen as heroes or potential conflict triggers.

72 Information from NCA

73 INEE Minimum Standards for Education in Emergencies

Analysis of case country experiences

Uganda, the Palestinian territory, and Nepal have experienced humanitarian emergency situations over the period subject to this study. The three case countries have had prolonged spikes of conflict resulting in humanitarian emergencies. In Uganda it has mainly been the conflict between the Ugandan government and the Lord's Resistance Army which ravaged Northern Uganda for over 22 years. Norway was supporting humanitarian efforts in Northern Uganda, through assistance to the Ugandan Government⁷⁴, UN agencies, and Norwegian NGOs including NRC, Norwegian People's Aid, Save the Children, CARE Norway, Norwegian Red Cross, Caritas, UNHCR, UNICEF, WFP and others.

On the other hand, the Palestinian territory has been living in a state of chronic crisis and high levels of food insecurity. The Gaza Strip is particularly affected as a result of the prolonged Israeli siege and the effects of internal fighting and divisions. The main channel of support to humanitarian emergency support to the Palestinian territory has been the United Nations Relief and Works Agency (UNRWA), and Norwegian NGOs, particularly the Red Crescent Society and NRC. Norwegian Association of Disabled (NAD) has also added a component of humanitarian emergency and disability into their sponsored CBR program.

In Nepal the conflict has been between the Maoist guerrillas and the government, with the Maoists fighting for equality of opportunities of people being discriminated against due to caste, class, poverty or ethnicity. After the peace agreement Norway has supported a range of social inclusion programs through UNDP, the Nepal Human Rights Commission and UNICEF along with the funding of the Nepal Peace Trust Fund, which is to be used for rehabilitation of ex-combatants and mine action programs, including rehabilitation of victims. Parts of the funds have been used for disability related physical, psychological and livelihood rehabilitation.

In Malawi Norway has supported the services for the war and mine victims from Mozambique. Despite the civil war ended a long time back (1992), Norway (via SFD) still pays for materials for the orthopaedic workshops in Malawi. There seem to be no precise plan for government take-over or integration into ordinary rehabilitation services for persons with disabilities.⁷⁵ On the other hand the FK exchange project on capacity building with orthopaedic workshops in Malawi and Norway has promoted planning for national take over and government funding of orthopaedic equipment has increased to 30%.⁷⁶

Compared with Uganda, the Norwegian humanitarian support to the Palestinian territory has had commendable efforts at mainstreaming disability. For instance, **UNRWA** has recently adopted a disability policy and includes persons with disability in its protection policy. There is also evidence of mainstreamed interventions in the work of NRC which focuses on shelter, housing, legal aid and education. Using their contacts with stakeholders working with disability issues, NRC

74 The Norwegian government budget support to emergency support to Uganda is both through the main budget support framework, and the specific budget support to PRDP.

75 Interviews with ICRC and SFD

76 Information from partners at Sophies Minde Orthopaedic workshop who also have trainees from Malawi

staff carried out field visits to reach persons with disabilities who were unable to access NRC offices by themselves. In Gaza, in the aftermath of the Israeli offensive in December 2008 – January 2009, over 70 local and international agencies working on disability and rehabilitation coordinated under the disability sub-cluster which was created within the health cluster, although the interest seems to be waning. The CBR Program, which is an intervention supported by NAD/Diakonia aims to ensure that representatives from the program and/or persons with disabilities were represented in emergency response committees at the local and district levels to promote linkages to long term programs.

On the other hand, the majority of humanitarian interventions in Northern Uganda have been disability neutral largely treating persons with disabilities generally among “extremely vulnerable individuals” (EVIs). Among the six Norwegian NGOs working in Northern Uganda, as well as the four main UN agencies, it is only Norwegian Red Cross, Care International and UNDP that were found to have either targeted or mainstreamed disability in their program. Other NGOs were responding to disability issues on an ad hoc basis in their work. One example of mainstreamed interventions include NRC’s education component through which teachers have been given training in special needs education, and have also in collaboration with a local NGO built a special school to address the needs of children with disabilities.

A more targeted intervention is the land mine victim assistance program promoted by UNDP and sponsored by Norway. The project is part of the wider Integrated National Mine program. Victims’ assistance as one of the pillars of the Integrated National Mine Action Program is critical in the sense that the land-mine survivors must be part of the development and rebuilding of the war-torn country.⁷⁷ The project which started as a pilot in the district of Pader in Northern Uganda has adopted a community based rehabilitation approach and includes all persons with disabilities irrespective of cause. The project has many stakeholders involved including the Ministry of Gender, Labour and Social Development.

In Afghanistan, which was studied via a desk study, the ICRC involvement is quite comprehensive with involvement in six areas during the evaluation period: ambulances in Kabul, mine appeal where support to ICRC’s orthopaedic workshops is included, general country appeal, assistance to the national Red Crescent Society in logistics development and organizational and financial management, and assistance to develop Community Based First Aid. Another long-term and stable from MFA has been to the Afghanistan Land Mine Survivors’ Organisation (ALSO).

Conclusions

Norway is spending a large part of its budgets on preventing and responding to conflicts and emergencies. Disability aspects seem to be rather well covered in emergency plans, policies and guidelines – at least on paper. Separate targeted

⁷⁷ More details about the UNDP’s mine action CBR program can be found in the Uganda Case Study Report.

interventions were found towards victims of war and conflict. A small part of the funding is spent on disability related initiatives within the mandate and budgets of ICRC, the SFD (250 Million NOK during the 10-year period) and various national and UN Peace Trust Funds, mainly focusing on the medical and rehabilitation services for victims. There were few evaluations documenting results or the effectiveness of these programs to include and improve the life conditions of persons with disabilities. Results related to persons with disabilities are often reported on anecdotally in the overall reports.

The evaluation found some awareness of the importance of universal design when humanitarian assistance is channelled to rebuilding schools, public buildings etc. after conflicts and emergencies, especially among the agencies working along the SPHERE guidelines. However it would be valuable to follow-up and monitor the issue of ensuring accessibility to persons with disabilities in the reconstruction of societies after war and conflict.

Persons who have been injured during wars and conflicts often receive better services, better pensions and more social acceptance than other persons with disabilities, due to a status as "war heroes". The analysis show that 30% of the Norwegian funding to disability related initiatives targets only this group – and mostly as individual support (medical, benefits etc.). The opportunity to use victims as advocates for and supporters of disability rights in general has mainly been practiced in South Africa.⁷⁸ Efforts are now on-going to integrate the landmine, cluster ammunitions and other unexploded ordinances' survivors into mainstream disability movements.

The intention to use the SFD as a bridge between emergency work and long term development initiatives for persons with disabilities has not yet materialised in practice. SFD continues to run rehabilitation centres and services with some support of national Red Cross members, with focus on restoring mobility for persons with physical injuries. Hand over is still not completed in for example Malawi.

Some of the challenges are:

- Even with targeted and mainstreamed interventions, it is mainly persons with physical disabilities, whose situations are easier to address through rehabilitation interventions that receive assistance. In Northern Uganda and the Palestinian territory, and Afghanistan where trauma associated with armed conflict affects many people psychologically the psychosocial interventions are still scarce.
- In spite of progress in terms of guidelines and policies, there is still limited knowledge, skills, and awareness about disability among those who manage the refugee and emergency situations. However, positive examples were noted in Nepal, Northern Uganda and the Palestinian territory.
- Disaggregated data on disability is not reported by the various programs to MFA, UN, ICRC and others.

78 Disabled People South Africa was part of the ANC movement.

- Humanitarian focus on persons with disabilities still takes a medical approach and perceives persons with disabilities as recipients of services

In conclusion, disability has been mainstreamed to some extent into policies and guidelines of humanitarian agencies and rather large budgets have been allocated to medical/physical rehabilitation of victims of wars and conflict. However, it is difficult to assess the results of the policies and the funding as there is no specific reporting on disability from the humanitarian agencies receiving funding from Norway.

5.6 Overall findings on results

The Norwegian investment in targeted initiatives to promote the rights of persons with disabilities has amounted to less than 1% of the total aid portfolio annually. Despite the small funds, results have been achieved in the following areas:

- During the period of review around 10 000 individuals per year have been assisted in medical and rehabilitation programs to reduce their physical limitations, mainly in the area of eye sight/cataract surgeries and mobility/orthopaedic services (with bias towards older people and men). Sustainability can be questioned unless initiatives are combined with capacity building and ownership from duty-bearers.
- Through the CBR programs, men, women, girls and boys with disabilities have been empowered to become self-reliant, increase self-esteem and provided access to education, health services and livelihood opportunities. Lack of coordination, fragmentation and serious support from governments makes coverage and results limited so far.
- DPOs have been supported by sister organisations in Norway to grow and develop their capacity to advocate for the rights of persons with disabilities. The support has contributed to enhancing the visibility and voices of persons with disabilities, which has led to important policy improvements in the respective countries. However, compared to other groups, DPOs are still weak in organisational and advocacy skills, especially at district levels.
- Due to advocacy by the DPOs, governments and international agencies have started to include measures for persons with disabilities in their plans and programs. Systematic implementation is however far off.
- Important research has been carried out, but not used to inform planning or advocacy.

6. Modalities of the aid

6.1 Disability in the new development paradigm

With the shift from project and program approaches towards engagement in policy dialogue and up-stream aid modalities such as sector-wide approaches and support to national poverty reduction programs and general budget support, it has become increasingly difficult to bring up support to specific target groups on the donors' agenda.

Alignment with national development priorities was the main principle of the Paris and Accra declarations (and the Busan Conference).⁷⁹ Countries should be given the chance to plan their own development, make their own strategies and budgets and donors should commit joint funds to such plans. Anything outside the plans would not be funded, was the idea. The main tools for national planning became the poverty reduction strategies and plans.

While donors previously engaged in bilateral programs and signed for example - Memorandum of Understandings with countries, disability organisations could access (often via the Norwegian partners) and lobby to influence the designs of the projects to be disability sensitive. The aid effectiveness agenda rolled out during the Paris and Accra conferences moved power and decisions to a higher level, perceived to be more inaccessible for marginalised groups. Focus has been on systems and planning at the expense of policy dialogues and attention to marginalised groups.⁸⁰

Norway whole-heartedly embraced the shift during the early donor harmonisation years. Budget support, which implied funding for the governments' ministries of finance according to approved poverty reduction strategies, was introduced. Three of the countries in this study (Uganda, Malawi, and the Palestinian territory) have received substantial budget support. In the last few years however a shift has been observed in Norwegian priorities, away from budget support and poverty reduction strategies. Both in Uganda and Malawi budget support was being re-considered as the most effective tool for development.⁸¹ The new

79 In November-December 2011, the donors met in Busan, Korea, to review the follow-up of progress since Paris and Accra, www.busanhlf4.org

80 Evaluation of Paris Declaration, Phase 2 (2011) paints a bleak picture of results and outcomes for marginalised groups. 'The (PD-influenced) focus has been on the planning, systems and processes of aid delivery at the expense of policy dialogue and attention to outcomes particularly in relation to marginalized groups'. Wood, B; Betts, J; Etta, F; Gayfer, J; Kabell, D; Ngwira, N; Sagasti, F; Samaranayake, M. The Evaluation of the Paris Declaration, Final Report, Copenhagen, May 2011; page.47

81 In Uganda the Embassy is phasing out of general budget support in 2011 to create financial room for deeper involvement in sector priorities. The budget support earmarked peace, recovery and development of Northern Uganda will continue until the end of 2012 and the support assumes satisfactory progress against the Joint Assessment Framework (JAF).

strategy focuses on a few large single issues linked to climate, forests and environmental challenges

According to White Paper number 13 (2009); “Norway has already initiated targeted efforts in key areas such as good governance, human rights, education, health, and gender equality... [...] **but aid is just one of several development policy tools.**” Helping countries gain control over their own development by supporting a functioning state, an active civil society, and a viable private sector by promoting employment and economic growth are thus top priorities. The White Paper underlines that “**developing countries must make their own choices and set their own priorities regarding the development of social services** ... [...] Norway can support these processes by providing funding and expertise.”

Norway states that its “commitment to the UN Millennium Development Goals and the belief in an UN-led world order stand firm... [...] and a **rights-based** development policy that aims to **assist states fulfil their obligations and enable individuals to claim their rights**” (White Paper nr 13).

Another new development issue brought up by the current government is the discussion on Coherence between domestic and international engagements. The White Paper states that “we need to make active use of **aid and diplomacy** in a mutually reinforcing way.” Persons with disabilities are referred to in the recent Coherence report under the gender equality section. The fact that girls and women with disabilities are among the most marginalized is a major block to development and reaching the millennium development goals, according to the report.⁸² The experience, knowledge and achievements of the Norwegian disability movement in promoting their rights in their own society, could be another entry point for ensuring coherence between domestic and international policies.

In light of the new development context, there is a challenge to ensure coherence between supporting states in their economic development, controlling natural resources etc. while at the same time trying to **promote the rights of individuals belonging to an excluded and vulnerable group** such as the persons with disabilities, and especially persons with developmental disabilities and complex disabilities.

The findings from this evaluation show that disability, as an issue, has to a very limited extent been able to interact and benefit from the new development mechanisms. Self-organised groups of persons with disabilities were found in general to be lacking information and understanding of the budget support structures, the sector wide approaches and how to engage in these processes.

For example, although Malawi has an outspoken DPO, which is often referred to in the media and in civil society workshops, FEDOMA has been unable to

82 Kapittel 12 i Statsbudsjettet: Rapport om samstemt politikk for utvikling. Chapter 12 in the National State Budget; Report on a coherent policy for development. www.regjeringen.no

engage in the poverty reduction processes.⁸³ In the Palestinian territory the disability movement is fragmented and has not been able to speak with one voice vis-a-vis national planning processes. NUDIPU in Uganda seems to be the exception.⁸⁴ It was found to be among the few DPOs that were able to engage in national development processes, being part of planning, implementation, monitoring of both the Poverty Eradication Action Plan and the Peace and Recovery Development Plan for Northern Uganda.⁸⁵ But even then, NUDIPU's capacity to engage and dialogue meaningfully in processes such as Medium Term Expenditure Frameworks (MTEF), and influencing Country Assistance Strategies of World Bank and IMF and other donors remain limited.

Who has responsibility to ensure that the voices, concerns and needs of persons with disabilities are included and mainstreamed in national development strategies? Is it the DPOs themselves or donors? According to the UN Convention – and constitutions of a number of countries such as Uganda and Malawi, it is the **government's duty** to provide development for all its citizens. Article 32 in the Convention also obliges donor countries to mainstream disability in all their projects and interventions. The question of how aid can be an instrument in development for all, including persons with disabilities depends on how the grants are presented, designed, managed and monitored. The modalities of the aid will be discussed below.

6.2 Grant management and policy dialogue

In order to respond to the new development paradigm described above, the structure of the aid modalities in Norway changed quite dramatically in the period under evaluation. While the aid was to a large extent managed from 'home' (meaning Norad) some ten years ago, today most Embassies have increased responsibilities in grant management and policy development. The exception is for countries where Norway has high level political priorities and interests, such as Afghanistan and Sudan, but also the new partners of Brazil, Russia, India, Indonesia and China (the so-called BRICs).

The decentralisation of grant handling, participation in joint donor budget and sector reform programs, increased channelling of funds through multilateral agencies etc. were found to be factors that influence how Norway has been able to promote the rights of persons with disabilities.

The first step in that analysis was to explore which Norwegian extending agencies handle the funds and contracts that are channelled to disability related initiatives. As the table 7 below illustrates, almost half of the funding for the disability related initiatives was handled by Norad (44%) while the other half was managed by MFA in Oslo. The Embassies handled 12% of the funds for the period 2000 to 2010.

⁸³ Wasakili et al, Social Inclusion of People with Disabilities in poverty reduction policies and instruments- initial impressions from Malawi and Uganda, in Eide & Ingstad (eds.) (2011), Disability and Poverty – a Global Challenge, Policy Press, UK.

⁸⁴ NUDIPU has developed its own long-term Strategic Plan 2008-13.

⁸⁵ Kandyomunda et al (2011), Evaluation of Norwegian Support to Promote the Rights of Persons with Disabilities - Uganda Case Country Study. Also confirmed by DFID Scoping Study on Uganda, February 2009.

Analysing the funds according to whether they were mainstreamed or targeted projects to persons with the disabilities, most of the **targeted projects were channelled via Norwegian NGOs and DPOs from the Civil Society Fund managed by Norad**, and the humanitarian section in MFA. Only **3% of the targeted initiatives were handled by the Embassies**.

Table 7: Extending agencies for targeted and mainstreamed projects for the years 2000-10 (in 000’NOK and %)

Extending agency	Mainstreamed/ Partly mainstreamed	% of M	Targeted	% of T	Total	% total
Norad	524 894	31 %	840 046	61 %	1 364 940	44 %
MFA - Oslo	356 473	21 %	476 045	34 %	832 518	27 %
MFA - Unspecified	495 458	29 %	29 699	2 %	525 157	17 %
MFA - Embassies	318 212	19 %	42 225	3 %	360 438	12 %
Total	1 695 038	100 %	1 388 015	100 %	3 083 053	100 %

Source: Norad database/information generated by the Evaluation team.

This corresponds with the findings from the fields’ visits. The Embassies had not been instructed or encouraged by MFA to support or promote the rights of persons with disabilities. Even if many of the Embassies had many projects supporting human rights defenders, women and children’s rights, persons with disabilities were not mainstreamed in the human rights programs assessed in the four case countries. In the desk study on Afghanistan the same result was found.

The exception is the National Human Rights Commissions in the case countries that were funded, sometimes directly by the Embassies, other times via UNDP or other UN agencies. Some of the national human rights commissions were found to have established separate disability desks or focal points.⁸⁶ In some countries (the Palestinian territory, Uganda) they had also issued separate reports on the legal situation for persons with disabilities. As well as including a chapter or section on the state of persons with disabilities in their annual reports (for more on this, we refer to the case country reports and the Mapping Study in the Annex I).

The interesting thing is that, in the overall development cooperation, Norad’s share is only 12% while MFA and the Embassies hold a majority of the contracts. Although there is a trend that contracts are being transferred from MFA to Norad the key finding from the period under evaluation is that **projects targeting persons with disabilities have been considered mainly a civil society issue** and thus, Norad funded. However, the Norad principles for supporting civil

⁸⁶ This is also the case for the Afghanistan Human Rights Commission, however it is not supported by Norway (see Annex C: Desk study on Afghanistan).

society in the South does not mention disability as a cross-cutting issue,⁸⁷ nor are persons with disabilities mentioned in the new Norad Strategy towards 2015. This probably explains why disability is not on the agenda of most Norwegian development organisations.

The different channels of the funds do have implications for the coordination and cooperation, especially at local level. This will, in turn have an effect on the projects' ability to create outcomes along the theory of change model. For example, individual empowerment of persons with disabilities without awareness-raising and capacity building of decision-makers' (duty-bearers) will be less effective since the persons with disabilities will be frustrated by the lack of inclusion, and might prefer to seek their own segregated solutions (as is often the case in the education sector). On the other hand, when Embassies are funding school buildings to be accessible for children with disabilities (supporting duty-bearers to deliver), it is crucial that the (NGO funded) community-based rehabilitation programs are linked up to the school and the families in order to work on attitudes. These issues will be discussed more in the section below.

Role of the Embassies

With the new grant management framework in mind the evaluation team analysed how Norway as a donor had promoted disability within their current country engagements.

As seen from the table below, budget support was found in three of the countries (except Nepal and Afghanistan). Via the budget support channel Norway engages in the joint financing mechanisms and along with other donors raises issues of good governance, human rights, anti-corruption, control mechanisms etc. In Uganda, the monitoring of the JAF has been transferred to the government itself based on data from the Uganda Bureau of Statistics while the donors review the reports from the government in annual meetings. Issues of disability have reportedly never been discussed in any of these countries, according to information provided by staff at the Embassies and in the national ministries of planning and finance.⁸⁸ The lack of lifting disability as an indicator for poverty reduction or as a rights-issue has a natural explanation: it has not been mentioned in any of the grants letters issued by MFA to the Embassies in the countries involved in the case studies.

Even if disability has not been raised in the negotiations on budget support, the issue was found in the social sectors of education, health, but also with regards to humanitarian assistance in conflict and emergencies (as described in chapter five). Special attention was found, especially in the Northern Uganda, towards protecting girls and women with disabilities in war and conflict situations. The report from Human Rights Watch "As if we weren't human" in September 2010 led the Norwegian Embassy to bring up the issue of inclusion of women with disabilities in the new agreement it was about to sign with UNFPA on gender-based

⁸⁷ But 'handicapped' is mentioned as one of the vulnerable target groups

⁸⁸ In one of the national Ministries visited the person in charge of donor coordination looked at the evaluation team with great interest when the question of disability was raised: "I deal with 84 donors and more than 20 UN agencies, but I have never come across a donor that has raised the issue of persons with disabilities with us".

violence in Northern Uganda. The Embassy also dispatched a report back home to the Ministry of Foreign Affairs on the need to **ensure that women and girls with disabilities be specifically protected and included in the humanitarian context.**⁸⁹

Table 8 Comparison of sectors and policy dialogue in case countries and Afghanistan

SECTORS	Malawi	Nepal	the Palestinian territory	Uganda	Afghanistan
Budget support	√	---	√	√	---
Conflict - Peace	-	√	√	√	√
Government & civil society	√	√	√	√	√
Energy	√	√	√	√	---
Social development	Health	Education	Education (Health)	Education (Health)	Health Education
Others	Agriculture	Emergency	Emergency	Emergency	Emergency
Issues in policy dialogue (in addition to sectors above)	Climate LGBTI Gender	Climate LGBTI Gender	Gender	Climate Oil for dev. LGBTI Gender-based violence	Humanitarian Gender

(Source of information: Embassies action plans, Norad statistics and interviews)

In the policy dialogue Norway as a donor was recognised in all the case countries for having a strong focus on women’s rights and gender equality. In addition, in three of the countries, the protection and inclusion of sexual minorities (LGBTI) was an issue high on the Embassy’s agenda. Both gender and LGBTI are priority themes stated in the annual grant letters from MFA to the Embassies.

Norwegian NGOs, with the exception of Plan Norway and in some cases, Save the Children (in early 2000 in Nepal) were not found to have approached the Embassies or national authorities bringing up the rights of children, women or men with disabilities.

The Norwegian DPOs in the Atlas Alliance were the main lobbyists and advocates for disability rights to be taken on-board in the different Embassies. However, even with them, there seemed to be varied knowledge and understanding of how the Embassies work and operate. Often the Norwegian DPOs did not see it as their role to promote mainstreaming of disability in overall Norwegian development cooperation. They were mainly building capacity of sister organisa-

⁸⁹ Embassy report to MFA on Norwegian support to Northern Uganda related to the launching of the Human Rights Watch Report, "As if We Weren't Human", Kamilla H. Kolshus.

tions not having higher aspirations of influencing Norwegian aid. As will be discussed more below, the Atlas Alliance as an umbrella organisation has limited resources and mandate to engage in country level advocacy with their national partners.

Potential advocates were found to be lacking the right "entry points" for engaging with the Embassies. Typical entry points would be when the Embassies were about to sign new contracts with large programs in health, education, agriculture and when Embassies arrange annual seminars for partners etc. Or monitoring the reviews and evaluation reports requested by Embassies, but commissioned by Norad to ensure that persons with disabilities are included as one of the target groups in the terms of references.

Summing up this section, disability was found to be mainly an issue handled by the civil society organizations with minimal support or backstopping from the Embassies in terms of lifting disability in the policy dialogue with bilateral or multilateral agencies. The lack of cooperation and coordination between bilateral, multilateral and civil society channels does have an effect on the results.

6.3 Coordination and cooperation

The evaluation found that the coordination among donors, development partners – and even civil society partners was almost non-existent in the field of disability. This was found to be partly related to disability being a cross-sectoral issue and thus there was no focal sector working group for disability.

The lack of coordination seems to be related to the funding modalities of the Norwegian support. As seen in table 7, Norad has been the main funder for the disability projects (44%), while the majority of the total aid is handled by MFA and Embassies. Projects funded directly by the Embassies – such as the agricultural projects in Malawi, would rarely coordinate with the Norad funded Norwegian or local DPOs in order to ensure that person with disabilities would benefit from the farmers' food security program. As the support to civil society and NGOs is channelled mainly through Norad, some of the Embassy staff stated that they found it beyond their capacities to assist in the coordination between partners funded from "home" (Norad) and "locally" (the Embassy).

However, the evaluation team found good examples of how the Embassies have engaged the partners by organising civil society workshops. In Kathmandu, the Embassy has done that annually since the end of the civil unrest in Nepal in 2006, while in Uganda the Embassy organized such a seminar in May 2011 (and intends to make it an annual event). Among the civil society partners such initiatives were perceived very positively because it created rooms and arenas for exploring cross-sectoral cooperation. The outcomes can also be observed in terms of more effective aid and synergies; in Nepal, many of the Norwegian organisations and their local partners have been brought together, thanks to the Embassy.

In Malawi, a pilot coordination project by Atlas, funded by Norad, was tested out in 2005 when Atlas organised three workshops and did comprehensive trainings of the development partners teaching them how to mainstream disability into development cooperation. The initiative was however not followed up, neither by Atlas, the national DPOs and NGOs in Malawi or the Embassy. The result was that during the field visits, few even remembered that such a program had taken place. The evaluation team found that this was a lost opportunity as lots of training materials, surveys and statistics had been developed, but not utilised any further.

Role of Norad

Being a directorate under the MFA, Norad's functions are laid down in the agency's terms of reference and annual letters of allocation issued by the Ministry of Foreign Affairs. In 2011, Norad handled 12% of the total aid budget.

In the case of funds that are not administered by Norad, the agency provides advice on what is required to achieve results, communicates results and contributes to debate on the effects of development assistance.⁹⁰ Norad assures the quality of Norwegian development assistance by means of:

- Technical advisory services
- Quality assurance
- Grant administration
- Communication
- Evaluation

With regards to issues related to disability Norad plays a major role, both as a granter of funds to the Norwegian NGOs, the trust funds⁹¹, and some international NGOs.

Norad plays an important advisory role within the education and health sectors – in which disability received some attention. In the other sections where Norad has an advisory role: clean energy, private sector development, forest and climate, and oil for development disability is not included or mainstreamed.

Gender equality has been introduced on the agenda of these sections and monitored by MFA. Since gender has been lifted as a high priority issue by the government, disaggregated data and results are being captured in annual reports.

A key aspect of Norad's work is communication, information and evaluation work. Albeit different areas, the role of the communication department is to communicate about priorities and results of Norwegian development cooperation. The evaluation did not review publications by the Norad communication department to assess whether disability has been lifted as an issue. However there are great potentials for this: if MFA decides to focus more on disability, the communication department could assist in this by including disability in key messages, workshops and seminars/reports etc.

⁹⁰ Norad's Strategy towards 2015: Results in the Fight against Poverty. Oslo, 2011.

⁹¹ The management of some of the Trust Funds has been transferred to the section for multilateral financing institutions in the MFA,

Another area of responsibility of Norad is to commission studies. Evaluation, reviews and appraisals are important monitoring tools to ensure that projects are benefitting the poorest and the most marginalised. In the period under evaluation, disability was rarely found in the Terms of references and the requests from Norad. Even when programs had planned to mainstream disability – such as the Food and Agriculture Organisation’s food security program in Malawi, disability was not highlighted in the TOR developed by Norad, but the consultants still paid some attention to the issue.⁹² The evaluation notes the importance of instructing the different sections in Norad about including disability as a human rights issue in appraisals, reviews and evaluations.

Finally, Norad is in charge of developing methods for quality-assurance and monitoring of results, including statistical reporting to OECD/DAC. Capturing statistical evidence of Norway’s support to persons with disabilities (as well as other specific target groups) is a challenge already. Once Norway has ratified the Convention, further reporting will be required. This evaluation recommends reintroducing disability either as a priority area or persons with disability as a priority target group (see also chapter eight for recommendations to Norad).

6.4 Role of the Atlas Alliance and DPOs

Almost twenty per cent of the support to persons with disabilities in the 11 years of study was channelled through Norad’s civil society grants to the members of the **Atlas Alliance**.

The foundation of Norwegian Disabled Peoples Organisations (DPOs) involved in international development cooperation was formally established in 1994. Five years later it was renamed to the “Atlas Alliance”. An informal cooperation between some organisations started as early as 1981 (COWI, 2009). The Alliance consists of 16 Norwegian patients or disabled people’s organisations including persons with physical, visual, hearing, developmental disabilities amongst others. In addition two affiliated non-DPOs are associated members, SINTEF and Signo Foundation for the deaf-blind.

The goal of the Atlas alliance is to promote human rights and better living conditions for persons with disabilities and to fight tuberculosis in developing countries. It receives total annual support of approximately 79 million NOK from Norad.

The Atlas Alliance has the **dual role** of being a **service providing secretariat** to its member organisations and being responsible for **quality assurance** of development programs implemented with Norad funding. Atlas Alliance has a mandate to assist member organisations, offer capacity building, facilitate networking and provide advice and tools. Atlas Alliance can undertake advocacy and support programs in its own name, but is limited by funding from Norad.

92 Laugerud et al (2009), Mid-term Review of: Enhancing Food Security and Developing Sustainable Rural Livelihoods Project, Malawi. Nordic Consulting Group. Norad Collected Reviews, 11/2009

This evaluation found that the results of the initiatives supported by the Atlas Alliance members were prominent. Especially the capacity building of sister organisations had led to good results in terms of **increased visibility and voice of persons with disabilities**, which in turn had influenced governments to improve laws and policies. Also the initiatives had led to individual empowerment for persons with disabilities reached by CBR programs.

The added value of working with the Norwegian DPOs was according to the partners interviewed in four case countries:

- the **inspiration and moral support** provided by Norwegian DPOs that have been fighting the same prejudices and struggles (and succeeded to a great extent), the inspiration provided through experience exchange **peer support**, and role models (especially women)
- the facilitation of international **networking** and experience exchange between DPOs in regions and globally, helping poor organisations in the South to access international processes
- the understanding of the importance of disability **specific rights** such as sign language as mother tongue and further development of sign language, accessibility to braille books and newspapers etc.
- the **long term** relationships (15-25 years) and generous financial support including support to governance and administrative core costs, which has enabled organisations to develop their identity and structures and to some extent avoided becoming project implementing “machines” depending on donor driven calls for proposals

At the same time it was noted that the full potential of the Atlas Alliance was not explored. There was very limited cooperation and coordination between member organisations working in the same countries and the Atlas Alliance secretariat was found to have a limited mandate and funding to make its own interventions as an umbrella. Thus, the potential synergies of being part of a network and an umbrella were not realised.

Despite efforts to establish a more coordinated country program in Malawi in a pilot project, only limited effects were found. Each member organisation seems to work for the interest of its particular group, which is also understandable. **The obstacles met by children, women and men with various disabilities vary a lot and cannot be addressed in a similar manner.** For example the main obstacle of the deaf community is access to sign language education and sign language interpreters, while the main obstacle for Tuberculosis patients is access to medication and healthy food. Therefore it is more natural for Atlas member organisations to seek cooperation with other agencies working for the same disability group or issue, instead of working with cross-disability issues and agencies. Yet there are common areas of interest in aspects like advocacy for legal and policy reform and employment, ensuring accessibility to all parts of society as a non-discriminatory action and political, cultural and other rights.

The competencies and capacities of Atlas member organisations also vary a lot. There are still some gaps in approaches taken by some member organisations

in terms of results based planning and reporting, sustainability and contextual relevance of initiatives. It has been difficult for the Atlas Alliance secretariat to monitor quality of projects and to mobilise an interest in coordination among its members and their partners.

Several evaluation reports have pointed to the need to further develop the potential of Atlas Alliance by giving it a **stronger mandate** to supplement and coordinate initiatives of member organisations and to advocate for mainstreaming on the multilateral and bilateral arena. The 2009 Organisational review of the Atlas Alliance recommended a review of the role and functions of the Atlas Alliance technical advisory board and decision on the most relevant composition.⁹³

Another issue raised was to consider whether the competencies of the more experienced members are used strategically to build capacities, not just of the less experienced members through the “pairing up and knowledge transfer scheme”, but also of the other more experienced partners.⁹⁴

Comparing with other umbrella organisations funded by Norad’s civil society fund, the Forum for Women and Development (FOKUS) and DIGNI, the umbrella for Norwegian missionary organisations working in development, the team made a few quick observations:

- The Atlas secretariat is by far the smallest in terms of staffing and resources for the secretariat. The budgets for the secretariats of the two other umbrella organisations are almost doubled compared to that of Atlas.
- Atlas is the second largest (after DIGNI) in terms of projects and funding from Norad to follow-up and monitoring of projects.
- Atlas and DIGNI both have 18 members while FOKUS has a much broader membership base (77 members).

Table 9: Comparison of three Norwegian umbrella organisations

	Bistandsnemda–DIGNI	Atlas Alliance	FOKUS
Members (associated)	18	16 (+2)	77
Staff	11	7,5	13,5
Norad Funding (2000)	120 MNOK	51 MNOK	n.a.
Norad Funding (2006)	141 MNOK	75 MNOK	21 MNOK
Norad Budget (2012)	148 MNOK	79 MNOK	33 MNOK
Secretariat	13,7 MNOK ⁹⁵	5,8 MNOK	12,1 MNOK
Projects funded by Norad	120 (40 countries)	66 (in 16 countries)	29 in 17 countries
Board	6 elected board members ⁹⁶ , 1 non-voting staff representative (observer). 2 reserves	5 members representing founders, 1 representative from the other members, 1 non-voting staff representative (observer).	6 board members appointed by GA, rotate every two years, 1 staff representative (observer).

Source of information: from the organisations themselves.

93 Organisational Performance Review of Atlas Alliance, COWI, 2009

94 Ibid.

The 2009 Review found that “the [Atlas Alliance] secretariat is relatively small and has not increased in size for several years despite a growing member base and portfolio.” The Review recommended that Norad support the proposal of increasing the number of staff in the secretariat (COWI, 2009).

Another recommendation was to reduce the portfolio by geographic concentration and fewer projects. Comparing to DIGNI and FOKUS, Atlas is the umbrella that works in the fewest countries. Still, compared to the capacity of the secretariat this might be a relevant recommendation.

With reference to the findings of this evaluation, the DPOs and the Atlas Alliance roles’ appears to be emerging (or needs to emerge) as the **technical experts** to provide support with mainstreaming of disability in general programs supported by MFA/Embassies, Norad, Fredskorpset and various NGOs.

If this is agreed upon by Norad and MFA, it would require the secretariat to further its competencies and capacities in training mainstreaming agencies, compared to the present focus of supporting sister organisations and targeted disability initiatives. The cooperation with Plan Norway is model of good practice as well as the national and global advocacy carried out by Atlas member, the Lung and Heart Disease Foundation combating Tuberculosis (LHL).

Returning to the issue of the Norwegian umbrella organisations, the evaluation found that they were cooperating on a number of issues, including efforts to develop a project management tool, sharing of experience in specific thematic areas.

DIGNI was actually able to capture results on outcomes for persons with disabilities in their reporting systems, a good practice worth highlighting. As in the good practice of the strategic partnership between Plan Norway and the Atlas Alliance mentioned earlier in the report, also DIGNI has benefitted from the support and technical advice from Atlas. The inclusive education material that Atlas staff presented for the DIGNI members were mentioned as examples.

Although the cooperation between DIGNI and Atlas was more developed than between Atlas and FOKUS, the evaluation noted great potentials in more cooperation; FOKUS could share their vast experience in mainstreaming gender equality while continuing to target specific projects related to women’s rights, empowerment, combating sexual gender-based violence against women etc. while Atlas Alliance could share their experiences in mainstreaming and targeting disability.

95 Part of the funds for the secretariat is set aside for thematic development (fagutvikling) as well as network meetings with the partners in the regions.

96 Criteria for board members selection: have to be independent, not currently working in the member organisations.

6.5 Comparison with other donors

The rights of persons with disabilities have been increasingly addressed by donors as they come to understand its importance for human rights and poverty reduction results. Many donors have policies, guidance notes and action plans. Also, the adoption of the CRPD has rendered some attention and commitments, although not as effectively promoted as the CEDAW and the CRC. The following donors and agencies are in the forefront and can provide models of good practice:

Australia Aid (AusAID) - has in consultation with key regional and Australian stakeholders, particularly people with disabilities and their representative organisations developed the Australian Government's first strategy to make people with disabilities a priority for Australia's aid program. The strategy *Development for All: Towards a disability-inclusive Australian aid program 2009-2014* is publicly committing the Australian Government to ensuring that people with disabilities are comprehensively included and supported in improving their quality of life through all aspects of the aid program.⁹⁷

USAID - has developed specific policies and directives related to disability, and USAID Missions are encouraged to take a proactive position in ensuring that Mission staff are informed and persons with disabilities are accessing programs and opportunities offered through USAID. Tools have been developed to support missions such as *Promoting Disability Inclusion and Disability Inclusion* which outline simple steps Missions can take to demonstrate their commitment in that area. USAID's policy is to avoid discrimination against persons with disabilities in programs which USAID funds and to stimulate an engagement of host country counterparts, governments, implementing organizations and other donors in promoting a climate of non-discrimination against and equal opportunity for persons with disabilities.⁹⁸

Sida: In 2009, non-discrimination with special focus on the rights of persons with disabilities was selected as one of ten high profile issues within the area of Democracy, Human Rights and Gender Equality. A work plan on how to address this challenge was adopted and launched in December 2009. The first activity of the plan was to carry out a baseline study of Sida financed disability initiatives and Sida's capacity to work in the disability field.⁹⁹

The Finnish Foreign Ministry has disability as one of three crosscutting themes. By using consultants, experts and ambassadors disability is promoted in various fora. Finland is especially involved in support of Inclusive Education via UNESCO, UNICEF and bilateral programs.

Also **EU and the UN** have raised issues of human rights of persons with disabilities. EU adopted a guidance note on disability in 2004.¹⁰⁰ However, this is not reflected in the Agenda for change adopted in October 2011. The UN on the

⁹⁷ <http://www.ausaid.gov.au/keyaid/disability.cfm>

⁹⁸ http://www.usaid.gov/about_usaid/disability/

⁹⁹ <http://www.sida.se/disabilityrights>

¹⁰⁰ http://ec.europa.eu/europeaid/infopoint/publications/development/19b_en.htm

other hand has stepped up its focus on disability and produced a guidance note for country teams in 2010¹⁰¹ and a study of best practices of mainstreaming disability in 2011.¹⁰² The newly appointed Committee on the Rights of person with disabilities has also issued a number of studies and reports.¹⁰³

6.6 Some good practices

Atlas Alliance has promoted a programmatic approach and tried to make country teams among their member organisations. For example among the partners in Malawi, NAD has taken a lead on bringing together NABP, SIGNO, etc. In Malawi, we also found that this probably increased the coordination locally among the FEDOMA partners. Both PODCAM and the CBR program were found to be doing joint programming.

In Nepal, **Plan Norway** has supported community programs for marginalised children. These have successfully included children with disabilities. Some of the reasons why Plan Nepal has managed to do this:

- There are global program guidelines that require disaggregated reporting on children with disabilities. All the monitoring and the reporting formats are aligned to capture specific information on children with disabilities.
- Disability is identified as one of the dimensions of poverty in the country strategic plan and child poverty framework and therefore must be addressed.
- Children with disabilities are specifically mentioned in the country plans and there is disaggregated information in the base line study as well as in the monitoring reports.
- There are specific measures to identify and include children with disabilities, and budget lines to support these measures.
- Partners are carefully selected to ensure that those who are actually implementing the program on the ground understand disability and fulfil the criteria of disability sensitivity set up by Plan Norway for its partners.

Plan Norway is using the Nepal program as a model for other countries and the evaluation team verified the on-going efforts at transforming the Plan Malawi programs.

In the Palestinian territory, the NAD-supported **CBR program** emphasises the involvement of local partners as direct implementers. This has apparently lead to mainstreaming disability rights within other programs run by these partners, which is providing a wider platform for addressing disability both at the national and local levels. In addition, through the CBR Program, NAD has been able to influence national policies such as the adoption of the inclusion education program by the Ministry of Education, and the on-going process of developing a national strategy on disability by the Ministry of Social Affairs. Its advocacy efforts have probably played a crucial role in the decision by the Independent

101 www.un.org/disabilities/documents/iasg/undg_guidance_note.pdf

102 <http://www.un.org/disabilities/default.asp?id=1569>

103 <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx>

Commission of Human Rights to conduct a national inquiry on the rights of persons with disabilities in 2011.

Coordination of disability in emergencies. A disability sub-cluster was established after the Gaza War in 2008-9 and had a few meetings, before it evaporated. The disability sub-cluster did not succeed in influencing other sectors to mainstream disability. However, Norwegian Refugee Council as a lead agency for the shelter cluster advocated for including disability as one of the cluster's criteria to prioritise support to shelter repair and construction. Maybe it was the experience in Gaza that led NRC to continue working in disability. A recent position paper of "addressing disabilities in NRC's programs" has been introduced for action internally. The registration systems, which already include persons with disabilities among vulnerable groups, are implemented.

7. Overall assessment

This chapter assesses the relevance, effectiveness and sustainability of the Norwegian support to promote the rights of persons with disabilities, the modalities of the aid structure and the selection of the channels and partners.

Relevance is defined as the extent to which the approaches, projects and modalities are suited to the priorities of the persons with disabilities themselves and inter alia the Convention on the rights of persons with disabilities. Relevance and coherence between the Norwegian support and national government priorities are also included.

Effectiveness is defined as the extent to which the objectives of the projects reviewed have contributed to the overall goal of promoting the rights of persons with disabilities; we assessed to which extent the approaches, aid modalities and selection of partners and channels were effective in promoting the rights of persons with disabilities. Some factors influencing the achievement or non-achievement of the objectives are also elaborated.

Sustainability is defined as assessing whether the results (and in a few occasions, impact) of programs and projects reviewed in this evaluation are likely to continue after donor funding has been withdrawn. The evaluation assessed whether the rights of persons with disabilities promoted through the various approaches, projects and modalities were sustainable, and if not, why.

Finally, the chapter offers findings on the suitability of the current framework of mainstreaming disability in Norwegian development cooperation from 2002.

7.1 Relevance

Assessing the overall relevance of the projects and interventions that we have reviewed – more than 50 projects in-depth and close to 600 projects in the mapping and classification study, the first observation is that Norway has funded a wide range of highly relevant and important initiatives.

Almost all of the projects that targeted persons with disabilities had chosen relevant and suitable ways in their respective contexts. Reducing limitations and empowering persons with disabilities are highly relevant from the point of human rights enhancement and poverty reduction – both important goals of Norwegian development cooperation.

The Atlas Alliance has been a uniquely relevant channel for Norway, using peer support from its member organisations and long term funding of core costs to strengthen partner DPOs. Although a long way to go still, this support has contributed to the empowerment of DPOs which has enabled them to develop structures, get a stronger voice as human rights defenders and influence laws and policies in their respective countries. This is also very much in line with the principles of the Convention.

The support channelled via the Atlas Alliance members for advocacy and capacity building of organisations working for the promotion of the rights of persons with disabilities was found to be among the **most relevant and effective interventions** in the whole evaluation. Taking a relatively small share of the budget, the build-up and fostering of national DPOs and umbrella organisations for DPOs yielded good results in influencing and changing laws and legislation related to persons with disabilities. The service provision provided by DPOs was also found to be highly relevant in contexts where governments fail to deliver and disability is curable and preventable to a large extent. However, these services can only serve as models, as small DPO budgets cannot – and should not – fill the gaps of governments. DPO service provision must be better linked to larger sector health and education programs to ensure sustainability.

The relevance of targeted projects did however have some limitations. It was found that they were often limited to persons with mobility/physical disabilities, to victims of mines/war and to persons with visual impairments. By design or default the persons with physical/mobility disabilities were found to be in focus of service provision, empowerment and DPO development. This makes initiatives less relevant for other disability groups. The support provided by Atlas Alliance members is to a large extent supply driven (organisations that have capacity and will to engage in international work) rather than demand driven (the lack of voice of various disability groups in partner countries). The CBR programs have to some extent addressed these challenges. Also, the mine victim assistance programs are increasingly opening up for cooperation with the general disability movement.

Projects that have attempted mainstreaming of disability aspects were found to be less relevant for persons with disabilities because of their poor design and insufficient measures. Persons with disabilities were often addressed as the object of the intervention instead of addressing the roots of inequality and social and physical barriers preventing inclusion. For example in Nepal, priority was given to provision of scholarships to children with disabilities, while not addressing attitudes of parents and teacher practices. This led to parents collecting the scholarship without sending children to school.

Projects that consulted persons with disabilities, either individually or as experts via the DPOs were found to improve both the effectiveness and relevance of their interventions. Unfortunately, apart from Atlas Alliance itself, very few partners and programs were found to consult and involve persons with disabilities in

design or monitoring of projects. The evolving partnership between Atlas Alliance and Plan Norway is however a positive example.

Summing up the relevance of the different interventions and channels, we conclude that initiatives targeting persons with disabilities have been highly relevant in terms of contributing to Norwegian and international human rights and poverty reduction goals. The relevance has been more obvious for persons with mobility/physical and visual impairments, than for other disability groups.

7.2 Effectiveness

The effectiveness of the of disability-related projects funded by Norway is impeded by a highly fragmented portfolio with a few large partners from different development channels that are in general not cooperating with each other. In addition there are more than hundred smaller partners that only cooperate occasionally on different levels. The effectiveness is also impeded by the fact that mainstreaming is not well understood conceptually, or in practice among a majority of the development partners, including the Norwegian NGOs, the Multilaterals, the Embassies and many of the national institutions and partners. The approaches taken to gender mainstreaming have not yet inspired the disability discourse.

Most of the large organisations that hold framework or long-term agreements with Norad and/or MFA work within what they refer to as **a human rights-based approach**. This includes the principle of non-discrimination i.e. inclusion of all, especially marginalised groups. Despite this, the rights of children, men and women with disabilities are not internalised and included in programs as a natural component. Across the board this was found; Save the Children promotes children's participation and protection, but does not include or target children with disabilities, Forum for Women and Development (FOKUS) does not include women with disabilities in their strategies or policies¹⁰⁴, Norwegian People's Aid supports people's right to organise as an underlying principle of all its work (women, youth, farmers, workers, indigenous people), but not persons with disabilities' self-organisation. The Development Fund aims at assisting farmers with sustainable management of natural resources and ensuring food security, but not farmers with disabilities. The low priority given by UNICEF education programs to inclusion of children with disabilities and the limited implementation powers of UNESCO, has also meant that global initiatives such as the *Fast Track/Global Initiative for Education for All*, has been ineffective in reaching children with disabilities. In fact they are often the last to be included, and only considered when enrolment rates start to reach 90%.¹⁰⁵

Despite that women and girls with disabilities are referred to in many international policy documents, including the 2002 guidelines, effective interventions were few. Good examples were however noted in the Norwegian funding of

¹⁰⁴ No FOKUS projects were included in the Norad database of projects targeting or mainstreaming women or girls with disabilities. It was confirmed by FOKUS that the database was correct. Recently however FOKUS has developed a social inclusion policy with special focus on women and girls with disabilities. Source: interview with FOKUS programme manager.

¹⁰⁵ UNICEF, Susan Durston

UNFPA (supporting the victims of gender-based violence in Northern Uganda) and funding of a women's alliance for peace, power, democracy and constitution assembly (WAPPDCA) in Nepal, which includes women with disabilities (now named as Sankalpa, formerly WAPPDCA). Another good example was found in the CBR program in the Palestinian territory where a gender audit was conducted followed by extensive efforts in gender training. Nevertheless, the specific conditions and needs of females with disabilities have prompted a group of Palestinian women with disabilities to organise in a women-specific DPO.

It is our conclusion that development partners need help to apply the human rights based approach and to understand how mainstreaming of disability can be done in practice. Non-discrimination does not only mean **absence of discrimination, it also means explicit action of inclusion**. If the donor forgets to ask for disability disaggregated data in the planning, monitoring and evaluation reports, measures are not taken and results are not captured.

All research and experience from two decades of gender mainstreaming has shown that the twin-track approach is a very effective approach to promoting crosscutting issues. Support must be channelled to both targeted and mainstreamed initiatives. Ideally, in order to effect long-term change on the national decision-making and duty-bearers level, a third track can be included; policy dialogue.¹⁰⁶ Targeted initiatives give short term results and empower the rights-holders. Mainstreamed initiatives take more effort, resources and time but give long term and sustainable results as they remove barriers and promote universal design.

As discussed earlier, the three largest individual partners are the Atlas Alliance members that work in twenty countries, International Committee of the Red Cross that operates in 80 countries and the Trust Fund for Environmentally and Socially Sustainable Development which has supported initiatives in 6 regions and 27 specific countries. Although the three partners work in different areas, the evaluation team found many areas and nexuses' for joint programming to ensure more relevant approaches and effective aid.

Funds for research and statistics are one such area. Funding for research, mainly via the Atlas Alliance members of FFO and SINTEF, was found to be highly relevant, although the effectiveness, i.e. the **distribution and the utilisation of the research** were found to be weak. The research funded by the TFESSD – some of it even implemented by SINTEF without knowing that there was Norwegian funding involved, seemed useful but rather fragmented and not distributed widely. Funds were given through an internal World Bank tendering process to different themes, but synergies with other processes were not systematically sought. Adding to that, the Norwegian funding of Statistics Norway

106 Finland has had a Three-track approach to include disability in development aid since 2004. The three tracks are: (1) Mainstream disability as a cross-cutting quality issue in all sectors and accommodate people with disabilities on basis of the equal & universal Human Rights Approach (re: The Convention), 2) Complement universal provisions with targeted, additional support and services to equalize access and opportunities for people with disabilities; and 3) Empower people with disabilities collectively to help them have a stronger voice (support DPOs) and access to decision-making. Ronald Wiman, Mainstreaming Disability in Development Cooperation - Experience, vision and future, the Case of Finland. Speech at UN-DESA meeting 06.02.09.

for capacity-building of national statistical offices in Malawi (on-going) (while Uganda and the Palestinian territory have been phased out), was found to be isolated and without any cooperation with the other research initiatives.

For the humanitarian assistance, the ICRC constitutes the main channel and implementer of humanitarian support to persons with disabilities and is specifically mentioned in Norwegian Humanitarian Policy. When it comes to disability however, the reporting is not impressive. The SFD reports are focused on outputs and activities, number of people who have received assistive devices etc. However there are gaps in terms of understanding how SFD interacts with the local Red Cross and Red Crescent federations and/or the national health and rehabilitation institutions in the countries they operate. The SFD has been funded for more than 10 years, **but there has been no external evaluation of the institutional or organisational set-up and sustainability.** The effectiveness of SFD is therefore hard to assess.

Without the secretariat of the Atlas Alliance, Norway would probably have been unable to channel so much funding to persons with disabilities during the last ten years. Although there is a great variance between the level of competencies between members of the Atlas Alliance (as noted in the previous chapter), the evaluation team was impressed at the effectiveness of the secretariat in providing technical capacity-building and follow-up of the smaller Atlas partners. The most effective approaches were found to be the CBR programs and the long term peer support provided by DPOs to their sister organisations, leading to individual and organisational empowerment and improvement in attitudes and conditions. The medical services provided in eye health were effective in the short term, although not contributing to sustainable change.

In conclusion, the evaluation found that the effectiveness of targeted initiatives was clearly visible, while effectiveness of mainstreamed initiatives was not demonstrated or documented. It was also found that the modalities for funding via different channels and partners, which do not cooperate, hamper the synergies that are necessary to make initiatives more effective. The absence of a coherent twin track approach (as in gender) makes targeted initiatives remain isolated with limited coverage and mainstreamed initiatives non-inclusive and ineffective in reaching and including persons with disabilities. Since there is no focal point for disability that has an overview of the different initiatives a lot of potential synergies are lost.

7.3 Sustainability

Sustainability with regards to improvements in systems, structures, programs and capacities that will last beyond the project period and continue to work for the rights of persons with disabilities was found to various degrees in all the case countries of this evaluation. For example, in all the countries the capacity of the DPOs had been built and they were now able to influence and lobby for national policies and laws for persons with disabilities. A few examples were also found of improved systems and capacities for human rights monitoring in

the National Human Rights Commissions, with special focus on the rights of persons with disabilities.

Among the most sustainable outcomes found in this evaluation are the Community-based rehabilitation programs in the Palestinian territory, Uganda and Malawi. In Uganda, Norwegian aid is phased out, but the CBR continues with funds from the government. In the Palestinian territory and Malawi there is still funding from Norway, but efforts are underway to phase out the support in Malawi within the next few years, and in the Palestinian territory – where the government has not taken on the responsibility, there are efforts at decentralising the CBR programs and partnering with local municipalities and village councils.¹⁰⁷ There are different success criteria in the three different countries; however local ownership and buy-in from authorities or local community-based organisations, is a key determinant of the positive outcomes. The CBR programs which have been funded for from 10-20 years bear witness to the need to take a long-term perspective in order to assess the sustainability.

The investments in the capacity-building for creating vibrant and responsive DPOs that reflect the interests of its members with different disabilities are not sustainable in the same sense. Although some have managed to diversify the funding base (as NUDIPU in Uganda) or get a property as security (as partners of the Norwegian Association of the Blind), many are still highly dependent on Norwegian funding. There are very few donors that support DPOs, especially governance and administrative costs. The major donors of DPOs core costs are mainly the Nordic countries Denmark, Sweden and Finland. The DPOs are therefore vulnerable to cuts from the donors (and the financial crisis has also taken its toll on these organisations). The Norwegian partners are struggling to find means to enhance the sustainability of the DPOs. So called income generating projects have often turned out to be cost generating. Recently some DPOs have realised that there is a need to develop resource mobilisations strategies, develop business plans and engage professional fund raising expertise with knowledge of international and national opportunities.

Assessing the humanitarian funding to the victims assistance projects, planning towards more sustainable systems and structures started a while ago. First of all the establishment of separate land mine survivors' networks was critical for having their voices heard in the negotiations of the conventions. Norway was one of the first supporters of the movement and played a crucial role in the expansion and influence of the survivor networks centrally and in the regions and countries affected by land mines.¹⁰⁸ Secondly, with the scaling down of the US-based operations¹⁰⁹ and the decentralised approach of the Survivors Corps, Norway continued to fund local survivor groups in Asia and Africa. The new thing is that while Norway previously has funded some of the networks via the Survivor

107 Qutteina (2009), Decentralisation of CBRPs in Palestine, Diakonia/NAD

108 Jerry White, "Landmine Survivors Speak Out", Disarmament Forum, 4/1999.

109 When the Survivor Corps lost its main donor, the U.S. Centers for Disease Control, in 2010 it decided to close down the US operations. Instead a decentralised approach was applied which included transfer of intellectual capital and resources to the country programs and key coalition partners in Bosnia-Herzegovina, Colombia, El Salvador and Vietnam. Note from Survivor Corps to Norwegian MFA 11.03.2010.

Corps the new channel is via the International Campaign to Ban Landmines (ICBL-CCM).

The remaining challenge from a sustainability perspective is to fully integrate the assistance to survivors within the broader disability framework. A conference in Oslo in 2009 agreed to a range of recommendations related to the opportunities for synergies which exist between the CRPD the victims' assistance protocols of the different weapons conventions.¹¹⁰

The sustainability of the inclusive education initiatives depends on partner governments' abilities to build the financial, human and institutional capacity necessary to maintain and develop services after the support is phased out. This requires stable and growing state finances and a political commitment to prioritise and invest in the education sector.

The sustainability of the research projects depends on the improved dissemination and utilisation of the research as evidence for advocacy, or input in design of interventions. This is an area of improvement.

In conclusion, sustainability is a weak point of many of the initiatives studied, especially service provision projects. Projects that include measures that aim at removing barriers, influencing attitudes, improving general policies, programs and practices are more sustainable than projects that only focus on providing services to individuals (unless the government pays for them). Projects must include measures directed to duty-bearers and mainstreaming disability in general projects (capacity building, budgets, indicators and explicit measures etc.) to ensure sustainability.

7.4 Risk analysis

The team did not analyse potential risk factors such as corruption, culture and conflict sensitivity in detail, but on a more general level in the largest projects and programs that were studied.

Anti-corruption guidelines are an integral part of all the contracts between Norwegian extending agencies and the implementing agencies. The control routines and monitoring vary from agency to agency. Among the largest partners in this evaluation, the Atlas Alliance has experienced and handled some small cases of corruption, as most other Norwegian organisations. However, as part of the institutional strengthening support it seems that the Atlas members have been able to promote good governance practices which contribute to reducing risks.

¹¹⁰ Delivering on the promises to victims of mines, cluster munitions and other explosive remnants of war, Priorities for implementation of victim assistance commitments in the context of the Mine Ban Convention, the Convention on Cluster Munitions and the Protocol on Explosive Remnants of War, recommendations from an expert meeting hosted by the International Committee of the Red Cross and the Norwegian Red Cross, Oslo, 23-25 June 2009

The evaluation of the TFESSD (2008) noted that the Fund could benefit from having greater transparency and report more on the challenges. For the funding to ICRC and the Special Fund for Disability the monitoring and control from the MFA seem to be quite lenient. As noted previously in the report, there has never been an organisational review, evaluation or assessment of the SFD in the last ten years. It should be stressed that there are no indications of corruption, but following the general rules of grant management of commissioning external and independent reviews for the humanitarian funding would reduce the potential risks.

Another risk factor, which is the flipside of the very close and good relationships developed between sister-organisations of person with disabilities, is that the friendships built may develop into relaxed monitoring or preferential treatment which may even interfere with democratic processes and transparency in organisations.

For conflict sensitivity, the evaluation understands this as the capacity and ability of an organisation to:

- understand the context in which they operate;
- understand the interaction between their intervention and the context; and
- act upon the understanding and redesign the programming.¹¹¹

In the case studies of the Palestinian territory, Uganda and Nepal, there were questions related to how the organisations analysed the context they worked in, and if sufficient efforts were made for including (or unintentionally excluding) marginalised groups among the persons with disabilities. The evaluation found that conflicts may have prompted services for persons with disabilities but the projects were found to be addressing all causes of disabilities, and not only the conflict related injured. Similarly, the victims' assistance programs set up for the mine ban and cluster conventions had not specifically excluded persons that had been injured due to other causes than land mines or cluster ammunitions (such as traffic accidents).

The programs seemed to be aware of the risks of excluding certain groups and this was found to be in line with do no harm thinking to ensure that assistance given in conflict settings does not exacerbate conflicts but rather helps people to disengage from fighting.

7.5 Suitability of current framework

The Terms of Reference for this evaluation stated that “following the plan of 2002, Norwegian development cooperation has for a long time had integration of the rights of persons with disabilities as a central concern in its overall policy and guidelines.”

¹¹¹ Conflict-sensitive approaches to development, humanitarian assistance and peace building: A Resource Pack (2004) quoted in Ingdal et al (2006), Report on Conflict Sensitivity of Norwegian NGOs' Development Assistance in Nepal, Nordic Consulting Group. Norad Collective Reviews 9/2007

The above statement was not found to be an accurate description of the actual developments since 2002. Rather the assistance to persons with disabilities has been viewed as a specific target area for “especially interested groups”. Persons with disabilities have hardly been mentioned in the MFA or Norad’s policies, strategies or annual reports in the last nine years. This is an indication that the issue is not a central concern in Norwegian development policy. As a reflection of MFA not including persons with disabilities as a vulnerable target group or disability as an inclusion issue, none of the Embassies visited had included or reported on disability issues.

Comparing with sectors highlighted in the Guidelines from 2002 (see chapter three), the sectors where there was little or no inclusion of persons with disabilities were: economic development, environment and natural resource management and women’s rights and gender equality. In addition to that, sectors not included in the Guidelines, but very relevant to persons with disabilities, are:

- Access to justice
- Access to (clean) energy
- Climate mitigation and/or prevention
- Exercise of cultural and social rights

The evaluation found a few disability elements of Norwegian funded programs in these sectors; the Malawi and Uganda Human Rights Commissions had taken on a few court cases of persons with disabilities. Cultural rights activities had been funded by the Embassy in Nepal and the Representative Office in the Palestinian territory. The initiatives to these elements came from the development partners themselves, not Norway.

In the Humanitarian Policy of the Ministry of Foreign Affairs, persons with disabilities are mentioned among the most vulnerable that need to be protected and specific measures be taken to ensure that they access humanitarian assistance. The awareness towards inclusion of girls and women with disabilities in the humanitarian support to Northern Uganda along with Norwegian Refugee Council’s growing awareness on this issue were positive exceptions. For NRC, the potential good outcomes in the humanitarian assistance cannot be ascribed to the guidelines from 2002 since they did not know them. However, in Uganda, the highly experienced and senior staffs at the Embassy in Kampala was actually familiar with the 2002 guidelines, but even they acknowledged that disability had not been on the agenda since 2003/4.

Assessing the suitability of the current framework and the guidelines, the evaluation found overwhelming evidence against producing **new guidelines or policies**. Many informants believed that Norwegian development cooperation already has too many policies and strategies that were not being utilised. It seemed that what is needed in order for the issue to be taken seriously is a political decision from the Ministry of Foreign Affairs to take on disability as a human rights issue.

The approaches used to promote women's rights and gender equality could be taken as a model for the further work. Including the Disabled People's Organisations as strategic partners in the work is a key issue. For more specific recommendations towards revising the existing guidelines and making a guidance note, we refer to the next chapter.

8. Conclusions and recommendations

8.1 Conclusions

Past experiences show that humanitarian and development projects never benefit everyone. There is never *education or energy for all*. Certain groups are usually excluded due to factors like gender, ethnicity, caste, age, religion and so on. Girls, boys, women and men with disabilities frequently find themselves excluded, not intentionally, but rather due to lack of considerations of the barriers that exist – whether physical, intellectual, social or cultural (including language), between the persons and the environment around them.

We have seen in this report that disability is a social construction; a person is disabled in the interface with an environment that is not accommodating to her/him. What is defined as a disability in Norway for example is not necessarily perceived or acknowledged as a disability in a developing country – and vice versa.

In the processes that led up to the paradigm shift of moving from medical to social definitions and approaches to disability, Norway was a driving force along with other Nordic countries. The Parliament approved a White Paper with a specific section on mainstreaming disability in the development cooperation, the Ministry of Foreign Affairs made its own plan, and Norad made guidelines. The formal preconditions looked promising with a white paper, a plan and guidelines for implementation.

Ten years later this evaluation concludes that the documents have been ignored, or at best forgotten. There were no indications that the guidelines have been actively utilised by any of the development partners in MFA, Norad, the Embassies, the non-government organisations or their partners in the case countries.

The good intentions from the late 1990s and early 2000s were not translated into concrete measures of including disability in foreign policy and development cooperation. Disability has not been among the priority themes of the government in the last six-seven years. Two years ago the target group marker of persons with disabilities was removed in the Norad database.

Other pressing issues like the climate change, energy, private sector development – and engaging with the new economies of Brazil, China and India, have been more on the agenda of the Norwegian government.

Combined with a change in the structure of the aid modalities – which led to a decentralisation of authority to some Embassies working mainly on development, and a concentration of number of sectors and themes to work on, a cross-sectorial issue like disability has “fallen between many chairs” as stated by a well-placed informant.

The bleak picture painted above, does not mean that there are no good results.

1. Norway’s long-term support to the Community-based rehabilitation programs and the Disabled People’s Organisations via the Atlas Alliance has ensured **long lasting impacts** (with relatively modest amounts compared to other partners), on the lives of thousands of persons with disabilities.
2. The lifting of the **voices of the survivors** of land mines and cluster ammunitions onto the international agenda is another key outcome that Norway should be proud of. Efforts at integrating the victim assistance programs into the broader disability context and aligning them with national rehabilitation services have started but need to be speeded up.
3. Norway’s visible efforts in promoting women’s rights and gender equality have had a **multiplier effect** towards the DPOs and the disability movement. Norway’s intentions have been to target women and girls; often, and by chance, Norway has found that girls and women with disabilities were among the target group, and thus indirectly they have benefitted. This is therefore a good result, although not planned for. Still, women and girls with disabilities are highly marginalised within the disability movement.
4. Building **national disability movements** with relatively small funds have influenced policies and laws securing the rights of persons with disabilities. Still there are major gaps in some DPOs’ understanding of own mandates and capacities for advocacy and policy analysis.

On the other hand, there are many challenges:

1. The majority of the funds have been channelled to **service-provision** activities to meet the immediate needs of persons with disabilities, and especially to medical interventions to reduce or cure limitations. However many of these programs are not linked to national structures that promote lasting and sustainable changes, this is the case both in development and humanitarian sectors.
2. The concept of mainstreaming disability is not well understood among the different development agencies, and duty-bearers; i.e. women with disabilities are not mainstreamed in women’s movements (except in Nepal), children with disabilities not targeted among children’s rights organisations (except in Plan Norway) etc. Disability is still seen as an individual problem, not as an issue of removing barriers to inclusion in society.
3. Although **Education for All** is a priority for Norway, education for children with disabilities has not been systematically planned for or monitored in the countries studied, with the exception of Nepal but with limited results so far.
4. Efforts to mainstream **disability as a crosscutting theme in emergency and humanitarian assistance are limited**, with few exceptions.

Persons with disabilities are often addressed as part of vulnerable groups in general.

5. The **current aid modalities** like poverty-reduction strategies, sectors-wide approaches, and budget support were found to be **excluding persons with disabilities**. To access information and understand how the systems work was difficult for many DPOs consulted in this evaluation.
6. **Research** was not systematically done to underpin advocacy efforts and to provide a knowledge-base for stakeholders responsible for designing mainstreamed and targeted programs and interventions for persons with disabilities. Research was mostly not presented in a user friendly and accessible manner and therefore under-utilised.
7. **Coordination** among partners in the disability field was weak due to the different modalities of the funding, different theories of change and different views on disability.
8. Developmental disabilities, hearing impairment (deaf and hard of hearing), mental health conditions received less attention due to lack of capacity among the relevant Norwegian DPOs.
9. **Climate change and energy** have not included consultations with persons with disabilities, although environmental changes have a great impact on the lives of the most vulnerable groups.

8.2 Recommendations

8.2.1 Recommendations for MFA

- 1a. Take a **decision** to include disability as a key human rights issue in the international engagements of Norway around the world. When Norway has ratified the Convention it will be a legal obligation to do so (article 32).
- 1b. Use the gender equality work as a model for mainstreaming disability. Build internal capacity by appointing focal points in departments and Embassies. If MFA wants to lift the issue even higher on the agenda, a **Disability Strategy** can be developed and a Disability Ambassador can be appointed.
- 1c. Demand **disability disaggregated objectives and indicators** in planning and reporting (as with gender) in grant and instruction letters to Embassies, directorates (Norad, Fredskorpset) and other partners and set aside earmarked budgets for inclusion.
- 1d. Strengthen the capacity of DPOs (disabled peoples organisations), as part of the support to **human rights defenders**, so that they can become vibrant and influential civil society actors in the partner countries.
- 1e. Instruct the different sections in Norad and Embassies about including disability as a human rights issue in planning, contracts, as well as appraisals, reviews and evaluations, and reintroduce the disability marker in the Norad statistical database.

- 1f. Coordinate with **Nordic development agencies** (and other likeminded donors such as DFID, CIDA, Australia and the EU) as disability is a priority also for them both in bilateral and civil society programs.

2. **Service-provision:** Continue to support adequate and affordable services for persons with disabilities, but challenge the implementing agencies in both humanitarian and development assistance to adopt a human rights-based approach, **focussing more on capacity building of duty bearers** so that they can take over responsibility and fulfil their obligations towards persons with disabilities as stipulated in the Convention.

3. **Humanitarian:**
 - a. Utilise Norway's unique experience from rights-holder empowerment in the victims' assistance programs by making Disabled People's Organisations (DPOs) **strategic partners** and technical experts for mainstreaming disability systematically.
 - b. Evaluate and document the outcomes of the funding channelled via ICRC and the SFD, including the integration of the mine victims' assistance into the overall disability strategy as well as its relevance vis-à-vis the human rights-based approach and the CRPD article 11.
 - c. Build up the **competency of Norwegian DPOs** as advocates, watchdogs and experts in mainstreaming disability in humanitarian settings; MFA could consider signing a long-term partnership contract with such a DPO.

4. **Education:** Maintain **education** as a key priority in Norway's development and humanitarian assistance and develop a strategy for including children with disabilities. As a minimum, funding should be ear-marked for inclusion of children with disabilities which includes deliberate measures, capacity development within education systems as well as monitoring of enrolment and completion rates of children with various disabilities, and community/parent awareness.

5. **Women's rights and gender equality:** Promote disability as a crosscutting issue in gender-specific programs, such as gender-based violence.
 - a. Increase attention to gender-related issues within the disability-specific interventions (make sure that disability-related programs are gender-responsive), and vice versa; ensure that gender responsive programs are disability inclusive.
 - b. Include girls and women with disabilities in the dialogues with bilateral, multilaterals and organisations and ask for disability disaggregated indicators in plans and reports.
 - c. Ensure that governance programs include women and men with disabilities.
 - d. Support research on the issues of gender-based violence and disability.

6. **Indicators:** Insist on introducing disaggregated impact and outcome indicators for women, men, girls and boys with disabilities in the poverty-reduction strategies, and sector programs (health, education, agriculture, business/

microfinance, HIV/Aids, governance, justice etc.) and in national surveys.

7. **Research, statistics and knowledge-production:** Fund and utilise research more strategically as leverage for better results by support base line studies and participatory research.
 - a. DPOs must always be consulted as strategic partners in research and statistical data collection.
 - b. Continue to support national statistical offices and ensure that they are members or linked up with the Washington Group on Disability Statistics. SINTEF, Statistics Norway, and other research programs should be encouraged to work closer together in assisting the production of high quality disability statistics.
 - c. Assist the countries that have signed the CRPD (Uganda, Malawi, Nepal) in their qualitative research and statistical reporting on the Convention.
8. Support the **Atlas Alliance** and its members and partners to strengthen their capacity to advocate for and build capacity of development and humanitarian agencies for mainstreaming of disability in general development programs.

8.2.2 Recommendations for Norad

Most of the recommendations for MFA are also valid and applicable for Norad.

In addition Norad plays a very important role with regards to the following:

1. Strengthen the **internal focus on disability as a key human rights issue**.
2. Strengthen the **capacity of DPOs** (disabled peoples organisations) in partner countries so that they can become vibrant and influential civil society actors, not just via the Atlas Alliance. Ensure that other organisations include DPO partners when working in fields like education, health, agriculture, environment etc.
3. Support the Atlas Alliance in **organisational restructuring**, and enhance their role as a key competence centre for mainstreaming disability in development cooperation (like FOKUS' role for women rights and gender equality, and gender-based violence)
4. Include disability as a reporting requirement for the general programs, and reintroduce the persons with disability as a target group in the Norad **statistical database**.
5. Assist MFA in developing a Disability Strategy; pilot a “**disability review**” of a **selected Embassy** or a development partner by replicating the gender reviews methodology available in-house in Norad.
6. Revisit the **Principles for support to civil society** in the South to ensure that they are in line with the generic human rights-based approach.

8.2.3 Recommendations for Embassies

Most of the recommendations for MFA are also valid and applicable for the Embassies. In addition the Embassies play a key role with regards to the following:

1. Support capacity development of disability movements as advocates, human rights defenders or watchdogs in all partner countries either directly or via a strategic partner linked to the Atlas Alliance or a like-minded DPO in order to enhance:
 - a. Skills in alliance building, negotiation, advocacy and awareness raising
 - b. District level DPO capacity
 - c. Monitoring skills.
2. Build Embassies' capacity and competence on disability planning, monitoring and evaluation.
3. Raise disability in the **policy dialogue** with key bilateral and multilateral development partners such as national governments, UNICEF, World Bank and like-minded donors.
4. Insist on introducing specific impact and outcome indicators for women, men, girls and boys with disabilities in PRSPs and sector programs (health, education, agriculture, business/microfinance, HIV/Aids, democracy etc.) and in national surveys

8.2.4 Recommendations for Fredskorpset

1. Utilise affirmative action when selecting partners and participants in exchange programs to ensure that persons with disabilities are included.
2. Support leadership development and efforts of youths with disability to be advocates and leaders in their own right. Cooperation with the Operation Days Work could be explored.
3. Invite DPOs to orientation seminars to familiarise themselves with the Fredskorpset concepts of North-South and South-South personnel exchanges as tools for institutional capacity-building and peer-support mechanisms.

8.2.5 Recommendations for civil society organisations

1. Adopt disability as integral to the human rights-based approach (empowerment non-discrimination). Establish strategic partnerships with DPOs and experts at head office and country levels to assist with mainstreaming, training, capacity-building etc. Respect the slogan "nothing about us without us".
2. Select specific sectors and start by introducing simple disaggregated indicators in a few projects. Then move on to develop key competences related to the organisation's own focus and competency areas, for example:
 - a. Disabilities in the humanitarian context.
 - b. Disability and inclusive education.
 - c. Disability and self-organisation; the democratic right to organise among persons with different types of disabilities and political participation.
 - d. Disabilities and faith-based organisations.
 - e. Disability and children's rights.
 - f. Disability and women's rights, gender-based violence etc.

8.2.6 Recommendations for the Atlas Alliance

1. Develop the role of Atlas as a more proactive advocate and technical advisor for mainstreaming and coordination of disability rights in Norway and in partner countries.
2. Conduct trainings and fund research and baseline studies in different countries in Africa and Asia to support the members and their partners.
3. Form strategic alliances with civil society and humanitarian organisations, private and public institutions, including Fredskorpset, with the purpose of exchanging competencies and experiences. Introduce new sectors and partners gradually according to the capacity of the Atlas Alliance secretariat, start for example with humanitarian partnerships.
4. Assist member organisations to improve their effectiveness and sustainability of interventions by the following tools:
 - a. Guide and mentor the member organisations that are interested in doing international development work, especially in areas of less attention.
 - b. Make it a condition that members working in the same country demonstrate how their programs will leverage with each other, and cooperate with other general programs to ensure inclusion of persons with disabilities.
 - c. Ensure that careful stakeholder analyses are made by member organisations as a basis for designing interventions.
5. As part of the Atlas Alliance strategy to build the capacity of the disability movement; include strengthening networking, negotiation and influencing skills so that they can effectively advocate for mainstreaming disability in general development and humanitarian programmes.
6. Clarify with Norad how civil society organisations may engage with capacity building of governments/duty bearers as a supplement to empowerment of rights holders.

References

- Agri Team Canada Consulting Ltd (2005). Institutional Evaluation of Disabled People's International.
- Albert, Bill & Riis-Hansen, Trine-Cecilie (2005). Has Disability Been Mainstreamed into Development Cooperation? Disability Knowledge and Research Programme.
- Alghaib, Ola Abu (May 2011). "Women with Disabilities in Palestine-Behind the shadows of neglect". Presentation at Oslo Conference on Disability in Emergencies, May 2011.
- Claussen, J. Kandyomunda, B. & Jareg, P. (2005). Evaluation of the Community Based Rehabilitation Programme in Uganda. NAD, Oslo.
- Coleridge, P. Simonnot, C. Steverlynck, D. (2010). Study of Disability in EC development Cooperation, European Commission.
- Connell and Kubisch - Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects, and Problems.
- Convention on the Rights of Persons with Disabilities, G.A. Res. 61/611, (Dec. 6, 2006).
- Convention on the Rights of the Child, G.A. Res. 44/25, U.N. Doc. A/RES/44/25 (Sept. 2, 1990).
- DFID (2009), Disability Scoping Study on Uganda, By Dr. Raymond Lang. February 2009.
- Eide, Arne & Ingstad, Benedicte (eds.) (2011), Disability and Poverty – a Global Challenge, Policy Press, UK.
- Heiseet, L, et al. (1994), Violence Against Women: The Hidden Health Burden, World Bank Discussion Paper, Washington, D. C., The World Bank, 1994.
- Hertzberg, A. & Ingstad, B. (2003). Included in development? Report from a follow up study, Norwegian Action Plan for the inclusion of disabilities. HESO.

Human Rights Watch (2010). *As if We Weren't Human - Discrimination and Violence against Women with Disabilities in Northern Uganda*, August 26, 2010.

Human Rights Watch (2011). *Futures Stolen, Barriers to education for children with disabilities in Nepal*, 2011.

IANSAs (2011). Rebecca Gerome, *Women, Gender and Gun Violence in the Middle East*, IANSAs Women Network, London, October 2011.

ICRC and Norwegian Red Cross (2009). "Delivering on the promises to victims of mines, cluster munitions and other explosive remnants of war, Priorities for implementation of victim assistance commitments in the context of the Mine Ban Convention, the Convention on Cluster Munitions and the Protocol on Explosive Remnants of War", recommendations from an expert meeting hosted by the ICRC and Norwegian Red Cross, Oslo, 23-25 June 2009.

ILO (2011). "Disability inclusion in the Women's Entrepreneurship Development and Gender Equality- Southern Africa (WEDGE-SA)". Note submitted to Norad by ILO for WEDGE. September 2011.

Ingdal N. et al (2006). *Report on Conflict Sensitivity of Norwegian NGOs' Development Assistance in Nepal*, Nordic Consulting Group. Norad Collective Reviews 9/2007.

Ingdal N, and Qutteina, M. (2009). *Evaluation of Rehabilitation Programme in the Occupied Territories (OPT), Jordan and Lebanon*. Nordic Consulting Group. NAD/Diakonia. Jerusalem.

Jones, Hazel (May 2011). "Water and Sanitation for All in emergency operations" Presentation held at Oslo Conference on Disability in Conflicts and Emergencies: reaching the most vulnerable.

Karlsson, P. (2004). *Towards Inclusive Education for all in Palestine - A follow up study of Inclusive Education Project*.

Khan, N. (May 2010). "Community Based Disability Inclusive Disaster Risk Reduction". Presentation, Centre for Disability in Development (CDD) Bangladesh.

Kittelsen, T. & Okungu, P. (2007). *Evaluation of the Uganda National Association of the Blind (UNAB)*.

Kvam, M. & Braathen S. (2006). *Violence against women with disabilities in Malawi*, SINTEF Health Research.

Landmine Monitor, chapters on Victims Assistance (annual).

Laugerud et al (2009). Mid-term Review of: Enhancing Food Security and developing Sustainable Rural Livelihoods Project, Malawi. Nordic Consulting Group. Norad Collected Reviews, 11/2009.

Lexow, Janne (2009). Strengthening Child Protection Mechanisms through Emergency Education Support to Northern Districts of Kitgum and Pader, Uganda. Review of Norwegian Refugee Council project in Northern Uganda for Norad.

Lexow, Janne (2009). Education for Protection and Recovery, Appraisal of Norwegian Refugee Council project in Northern Uganda for Norad. Norad. Nordic Consulting Group.

Loeb, ME. & Eide, A. (2004). Living Conditions among People with Activity Limitations in Malawi. A National Representative Study, SINTEF Health Research.

Lord, J. Posarac, A. Nicoli, M. Peffley, K. McClain-Nhlapo, C. & Keogh, M. (2010). Disability and International Cooperation and Development – A review of policies and practices.

Lorenzo, T. Mji, G. Gcaza S. (2006). A narrative report on the evaluation of the partnership between Disabled Children's Action Group (DICAG) South Africa and Norsk Forbund for Utviklingshemmede Norway (NFU) during the period 1997-2004.

Lyn Lusi (May 2011). Gender based violence and people with disabilities, Presentation, Heal Africa.

Lysbakken, Audun (May 2011). "Reaching the most vulnerable" Speech held at Oslo Conference on Disability in Conflicts and Emergencies: reaching the most vulnerable.

Mary B. Anderson (1999). Do no harm - How Aid Can Support Peace - Or War. www.cdainc.com

Mc Lain-Nhlapo, Charlotte (May 2011). "Disability in Conflicts & Emergencies, Reaching the most vulnerable Disability in Disaster Risk Reduction", Presentation held at Oslo Conference on Disability in Conflicts and Emergencies: reaching the most vulnerable.

Mersland, R. (2005). Microcredit for self-employed disabled persons in developing countries.

Ministry of Foreign Affairs, Norway (1999). "Plan for the Inclusion of Persons with Disabilities" 10 November 1999.

Ministry of Foreign Affairs, Norway (2007). Action Plan for Women's Rights and Gender Equality in Development Cooperation 2007–2009. Oslo.

Ministry of Foreign Affairs (annual): Prop. 1S (Annual Budget Proposal to Parliament).

Ministry of Foreign Affairs, Norway, Stortingsmelding nr. 8 (1998-99) Om handlingsplan for funksjonshemmede 1998-2001. Deltaking og likestilling (White Paper nr 8).

Ministry of Foreign Affairs, Norway (2009). Stortingsmelding nr 13, Klima, Konflikt og Kapital – norsk politikk i et endret handlingsrom. [White Paper nr 13, Climate, conflict and capital – Norwegian policy in a changed window of opportunity.

Ministry of Foreign Affairs, Norway, Stortingsmelding nr 21, Menneskeverd i sentrum, Handlingsplan for menneskerettigheter, [Focus on Human Dignity, Norwegian plan of action for human rights, (White Paper no 21).

MFA/Embassies: Action Plans (Virksomhetsplaner) for Uganda, Nepal, Palestinian territory and Malawi.

Mosharraf, Hossain (May 2011). "From Emergency Response to Risk Reduction: Lessons of Disability Inclusion in Cyclone Sidr", Presentation, "Disability in Conflicts & Emergencies, Reaching the most vulnerable Disability in Disaster Risk Reduction", ADD International.

Nahleh, Lamis Abu (2003). Promoting the status of gender in the Community based rehabilitation program in Palestine, Working Paper, NAD/Diakonia.

National Research and Development Centre for Welfare and Health, Helsinki (2003). Label Us Able – A Pro Active Evaluation of Finnish development co-operation from the disability perspective. Finland.

NFU (2007) Evaluation of the inclusive education project in Zanzibar, NCG Uganda.

Nilsson, A. & Granberg S. (2010). Baseline study of SIDA funded interventions on Disability and SIDA's capacity to work effectively with disability issues. Stockholm, Sida.

Nilsson, A. and Qutteina, M. (2005). Evaluation of the CBR programs in Palestine from the perspective of persons with disabilities themselves. NAD/Diakonia, Jerusalem.

Norad (2002). The Inclusion of disability in Norwegian development cooperation - Planning and monitoring for the inclusion of disability issues in mainstream development activities, Oslo: Norad.

Norad (2003). Report the inclusion of disability in Norwegian Development cooperation, Oslo: Norad.

Norad (2008a) Joint Evaluation of the Trust Fund for Environmentally and Socially Sustainable Development, COWI AS

Norad (2008b). Performance Organisational Review of the Norwegian Missions in Development, COWI AS

Norad (2009a). Principles for support to civil society in the South, Norad. Oslo and Grant scheme rules for Support to Civil Society Actors, Chapter 160.70, 16.12.2009

Norad (2009b). Evaluation of the Humanitarian Mine Action Activities of the Norwegian's People's Aid, COWI AS.

Norad (2009c). Organisational Performance Review of the Atlas Alliance, COWI AS

Norad (2009d). Joint Evaluation of Nepal's Education for All 2004-2009 Sector Programme, Cambridge Education Ltd.

Norad (2011a). Norad strategi mot 2015 Resultater i kampen mot fattigdom (Norad Strategy towards 2015).

Norad (2011b). "Mainstreaming Disability in Development Cooperation", Presentation at Seminar, Oslo.

Norad (2011c). Evaluation of Norwegian Development Cooperation to Promote Human Rights. Norad Evaluation team. Scanteam.

Norwegian Church Aid (2011). Mainstreaming Disability into NCA Health Programs in Malawi, presentation at NCG Analysis workshop 2.11.2011.

Norwegian Refugee Council, Programme Guidelines for 1) Shelter, 2) Education in emergencies.

Plan Norway (April 2008). Final Evaluation of Inclusion of Dalit and People with Disability Project

Qamar, Kamal Abu (May 2011). "CBR in conflict: NSR & HI's experiences from Gaza", Presentation held at Oslo Conference on Disability in Conflicts and Emergencies: reaching the most vulnerable.

Qutteina, M. (2009). Report of a review of the CBRP experience with community partnership.

Rangita de Silva de Alwis, Disability Rights, Gender, and Development: A Resource Tool for Action: Rep. of the Secretariat, United Nations Population Fund & Wellesley Centers for Women (2008).

Red Cross (May 2010). Mid Term Review of the Yemen Red Crescent Society's operational Alliance Community Based Health Development Programme.

Salamanca Statement and Framework of Action on Special Needs Education (1994).

Safer world (2004). Conflict-sensitive approaches to development, humanitarian assistance and peacebuilding: A Resource Pack (2004).

Save the Children and Handicap International (2011). Out of the shadows – sexual violence against children with disabilities. Research study on sexual violence against children with disabilities in four African countries. Save the Children, UK.

SFD (2009). Annual Report, Geneva.

SFD, various project evaluations from Vietnam, Bangladesh.

Sida and Norad (2011). Supporting Child Rights -Synthesis of Lessons Learned in Four Countries. Sida Joint Evaluation 2011:1 (Evaluation commissioned by Norad and Sida)

SOS Children's Villages (2008) Inclusion Policy. SOS Kinderdorf.

Special Fund for the Disabled (SFD)(2010), Annual Report. Geneva.

SPHERE Guidelines (1997).

Stubbs, S. & Lewis, I. (Ed.). (2008). Inclusive Education – Where there are few resources, Atlas Alliance.

Støre, Jonas Gahr (2011). "Reaching the most vulnerable". Speech by the Minister of Foreign Affairs, 30 May 2011 at Oslo Conference on Disability in Conflicts and Emergencies: Reaching the Most Vulnerable.

Mollekleiv, S. "Reaching the Most Vulnerable - Disability and Conflicts", Presentation, Norwegian Red Cross held at Oslo Conference on Disability in Conflicts and Emergencies: reaching the most vulnerable.

The African Child Policy Forum (ACPF) (May 2010). "The realities of children with disabilities in Uganda" Report.

Uganda Ministry of Education and Sports (2007). Towards a rights-based Education for All in Uganda.

UN Washington City Group on Disability Statistics.

UN Report, A/65/173: "Keeping the promise: realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond. Report of the Secretary-General".

UN, Nora Groce, PhD, Leonard Cheshire Centre for Disability and Inclusive Development, Review of the MDG Processes and Strategies for Inclusion of Disability Issues in MDG efforts, 2010.

UNICEF (2006). Child Friendly Schools Manual.

UNRWA (2010). "A State of Play Assessment of Disability Initiatives at UNRWA West Bank Field Office".

UNRWA (Sept 2010). Disability Background Paper - Promoting the rights of persons with disabilities.

UNRWA (Sept 2010). Statement of Commitment. Disability Policy- Promoting the rights of persons with disabilities.

Wasakili et al, Social Inclusion of People with Disabilities in poverty reduction policies and instruments- initial impressions from Malawi and Uganda, in Eide &Ingstad (eds.) (2011), Disability and Poverty – a Global Challenge, Policy Press, UK.

Weiss, Carol Hirschon. 1995. "Nothing as Practical as Good Theory: Exploring Theory-based Evaluation for Comprehensive Community Initiatives for Children and Families." In New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts, ed. James Connell et al. Washington, DC: Aspen Institute.

White, Jerry (1999). "Landmine Survivors Speak Out", Disarmament Forum, 4/1999.

Wiman, Ronald (2009). "Mainstreaming Disability in Development Cooperation - Experience, vision and future, the Case of Finland". Speech at UN-DESA meeting 06.02.09

WHO, ILO and UNESCO, CBR Guidelines, 2010.

Wood, B. Betts, J. Etta, F. Gayfer, J. Kabell, D. Ngwira, N. Sagasti, F. Samaranayake, M. (2011), The Evaluation of the Paris Declaration, Phase 2. Final Report, Copenhagen, May 2011.

Women's Refugee Commission (2009). Refugees with disabilities. WRC. New York.

World Bank (2010). Annual Report for the Trust Fund for environmentally and sustainable development (TFESSD).

World Health Organization and World Bank (2011). World Report on Disability.

Xiaojie, L., Pierinim, J. and Fenlan, X. (Nov 2008). Norwegian Mission Alliance: The Sichuan CBR Project for CP Children in China Results and Lessons Learned.

Zaino, P.T., Christopher, A., Pearson, C and Li, J. (April 2008). Sichuan Community based Rehabilitation Project for children with cerebral palsy, Mid - Term Evaluation.

Websites:

<http://www.digni.no/>

<http://drpi.research.yorku.ca/>

<http://ec.europa.eu/social>

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:22394721~menuPK:6515595~pagePK:210058~piPK:210062~theSitePK:282699,00.html>

<http://www.atlas-alliansen.no/>

<http://www.educationfasttrack.org/>

<http://www.eenet.org.uk/>

<http://www.ffe.no/>

http://www.hrea.org/index.php?doc_id=413

<http://www.icrc.org/fund-disabled>

<http://www.inclusive-education-in-action.org/iea/index.php?menuid=47>

<http://www.ineesite.org/>

<http://www.oecd.org>

<http://www.make-development-inclusive.org/>

<http://www.paris21.org/> UN initiative Statistics for Development - Paris21 partnership

<http://www.rodekors.no/vart-arbeid/Internasjonalt-arbeid/>

<http://www.sintef.no/lc>

<http://www.unesco.org/new/en/education/themes/strengthening-education-systems/inclusive-education/children-with-disabilities/>

http://www.unicef.org/education/index_access.html

<http://www.vision2020.org/main.cfm>

[http://www.un.org/disabilities /](http://www.un.org/disabilities/)

<http://unstats.un.org/unsd/methods/citygroup/washington.htm>

<http://hrbaportal.org/the-un-and-hrba>

http://waterwiki.net/index.php/Human_Rights-Based_Approaches#The_principles

Government Offices:

The Norwegian Agency for Development Cooperation (Norad), www.norad.no

The Royal Ministry of Foreign Affairs of Norway, www.regjeringen.no

Annexes



Annex A: Mapping Study

1. Introduction

1.1 Background and Objectives

This Mapping Study provides an overview of the Norwegian support to promote the rights of persons with disabilities in the period 2000 – 2010¹ across channels, sectors, geographical areas, development partners, types and causes of disabilities. The causes of disabilities are especially related to emergencies and conflict. Gender has been analysed across the board. Targeted and mainstreamed initiatives have been analysed separately to be able to see how the Norwegian aid has developed over the years, mainstreaming of disability being a new concept which was introduced in the 1999 parliamentary decision.

In addition to the above, and perhaps more interesting, the mapping has invested substantial efforts into classifying the projects' main objectives and focus. In line with the theory of change that guided this evaluation, the human rights-based approach²; projects were classified according to five categories; individual empowerment (via a) service-provision or b) individual counselling and guidance), c) building the capacity of disabled people's organisations (DPOs) in order for them to be better equipped at claiming their rights, d) strengthening and/or building the competencies of the duty-bearers (mainly government authorities) so they could respond to the legitimate claims of persons with disabilities, and, finally, e) research; some projects were aimed at producing knowledge and research in order to provide evidence and facts that could help persons with disabilities and DPOs undertake informed lobbying and advocacy work and duty-bearers to improve quality in their services.

1.2 Note on the statistics

The statistics utilised in the mapping is based on Norad's disbursement database which covers all Norwegian development and humanitarian assistance according to a number of set variables; type of partner, agreement partners, agreement name and number, extending agencies (governmental institution that handles the funds; MFA, Norad, Embassies, Fredskorpset or Norfund), budget allocations by main chapter and sub-chapters, Development Assistance Committee (DAC)³ main sector and sub-sector, and funds disbursements according to years.

1 For year 2010, the evaluation has been made aware of that there are some projects missing from the database, for example the Diakonia/NAD Rehabilitation Programme in Palestine, funded via the Atlas Alliance. It should therefore be kept in mind that the numbers for 2010 do have some gaps.

2 Read more about the human rights-based approach operationalized as a theory of change in Chapter 3.

3 The Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) is a forum for selected OECD member states to discuss aid, development and poverty reduction in developing countries. It describes itself as being the "venue and voice" of the world's major donor countries. Members include the development co-operation agencies of all 24 DAC members. The World Bank, the IMF and UNDP participate as observers.

Norway is an active member of the OECD – DAC evaluation group and provides systematic inputs to the discussion on reporting on the results of the aid. In OECD – DAC there has been discussions on whether to introduce separate indicators or markers for disability, but nothing has yet been agreed upon. Currently there is also a discussion on whether to introduce markers related to reporting on the UN Conventions. The increasing number of Conventions requires new information not covered by the traditional DAC sectors such as health, education, employment, energy etc. Disability is one such issue that cuts across different sectors and is not covered by the current DAC main or sub-sectors.

For capturing development results on specific themes, Norway introduced in 1999 its own variables of the DAC reports related to main **target groups**, which included women, children, indigenous people, refugees and physically disabled. These target group markers were in 2009 changed to “focus areas”.⁴ The new focus areas were meant to capture results across target groups. All the target groups (including the physically disabled) were thus removed instead the focus shifted to thematic areas prioritised by ever-changing governments. The focus areas of the current government are environment, gender equality, good governance and human rights, biodiversity, desertification, trade, climate (emission limitations), and climate adaptation.⁵ Although women were removed as a target group, the focus area of gender equality enabled the government to ask for reporting on how projects and programs contribute to gender equality by eliminating barriers for women (and men)’s participation.

The Terms of Reference for this evaluation utilised the target group marker “physically disabled” as a starting point to estimate the total amount of funds channelled to projects, programs and other efforts supporting the rights of persons with disabilities. It was noted that the database included projects that were solely targeting persons with disabilities as well as projects that only had small disability components. It also included projects that focussed on disabilities that were not “physical”. Later on it was found that some projects were wrongly coded as having disability aspects, while others were missing in the coding.

For the period 2000-2008, the database contained 1279 disbursements to be studied. As the target group marker on disabled was removed in 2009, the statistics for the two years 2009 and 2010 were generated by including similar projects from the previous ‘physically disabled’ database in addition to word search on relevant terms. The word search was conducted by the Norad statistical department. A database of 216 disbursements was merged with the data for the years 2000-8. As noted under limitations in the main report, the data for the last two years most certainly lacked projects and should therefore be read with caution.

When we merged the two databases, one with the disability marker and one without, a total of 1374 disbursements with a total value of 2,7 billion NOK (around 450 million USD) remained on the list. Then the team sorted the dis-

4 Information from Norad’s Department for Methods and Results.

5 Stoltenberg government White Paper number 13, “Climate, Conflict and Capital”.

bursements according to agreement partners and started the classifications into different categories as elaborated on below.

After in-depth studies, consultations with the implementing partners and analysis of the database, 414 projects that had been wrongly-coded were removed from the database. This equalled around 30% of the original database.

On the other hand, projects that were found to be missing during the consultations and interviews with the implementing partners were added to the database. These projects were mainly from the four case countries, and especially disability inclusive initiatives handled by the Embassies or directly by the Ministry of Foreign Affairs.⁶ The fact that more projects were identified in the case countries is an error margin that has been noted also in the main report.

The final database for analysis contained 607 projects over the last 11 years, with a total amount close to three billion NOK; 1.4 billion Norwegian kroner (NOK) had been channelled to targeted initiatives for persons with disabilities, while the remaining 1,6 billion NOK were classified as either partly mainstreaming or mainstreaming disability. It should be noted that out of these 1.6 billion NOK spent on programs mainstreaming disability, only a small share of the budgets were actually used for inclusion of persons with disabilities. A rough estimate, based on an analysis of the four largest initiatives, indicates that perhaps 2-3 % of the budgets were used for this purpose.

The following definitions were used:

1. **Targeted projects/programs**, which focus on directly improving the conditions of persons with disabilities. These initiatives have as their main aim to support service provision, empowerment, organizational capacity development, advocacy or other measures to promote the rights of persons with disabilities.
2. **Mainstreamed projects/programs**, where persons with disabilities are included in a wider program targeting a sector, issue or geographical area. "Mainstreamed initiatives" may have other main aims, but include persons with disabilities as part of their agenda. This evaluation considers that mainstreaming of disability has taken place when two main criteria are fulfilled:
 - a. explicit measures to include persons with disabilities and to remove the barrier(s) that prevent them from taking part must be mentioned in the planning document and/or a budget linked to these measures; and
 - b. progress, annual or end report(s) must include specific information on results (output, outcomes, impact) for persons with disabilities, ideally aggregated data on Persons with disabilities.

⁶ For the other two extending agencies; Norfund and Fredskorpset, the first one was not targeted by the mapping because there were no indications that Norfund had included disability as an area of work. For Fredskorpset a large number of projects involving North-South or South-South exchange in fields like health, education, social, culture and sports, statistics and media/human rights were found to be relevant for improving the rights of persons with disabilities. However, FK does not capture disability in their records, and thus no additional projects were added to the database. The classification of the projects from 2000-8 was successful thanks to assistance of the former head of programs.

3. Partly mainstreamed projects/programs, where small, separate components have targeted persons with disabilities. These initiatives have at least done something but they have not taken explicit measures or reported on results related to persons with disabilities.

1.3 Classifications

In order to analyse the disability related projects that were included in the Norad database, the evaluation team developed a set of categories according to the agreed upon definitions in the inception report and tender.⁷

The database we developed looked like the below section, with the four right columns to be filled in by the mapping study.

Table 1: Example of entry in the Disability database

Country	Agreement title	Extending agency	Chapter	Post	Total amount NOK	1. Type of project	2. Cause of disability	3. Type of disability	4. Main focus
Uganda	Personnel exchange	MFA Oslo	160 – Civil society	50 – Freds-korpset	340 000	T (targeted project)	B (other causes, by birth)	C (visual)	A (service-provision)

The first column “**type of project**” had four different options:

T. TARGETED: the project targets mainly persons with disabilities.

M. MAINSTREAMED: the project fulfils the definition of explicitly mentioning persons with disabilities as a target group in the plans, and reports, and specific measures are taken to ensure participation and inclusion. A project that targets ‘vulnerable groups’ without specifying persons with disabilities is not labelled mainstreamed.

N. NOT: the project did not target or include persons with disabilities according to the definition given above.

P. PARTLY: a small part of the project has focused on or mainstreamed disability mentioned in the plans, reports and/or monitoring.

In the **2nd column** (to the right), we asked for the cause of the disability in the project. The question was related to Norway’s interest in disabilities in conflict and emergencies (including natural), and the mine victims assistance given as part of the landmine and cluster conventions.

- a. Caused by armed conflict, natural disasters, small arms,
- b. Other causes (congenital, accidents, by birth, injuries harmed by gender-based violence and other harmful traditional practices, including female genital mutilation (FGM), “honour crimes”, etc.)
- c. Both conflict and other causes.

⁷ NCG inception report approved by Norad 27.06.11 and NCG Tender document 23.05.11

In the **3rd column** we asked for the partners to help us classify the type of disabilities that is in focus of the project. Here we utilised the standard definitions as agreed upon by the major disabled people's organisations themselves and confirmed by the Convention:

- a. All types, including multiple disabilities.
- b. Visual
- c. Hearing
- d. Mobility/physical
- e. Developmental (cognitive/intellectual/learning)
- f. Mental health
- g. Other (indicate what)

In the **4th column**, the mapping asked for the main objective and focus of the project; how the project is working to improve the situation and rights for persons with disabilities. Built on the theory of change and the human rights-based approach, five categories were utilised to capture results on different levels:

- a. **Service-provision** to persons with disabilities (medical, rehabilitation, assistive devices, education, emergency, psychological, legal etc.)
- b. **Individual empowerment**: it provides persons with disabilities (and their families) with skills and knowledge so that they can improve their living conditions and claim their rights of inclusion in family and community life (self-help)
- c. **Capacity-building of Disabled Persons Organisations (DPOs)** to work more effectively to mobilise support and influence development processes in order to improve life conditions of persons with disabilities (e.g. skills in areas such as self-organisation, strategic planning, financing, advocacy, awareness raising, etc.
- d. **Strengthening and influencing Duty-bearers**(politicians, government authorities, institutions, agencies, departments, local leaders and other people of power) internationally, nationally or locally in order for them to improve their policies, practices and services to persons with disabilities as stipulated in the CRPD
- e. **Research**: studies, reviews, evaluations, statistics etc.
- f. **Other focus**

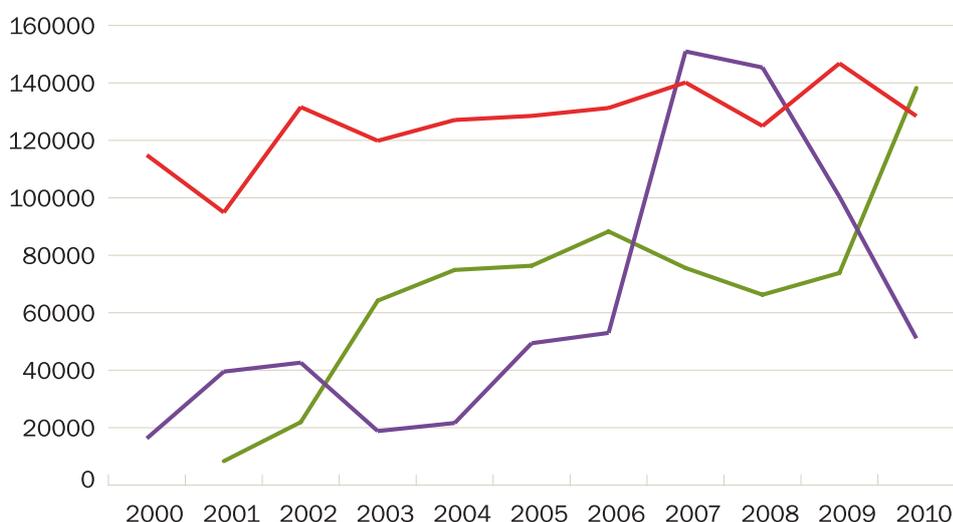
2. Analysis of disability portfolio

The total funding that had targeted the rights of persons with disabilities was 1.4 billion NOK (240 million USD), while 1,6 billion NOK had mainstreamed or partly mainstreamed disability. As a share of the total Norwegian development cooperation, targeted disability aid has gradually decreased over the years; it was one per cent in the early years and reduced to half a per cent in 2008. The budgets for mainstreamed projects increased somewhat during the period, especially in 2007. The increase was due to a few large initiatives only and cannot be said to represent a significant shift in policy.

2.1 Trends

The funding for projects that have specifically targeted persons with disabilities has been more or less stable in the period with around 130 million NOK annually (22 million USD) in constant prices. Taking into consideration the inflation and the overall increase in Norwegian development assistance in this period, the actual amount channelled to targeted projects has decreased in the period of study. As seen in the table below, while the targeted funding to persons with disabilities accounted for one per cent in years 2000 and 2002, it had been reduced to 0,5% of the total aid in 2008.

Figure 1: Total Norwegian funding related to disability for years 2000-2010 (in '000 NOK)



Source: Norad database/information from recipient organisations and agencies

■ Targeted
 ■ Mainstreamed
 ■ Partly mainstreamed

Overall trends observed in the figure above are that the funds to the targeted projects have remained more or less stable (constant prices). The funding to the mainstreamed projects increased sharply from less than ten million in 2000 to almost hundred million NOK in 2004.

The increase in 2007 for the partly mainstreamed projects was due to new priorities of the government that took office in 2006; increased funding for the multilateral channels. The government then signed agreements worth in total 209 million NOK with the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD). Another factor that explains the increase in the funding in 2007 is the increased support to the International Committee of the Red Cross (ICRC)'s work on mine victims' assistance and the support to the victims' protocol of the Cluster Ammunitions Conventions in 2008.

It should be noted that 88% of the mainstreamed and partly mainstreamed budgets recorded in this mapping study are made up of four programs only. The largest recipient was the International Committee of the Red Cross (via the Norwegian Red Cross). ICRC received funds for humanitarian and emergency assistance in 80 countries in conflict and war zones. The second largest recipient was the Nepal Ministry of Education for the inclusive education programs where Norway is a lead donor. The third largest partner that has channelled funds for mainstreaming disability into development is the TFESSD. The fourth largest was the Norwegian Church Aid health program in Malawi. It should also be noted that only a minute share of the total funding to mainstreamed and partly mainstreamed projects has actually gone to promote the rights of persons with disabilities. We found that it was around 2-3 % in the studied initiatives.

Table 2: Disability as share of total Norwegian aid for years 2000-10 (in NOK '000 and %)

Year	Total aid (in '000NOK)	Mainstreamed/ partly mainstreamed	Share of total aid (%)	Targeting persons with disabilities	Share of total aid (%)
2000	11 115 146	24 860	0,22 %	114 878	1,0 %
2001	12 103 756	47 868	0,40 %	94 929	0,8 %
2002	13 544 316	64 566	0,48 %	131 587	1,0 %
2003	14 468 882	83 039	0,57 %	119 857	0,8 %
2004	14 814 938	95 526	0,64 %	127 092	0,9 %
2005	17 994 996	125 767	0,70 %	128 518	0,7 %
2006	18 826 914	141 288	0,75 %	131 276	0,7 %
2007	21 808 456	226 554	1,04 %	140 151	0,6 %
2008	22 862 065	211 634	0,93 %	125 009	0,5 %
2009	25 623 594	174 246	0,68 %	146 794	0,6 %
2010	27 681 232	189 335	0,68 %	128 462	0,5 %

Source: Norad database/information generated by Evaluation

2.2 Type of interventions

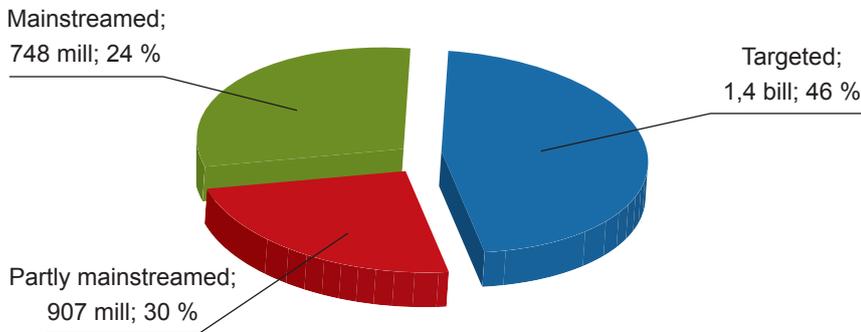
For assessing the type of intervention, the team utilising the classifications explained above for targeted, mainstreamed, partly mainstreamed or not disability related.

The results showed that 46% of the interventions were targeted specifically towards persons with disabilities, and where disability was the main or one of the main objectives of the project. Most of the projects captured in the database belonged in this category.

Around 30 per cent of the projects were partly mainstreamed; around 907 million NOK were found to be linked to projects where disability constituted a small part of the total budget costs.⁸ Typically partly mainstreamed projects categorised here were the support to the Malawi Ministry of Agriculture and Food Security for the NASFAM project in which a small portion of the funds have been channelled to farmers with disabilities; the Nepal Peace Trust Fund (NPTF) and the support to the Nepali peace process, including rehabilitation of ex-combatants of which a small part of them were disabled to the conflict. Others included Norwegian Refugee Council's primary education programs in Kitgum, Northern Uganda etc., and as mentioned above, the TFESSD.

One quarter of the funds qualified for the definition of being mainstreamed initiatives (748 million NOK); the largest mainstreamed projects were the support to the Nepal Ministry of Education, the Education For All 2004-09, and the School Sector Reform 2009 -2013, and the Palestinian Ministry of Education and the Support to the Education Development Strategic Plan 2008-2012, and in Malawi, support to FAO's Food Security and Rural Livelihoods Programmes.

Figure 2: Targeted, mainstreamed or partly mainstreamed projects for years 2000-2010



Source: Norad database/information generated by Evaluation

2.3 Channels and partners

Analysing the channels of Norwegian assistance to persons with disabilities, the following categories were utilised:

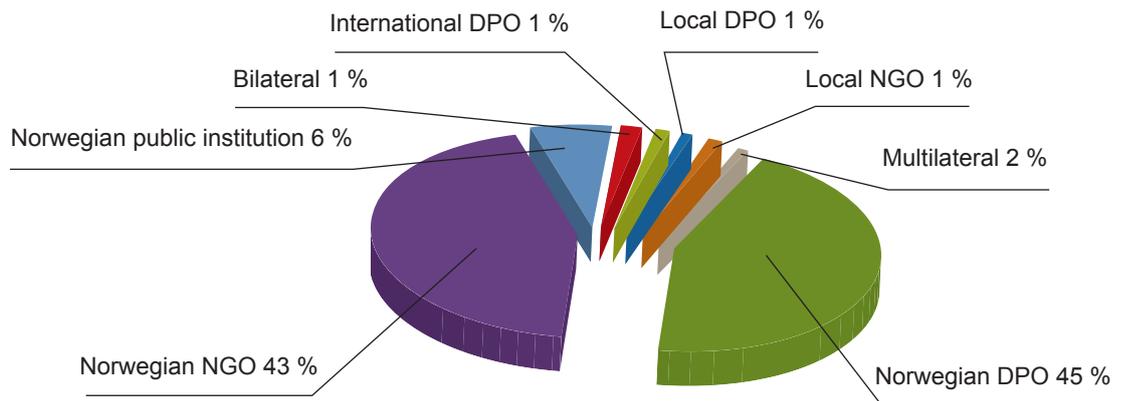
- Multilaterals (UN agencies)
- Bilateral (government)
- Non-governmental organisations (NGOs): Norwegian, local and international
- Disabled People's organisations (DPOs): Norwegian, local and international

⁸ Typical partly mainstreamed projects had very small shares allocated for disability, for example TFESSD had 2.8% for disability.

- Norwegian public institutions
- Consultants

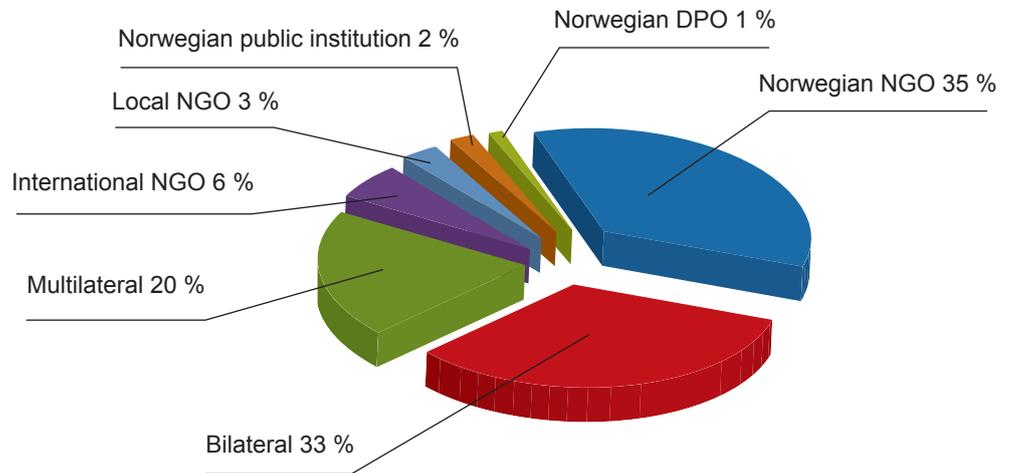
The mapping study for the years 2000 to 2010 found that the largest channels for funding targeting persons with disabilities are via the Norwegian DPOs (45%) and Norwegian NGOs (43%) with minor funds (6%) being channelled through Norwegian public institutions (such as Fredskorpset). The DPOs are almost all members of the Atlas Alliance. Only recently has Norad opened up for funding DPOs outside the Atlas Alliance.

Figure 3: Channels of funding for targeted projects, years 2000 – 2010 (%)



Source: Norad database/information generated by Evaluation

Figure 4: Channels of funding to mainstreamed or partly mainstreamed projects, 2000 – 2010 (%)



Source: Norad database/information generated by Evaluation

Analysing the channels of funding for the mainstreamed projects, the picture is quite different. As seen in figure 4 above and Table 3 below, almost all mainstreamed projects are channelled through the bilateral partners. This implies that Norway has not supported any of the governments in for example building their specific capacity for working with persons with disabilities (as that would have been considered a targeting disability). Also, it would imply that Norway has not registered any sizeable projects implemented by governments that would directly

benefit persons with disabilities. The 12,9 million NOK registered in this channel are funds for the CBR program handled by the Ugandan Ministry of Finance, but implemented by NAD's partners. NAD's model of working with holding the governments responsible for the services to persons with disabilities has been noted in this report as a good practise.

Funding channelled via the **multilateral channel** is also largely for projects where disability is mainstreamed. While all funds via the DPOs are for targeted projects. This should not be understood to mean that DPOs are not working on mainstreaming disability into general development projects. It is more an indication of how we have classified projects implemented by DPOs, namely as targeted projects. These projects also include influencing mainstream programs to be inclusive.

Table 3: Mainstreamed and targeted projects according to channels, years 2000-10 (in '000 NOK)

Type of Channel	Total amount (in '000 NOK)
Norwegian NGO	1 211 005
Mainstreamed and partly mainstreamed	610 411
Targeted projects	600 594
Norwegian DPO	634 867
Mainstreamed and partly mainstreamed	18 605
Targeted projects	616 262
Bilateral	561 047
Mainstreamed and partly mainstreamed	548 106
Targeted projects	12 941
Multilateral	369 496
Mainstreamed and partly mainstreamed	344 701
Targeted projects	24 795
Norwegian public institution	119 539
Mainstreamed and partly mainstreamed	32 838
Targeted projects	86 701
International NGO	100 623
Mainstreamed and partly mainstreamed	96 257
Targeted projects	4 366
Local NGO	55 083
Mainstreamed and partly mainstreamed	44 119
Targeted projects	10 963
Local DPO	16 552
Targeted projects	16 552
International DPO	12 528
Targeted projects	12 528
Consultant	1 603
Targeted projects	1 603
Local NGO	710
Targeted projects	710
Total amount	3 083 053

Source: Norad database/information generated by Evaluation

2.3.1 Norwegian Organisations

Organisations like the Norwegian Church Aid, Save the Children, the umbrella organisation for Norwegian Missions in Development (Digni),⁹ Norwegian People's Aid and the Norwegian Refugee Council received between five and two per cent each during the last decade. Four per cent of the funds have been channelled via Norwegian public institutions of which Fredskorpset is by far the largest, in addition to projects implemented by health and research institutions, universities,¹⁰ local municipalities etc.

Regarding the Norwegian NGOs, apart from the Atlas Alliance, the study found that only Plan Norway and one of the Digni partners, Norwegian Missionary Alliance (NMA) were working systematically with including children, men and women with disabilities.

Table 4: Largest Norwegian NGOs with targeted and mainstreamed projects, years 2000-10 (in NOK '000)

Norwegian NGOs	Mainstreamed	Targeted
Norwegian Red Cross	83 841	433 850
Norwegian Church Aid	181 805	10 787
Save the Children Norway	112 544	33 559
Bistandsnemnda (Digni)	25 458	43 908
Norwegian People's Aid	39 515	20 583
Lions Clubs International	51 816	
Friends of Sierra Leone		13 542
Bistandsnemnda - NMA	22 520	7 217
Tromsø Mine Victim Resource Center		15 392
Better Life Norway		5 000
SOS Children's Villages	1 368	2 910
KFUK-KFUM Global	1 647	2 536
NIF - Norges Idrettsforbund og Olympiske Komité	6 930	2 464
Help Moldova		1 795
Norwegian Refugee Council	45 757	1 557
Norwac - Norwegian Aid Committee		1 390
Plan Norway	20 649	
Bistandsnemnda - NLM	12 508	

Source: Norad database/information generated by Evaluation

The Digni members being churches and missionary organisations have traditionally concentrated on service delivery in health, education and social services. In the last organisational review commissioned by Norad, Digni was advised to focus less on reporting on outputs, activities and quantitative data, and more on results relating to the overall development objectives of Digni such

⁹ Digni, which was formerly called Bistandsnemnda in Norwegian, is the umbrella organisations of Norwegian missions and churches in development. DIGNI has 18 members that works in 40 countries around the world.

¹⁰ One project related to teachers' training in Uganda funded within the Norwegian University and Research Cooperation (NUFU) handled by SIU was not marked by disability in the database. However thanks to the knowledge of the quality-assurance team of the Evaluation it was identified and included.

as reducing poverty and empowering the vulnerable. In the reorganisation that followed; changing name from Bistandsnemda (Missions in Development) to Digni has led to a stronger focus on human dignity, including persons with disabilities. When shifting to a rights-based approach, Digni phased out the core support it had provided to long-term partners like the missionary hospitals. The Haydon Hospital in Tanzania, which was marked in the Norad database with a disability marker¹¹, used to be funded via Digni, but was taken out of the portfolio. The funding was later transferred directly to the Norwegian Embassy in Tanzania.

Digni was able to capture results on outcomes for persons with disabilities in their reporting systems, which was a good practice worth highlighting. As in the good practice of the strategic partnership between Plan Norway and the Atlas Alliance, mentioned earlier in the report, also Digni has benefitted from the support and technical advice from Atlas. The inclusive education material that Atlas staff presented for the Digni members were mentioned as examples. The three umbrella organisations; Digni, Forum for Women and Development and the Atlas Alliance, have also cooperated on developing the joint project management tool, PETRUS.¹²

The main reason why Norwegian Red Cross has the largest share of the funding for the Norwegian NGOs (in fact almost 50%) is the support to ICRC. Norwegian Red Cross is by far also the largest single recipient of fund with 17% of the funds (see table below of overall support to partners irrespective of channels). Two key areas of ICRC's work are relevant for this evaluation:

- The Special Fund for the Disabled (70 million NOK)
- Mine Victims Assistance programs (around 200 million NOK)

In addition, Norwegian Red Cross received funds for the rehabilitation services of many national societies whereby Somalia's national society of the Red Crescent, alone has received more than 50 million NOK.

The Special Fund for the Disabled (SFD) was established in the context of ICRC in 1983 to ensure continuity of former ICRC programs. In principle SFD is presently a separate foundation from ICRC, with separate funding since 2001.¹³ SFD is intended to provide gap funding after emergency situations that are covered by the ICRC mandate, and to prepare for handing over of physical rehabilitation facilities and services to government and other national partners (i.e. national Red Cross/Red Crescent organisations).

The intention to use the SFD as a bridge between the emergency work and long term development initiatives for persons with disabilities has not yet materialised

11 According to the Norad database, the Haydon Lutheran hospital received 50 million NOK in the years 2004-9 which was included with a disability target group marker. After consultations with the hospital management and reviewing annual reports, the study concluded that persons with disabilities have not been targeted or mainstreamed in the support. The project was therefore removed as "wrongly coded". The hospital management stated that inclusion of person with disabilities is an area that Haydon would like to work more on.

12 No FOKUS projects were included in the Norad database of projects targeting or mainstreaming women with disabilities. This was also confirmed by FOKUS. Recently however FOKUS has developed an inclusion policy with special focus on women and girls with disabilities.

13 SFD background information, www.icrc.org/fund-disabled

in practice. SFD continues to run rehabilitation centres and services with some support of the national Red Cross members, with focus on restoring mobility for persons with physical injuries.

The SFD has been funded throughout the whole period of evaluation with at least 250 million NOK. However, as opposed to the other Norwegian NGOs which undergo regular organisational performance reviews commissioned by Norad before the signing of each new framework agreement, the Special Fund as an agency has not been evaluated by Norway.

The SFD annual reports are focused on outputs and activities, i.e. numbers of people who have received assistive devices, number of workshops etc. The reports do not analyse or assess how SFD interacts with the local Red Cross and Red Crescent societies, the ICRC and/or the national health and rehabilitation institutions in the countries they operate. The sustainability of the long-term operations of SFD is not assessed in the annual reports submitted by Norwegian Red Cross to the Norwegian MFA.¹⁴

Norwegian Church Aid (NCA) concentrates on building up and strengthening the faith-based partners around the world and supports them to uphold their roles as responsible duty-bearers. Since 2005, NCA adopted the rights-based approach and has tried to roll out the new thinking in the organisation. By supporting the poor and the marginalised in their efforts to claim their rights – while at the same time challenging those in power. Despite the fact that NCA is the Norwegian NGO with most projects listed in the Norad database, the organisation does not have persons with disabilities mentioned specifically in their Global Strategies¹⁵, nor is disability considered a cross-cutting issue.

The database include a long list of projects from Angola, the Western Balkans, Kenya, Sudan, South Africa, Zambia, Mali and Pakistan that were included as targeting or mainstreaming persons with disabilities. NCA in South Africa was found to have mainstreamed disability and included the rights of persons with disabilities into the overall rights-based approach and the civil society focus. In Sudan, persons with disabilities were mentioned specifically as target groups in the emergency plans.

NCA can document good results of the efforts of accountable governance as well as the humanitarian accountability program, but when it comes to working with persons with disabilities, they are included mainly as recipients in health, education and social services projects run by local partners. In other words as recipients and not yet as active rights-holders or participants that should be empowered to claim their rights. Since NCA has the set-up for different tools for accountable governance, the evaluation sees lots of opportunities for how persons with disabilities can be taken in as strategic partners in the NCA and partners operations around the world.

¹⁴ End-reports from SFD [diverse sluttrapporter for støtte til SFD] (2001, 2006, 2008)

¹⁵ NCA Global Strategic Plan (GSP) 2005 – 9, NCA Global Strategy (GLS) 2011-15

The **Norwegian Refugee Council** (NRC) works in the Palestinian territory and Uganda in a number of areas where persons with disabilities are targeted and/or included, such as shelter and housing, legal aid and education. Through the MFA support, NRC chairs the shelter cluster in Gaza, where it seeks to support the rehabilitation and construction of shelters for families who lost their homes during the Israeli military offensive Cast Lead in December 2008 – January 2009. In response to a situation where PWDs have been largely overlooked in most response and recovery activities following the offensive, the shelter cluster is now focusing on reaching out to families of PWDs, developing shelter designs that are adapted to the needs of PWDs and prioritizing these families in their support.¹⁶

In Northern Uganda NRC has engaged with local authorities to support and promote education of children with disabilities in their target districts. In Pader for example NRC has developed several programs, focusing on improving access to quality education and supporting special needs education. The main focus of the project involves supporting children with disabilities through training of teachers. Altogether 27 primary schools in the district are benefiting from the NRC supported training on sign language, braille reading and writing for special needs education teachers. As a result many children with disabilities have now been enrolled in these schools and accessing learning.¹⁷ NRC also runs an education program in Gaza to reach out to children out of school and support children with learning difficulties. Although this project is beyond the scope of this evaluation (does not receive Norwegian governmental funds), it demonstrates how this Norwegian NGO is seeking to further mainstream disability issues in its work.¹⁸

The concept of mainstreaming was found to be not fully understood among the different partners (development agencies, DPOs and duty-bearers); despite that most organisations are claiming to work according to human rights based approach – which includes non-discrimination as a key principle. Women with disabilities were in general not included or mainstreamed in the women's rights movement (except one case found in Nepal), children with disabilities were not targeted among children's rights organisation, except in Plan Norway that has been a driving force in this issue. In Save the Children, disability has more or less disappeared as an explicit target group in the new policies. It is now part of a general "vulnerability focus", meaning that children with disabilities are no longer visible in plans and reports and most often not included.

For some of the Norwegian NGOs, the instructions from the donor (Norad) to concentrate their portfolios according to key competencies led to reductions in their support for projects related to disability. None of the general organisations had been asked to report on how they target persons with disabilities. The Atlas Alliance was the only partner that was familiar with the 2002 Norad Guidelines.

16 Qutteina et al (2012), Evaluation of Norwegian Support to Promote the Rights of Persons with Disabilities, Case Study on the Palestinian territory. Norad.

17 Kandyomunda et al (2012), Evaluation of Norwegian Support to Promote the Rights of Persons with Disabilities, Case Study on Uganda. Norad.

18 Qutteina et al (2012), *ibid.*

2.3.2 International NGOs

Among the international NGOs funded by Norway almost all the projects were mainstreaming or partly mainstreaming disability and a handful were implementing targeted projects. The largest recipient was start-up funds for a network of women survivors linked to the International Action Network on Small Arms (IANSA).¹⁹

Table 5: Funding to ten largest international NGOs, years 2000-10 (in NOK '000)

Name of international agency	Targeted	Partly mainstreamed and mainstreamed
International Action Network on Small Arms (IANSA)		32 950
CARE Norway		26 062
Right to Play		11 952
Inter-American Court of Human Rights (CIIDH)		11 870
Handicap International	3 572	7 637
Association for Development of Education in Africa (ADEA)		3 750
International Campaign to Ban Landmines (ICBL)		1 500
Sherri Puppet Theatre		535
Mission East	475	
Geneva International Centre for Humanitarian Demining (GICHD)	163	
Enabling Education Network (EENET)	89	
Total amounts (targeted and mainstreamed)	4 299	96 256

The IANSA project has been classified as partly mainstreaming persons with disabilities as the main target group for the network is female victims and/or survivors of armed violence linked to small arms, guns etc. Clearly, some of the activities are preventing disabilities or providing services to victims who had been disabled due to armed violence, while others are more related to a broader peace-building and disarmament agenda. Still, the fact that the IANSA network makes references to the link between the elimination of small arms and prevention of injuries and disabilities makes it relevant to include it among the disability projects. Research has also shown that the causes of permanent injuries and disabilities among women are often related to gender-based violence such as so-called “honour” crimes, gunshots, rape, female-genital mutilation and other harmful traditional practices.²⁰

CARE is the second largest recipient in the categories of international NGOs, followed by Right to Play and Handicap International. Both CARE and Right to

¹⁹ IANSA is the global movement against gun violence, linking civil society organisations working to stop the proliferation and misuse of small arms and light weapons. Board members of IANSA are from the disability movements in for example Uganda. The IANSA women’s network was established by funding from Norway in 2001. Source: www.iansa-women.org

²⁰ See for example a recent report from IANSA, Rebecca Gerome, Women, Gender and Gun Violence in the Middle East, IANSA Women Network, London, October 2011.

Play have mainstreamed disability to various extents according to the country contexts they work in, while Handicap International is the only professional NGO specialised in working solely for the rights of persons with disabilities.

Right to Play is an international NGO established by a former Norwegian Olympic champion (Johan Olav Koss) dedicated to foster the healthy physical, social and emotional development of children and build safer and stronger communities. Children with a disability are mentioned specifically as a target group, and Right to Play recognises the importance of inclusion of children marginalised for reasons of gender, religion, ability, ethnicity, disability, or social background. In the Palestinian territory children with disabilities have been included in various types of sports and play activities organised around the West Bank and Gaza.²¹ And in Uganda, a number of sports and play programs targeting refugees in Northern Uganda were found to be including children with mainly physical disabilities. In a recent development Right to Play has started cooperating with a private Norwegian company producing lenses and glasses and the Uganda National Association of the Blind.²²

The Inter-American Court of Human Rights (CIIDH) is an autonomous judicial institution based in Costa Rica. Together with the Inter-American Commission on Human Rights, it makes up the human rights protection system of the Organization of American States (OAS), which serves to uphold and promote basic rights and freedoms in the Americas. CIIDH approved the *Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities already in 1999*. Norway has funded CIIDH with assistance to victims' of human rights violations, whereby persons with disabilities have been included.

Direct assistance to local NGOs and local DPOs has been 1,8% and 0,5% respectively of the three billion NOK. Here it should be noted that most of the support to local DPOs have been via the Atlas Alliance members. There has been less than one per cent funding for international DPOs, which has in reality been only one organization, the Landmine survivors' network which later changed name to the Survivor Corps. In 2010 it was closed down when the main US donor pulled out. However it should be noted that the Survivor networks have probably received more funds included under the general mine victims' assistance programs handled by ICRC and other contracts funded by MFA, but not found in the database. After the phase out of the funding to Survivor Corps Washington DC office, Norway has continued to fund survivor networks regionally and locally in Afghanistan, Cambodia etc. From 2011, MFA has channelled the funds via the International Campaign to Ban Landmines and the Cluster Munitions Coalition (ICBL-CMC).

21 Documented in the recent Evaluation of Norway's Strategy for Culture and Sports Cooperation with Countries in the South, Palestine Case Study, Norad Evaluation Report 3/2011.

22 Interview Right to Play, September 2011.

2.3.3 Bilateral partners

Among the bilateral development partners, the Nepal and Palestinian Ministries of Education along with the Malawi Ministry of Agriculture were the largest government agencies that mainstreamed disability to some extent. If this evaluation had included more case countries for in-depth studies, more bilateral partners would probably been added to this list. As mentioned in the methodology section of the main report, none of these bilateral programs were marked by disability in the Norad database, but were added after field visits indicated that the ministries made efforts to mainstream disability. The mainstreaming of disabilities in the bilateral projects is described more in-depth in the main report, see chapter five under the sections of education.

2.3.4 Multilaterals (UN agencies)

The largest UN agencies that have been partners to Norway in the field of promoting the rights of persons with disabilities are the World Bank and the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD) which is described in the main report. Other partners have been UNDP, FAO, UNHCHR, ILO, UNESCO and UNRWA.

Table 6: Largest multilateral agencies receiving disability funds, years 2000-10 (in NOK '000)

Multilateral agencies	Targeted	Partly mainstreamed and mainstreamed
International Bank for Reconstruction and Development (IBRD)	4203	204 850
UN Development Programme (UNDP)	3 775	46 589
Food and Agricultural Organization of the United Nations (FAO)		31 990
Office of the UN High Commissioner for Human Rights (UNHCHR)		23 500
UN Relief and Works Agency for Palestine refugees (UNRWA)		21 000
IOM - International Organisation for Migration	9 800	
UN Educational, Scientific and Cultural Organisation (UNESCO)		7 478
UN Office of the UN High Commissioner for Refugees (UNHCR)	1 000	6 000
International Labour Organisation (ILO)	16	6 600
UNMIK - UN Interim Administration Mission in Kosovo		1 695
United Nations Children's Fund (UNICEF)	1 000	
Total amount to disability related projects	19 794	349 702

Source: Norad database/information generated by Evaluation

As much as 209 million NOK has been provided by Norway to the World Bank **Trust Fund for Environmentally and Socially Sustainable Development**.²³ Approximately two million USD (2.8% of the total grants) have been granted to improve the knowledge base on disability, as well as expanding and mainstreaming programs and policies in World Bank activities to address the needs/ rights of people living with disabilities. A range of topics have been supported. A selection of the most important being:

- **Mainstreaming of Disability at the World Bank.** The lion share (75%) of the funds has gone to facilitate the inclusion of disability components in World Bank operations. A range of projects have been supported and tools have been developed to guide staff on the legal obligations of the CRPD. Before starting, a base line study was carried out of the Bank's ability to include disability aspects which pointed at a great need of improvements. The main focus of disability related projects supported so far has been on accessible urban transportation (tool kit available in English, Spanish, Portuguese and Hindi). Other topics have been; benefits and social insurance systems, inclusive education, disability and AIDS and studies on disability and poverty (in 20 low income countries). Special attention has also been given to studies on barriers and development of tools for inclusion in Kenya, Yemen, Colombia, Indonesia, and post-conflict Africa.
- **Strengthening Capacity for Measuring Disability across South Asia.** Improving national capacity for measuring the prevalence, type, level, and causes of disability in Bangladesh, India and Pakistan.
- **Study of the Social and Economic Impact of Disability in Post-Conflict Countries,** aiming at providing a comprehensive overview of the social and economic impact of disability, identifying the barriers persons with disabilities face in receiving services and participating in economic and social life, generating policy recommendations, and highlighting possible roles for the Bank in addressing disability (in Angola, Burundi Sierra Leone).
- **Study of Employment Integration of Persons with Disabilities (ILO),** with an aim of building government capacity to support citizens with disabilities to access the labour market. The project includes; international good practice, a development of toolkit on disability, a review of international experience with policies and programs, country reviews, knowledge brief on mail tools, and a capacity building workshop.
- **Integrating Disability into Middle East and North Africa Operations** with an aim of increasing the Bank's ability to incorporate disability components in MENA operations to improve mobility, physical accessibility and opportunity among persons with disabilities.
- **A qualitative study on disability and living standards in Georgia, Kenya and Yemen.** Studies were completed in all three countries that highlight the challenges and structural barriers confronting families with disabled members. The Yemen study was carried out by SINTEF.

23 http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/ORGANIZATION/EXTSDNETWORK/EXTUNITFESSD/0_contentMDK:20639675~menuPK:1637695~pagePK:64168445~piPK:64168309~theSitePK:1633788.00.html

The land mine victim assistance program in Northern Uganda promoted by **UNDP** is part of the wider Integrated National Mine program.²⁴

The support to the **Food and Agricultural Organisation** (FAO) was a project identified by the Norad database of Food Security and Rural Livelihoods Program in Malawi. FAO has long been promoting the rights of rural people with disabilities, and recognises their capacity to learn new skills and apply new knowledge to sustain their livelihoods, and those of their households. According to the reports FAO has integrated the needs and concerns of rural people living with disabilities into its rural development work, agricultural policy support and program development activities. FAO has established an ad hoc Interest Group on Disability Matters, which brings together FAO experts from a number of technical areas to address the issues facing people with disabilities in relation to agriculture and rural livelihoods. FAO also has a disability focal point in the head office in Rome. According to an external evaluation report farmers with disabilities had been targeted in this program. However there were no reported outcomes capturing the situation for persons with disabilities.²⁵

The funding classified for **UNESCO** in this database is related to a specific project in the Palestinian territory, the Palestinian Women's Research and Documentation Centre (PWRDC). The Centre was established in 2006 with funding from the Norwegian Representative Office to the Palestinian Authority. It serves as a clearinghouse for information and research and has conducted a series of primary and secondary research on gender equality and women's rights. In 2010-2011, the Centre conducted two studies related to disability: an assessment of social attitudes towards persons with disabilities in the Palestinian territory and a comparative study on the situation of persons with disabilities in the Palestinian territory and Palestinian refugee camps in Lebanon. The Centre maintains that persons with disabilities were represented in the steering committee for this activity and took part in the launch event that was held at the time of the evaluation's fieldwork. Nevertheless, DPO representatives consulted in the evaluation were not fully aware of the research. It should also be noted that project documents and contracts between NRO and PWRDC do not necessarily specify the research topics planned for each agreement period.²⁶

Although there is no general funding to UNESCO recorded as targeting or mainstreaming disability, Norway has provided voluntary contributions based on a Framework Agreement concluded in 2003, and program support for the 'Programme Cooperation Agreement' (PCA) signed every 2 years. The PCA for 2010-2011 focused on education (about USD 13.5 million), culture (about USD 2.9 million), and communication, with a contribution to the International Programme for the Development of Communication (IPDC) of approximately USD 320,000. Through this PCA, the UNESCO Institute for Statistics (UIS) also

24 More details about this program can be read in the Uganda Case Study Report and in Chapter 5 under the priority sectors and humanitarian assistance in the main report.

25 Laugerud et al (2009), Mid-term review of Food security and livelihoods program.

26 Qutteina et al (2012), *ibid*.

receives a contribution of approximately USD 1.3 million, as does the Independent External Evaluation (approximately USD 70,000).²⁷

UNESCO is the responsible organisation for the normative and technical development of tools and approaches on education in the UN system. Included in the education program, UNESCO has a “Flag Ship Initiative” which has dealt in particular with inclusion of children with disabilities. This initiative has focussed on development of various tools for teachers; schools etc.²⁸ According to reports, the Flagship initiatives have not been able to achieve much on the ground as UNESCO is often not operative on country level.²⁹ The UNESCO tools were unused or unknown to many of the informants in this study.

In May this year 2011, a meeting was held in Paris, where the donors of the UNESCO disability initiative (mainly Finland) expressed disappointment on UNESCO and asked UNICEF to take over the main responsibility for the operationalization of education for children with disabilities as part of Education for All initiatives. Finland is now negotiating how to support UNICEF in this role.³⁰

The large contribution provided by Norway to **UNICEF** (approximately 50 % of the core budget for the Education section) has broad parameters and is flexible. This support has not been coded with a disability marker – and rightly so according to our analysis. The Norwegian support to UNICEF is mainly used for the initiative “child friendly schools”, and is especially meant for girls’ education. Child friendly schools focus mainly on improving the situation for children already at school and removing barriers to participation and learning in the classroom. Recently (with Australian money) UNICEF has started a program also for “Out of School Children”. Children with disabilities are specifically part of this initiative. Cambodia is the pilot country and after that the idea is to go for 75 countries.

UNICEF has however contributed indirectly to inclusion of children with disabilities through its participation in a network that has developed tools for education in emergencies INEE³¹. UNICEF is also part of the Fast Track Initiative on Education for All – recently renamed to be “The Global Partnership for Education”³². This is a partnership between multilaterals, donors, civil society organisations and Education ministries in developing countries. Nepal, Malawi, Uganda and Afghanistan are partners to the Global Partnership. Disability is not very high on the agenda of the Global Partnership, but one of the objectives is to “half the number of children out of school” and there is a publication promoting inclusive education.³³

27 Information from unesco.org

28 <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/inclusive-education/children-with-disabilities/>

29 Interview with Ronald Wiman, Disability consultant to Finish MFA, Interview with Susan Durston, UNICEF

30 Judith Hollenweger (2011), Education Commission RI, Chair European Region, Mainstreaming Disability in EFA: Planning future steps, Partners’ meeting on the 20th of May 2011 at UNESCO HQ, Paris and interview with Susan Durston, UNICEF

31 <http://www.ineesite.org/> and the guide <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1007>, which includes disability aspects

32 <http://www.globalpartnership.org/about-us/about-the-partnership/>

33 http://www.unicef.org/education/files/Equity_and_Inclusion_Guide.pdf

UNICEF has developed good practices for inclusion of girls and for minorities. Children with disabilities have not been so much in focus until the last year (thanks to the CRPD and pressure from Finland). However, some good/successful UNICEF initiatives can be found in Eastern Europe (linked to deinstitutionalisation programs and wishes by governments to improve their education standards) and in South East Asia, due to personal initiatives and good cooperation with UNESCO and UNDP in the region (Cambodia). The small amount of 1 million which is coded as disability related does not refer to these projects but to a project in Angola.

UNICEF is aware of its poor responses to children with disabilities in general and in education in particular. A Disability focal point has been established in UNICEF this year, February 2011 to address the capacity shortcomings. UNICEF is looking for technical expertise on education for children with disabilities. Presently they only have an architect that can advise on disability friendly design of school buildings and toilets. UNICEF acknowledges that the main focus of Education for All so far have been on inclusion of girls and minorities (language, ethnic). According to UNICEF, problems are so huge in many countries that it is tempting to start with “the easiest” cases of exclusion, meaning those children that do not require specific adaptations of teaching means or tools (such as sign language, braille) or adaptations of curricula (for children with severe developmental disabilities).

Children with disabilities are often considered to be “difficult” and “expensive”. When countries are rushing to fulfil education targets of enrolment rates and student performance, it is natural that they first focus on children who do not need extra attention. It is only when countries reach 90% enrolment rates that they start looking at children with disabilities. Children with disabilities are always the last to be included. Still many children with mild impairments could be included with only simple means. UNICEF is presently undertaking a mapping of the existing programs and capacities related to education of children with disabilities.

The International Labour Organisation (ILO) has been a partner to Norway on the project Women’s Entrepreneurship Development and Gender Equality – Southern Africa (WEDGE-SA), which has had a disability mainstreaming strategy. According to ILO, the project works to ensure inclusion of women entrepreneurs with disabilities and their representatives.

In Lesotho, the programs have included the main DPO, the Lesotho National Federation of the disabled in the Project Advisory Committee. In South Africa and Malawi, five DPOs have taken part in the WEDGE training sessions for entrepreneurship. Of these five organizations there were a total of twenty-eight people attending WEDGE-SA training. WEDGE has also done some training and awarenessraising in Mozambique.³⁴ The project does not seem to have been very successful so far.

³⁴ Grania Mackie, “Disability inclusion in the Women’s Entrepreneurship Development and Gender Equality- Southern Africa (WEDGE-SA)”. Note submitted to Norad by technical expert in ILO for WEDGE. September 2011.

The project manager sums up in a note to Norad that as a project that “focuses on growth oriented women entrepreneurs there have been challenges in reaching out to growth oriented women entrepreneurs with disability. This is because there are a limited number of women entrepreneurs who fit the criteria for support, i.e. normally in business for more than one year, registered with a turnover of over 10,000 USD etc. This has led to a limited participation of women entrepreneurs with disability in actual enterprise training.” Despite the challenges mentioned above, the ILO funded project is – along with supported microfinance for persons with disabilities in Uganda via NAD and NUDIPU, the only project in the database that specifically targets economic employment.

Although not included in the database, it should be mentioned that ILO has been a driving force along with UNESCO and WHO in developing and testing the Community-based rehabilitation (CBR) matrix as a tool for empowerment.³⁵

The UN Relief and Works Agency for Palestine Refugees (UNRWA) has received support from Norway since the establishment of the agency. However, only recently has UNRWA adopted a disability policy that foresees the provision of inclusive environment in its schools. Although interviews with UNRWA officials at the HQ in Amman and Field levels in West Bank and Gaza have shown that the implementation of special needs education is facing great challenges in terms of financial support and staff capacity. Further, the surrounding environment in the camps is deemed to be an obstacle for accessibility. This implies physical accessibility, where students with disability can hardly manage to reach the school even when the school itself is accessible, as well as cultural acceptability, with parents lacking the motivation to send their children with disabilities to school. Both elements emphasise the need for inclusive education initiatives to act beyond the school boundaries and ensure community buy-in.³⁶

In Nepal, the Embassy has funded the establishing of the **UN Office of High Commissioner for Human Rights**. Along with capacity-building of local NGOs and the National Human Rights Commission (via UNDP), they have been able to effectively influence the duty bearers to promote the rights of persons with disabilities on the basis of the Convention. The initiative includes translation of the CRPD in Nepali language, promotion and awareness campaign and shadow reporting (planned by a local NG), influencing government plans and enhancing the voice of the disability movement. These institutions are also active in protection of victims of HR violations but so far mainly PWDs due to conflict have been addressed. In these cases it was neither the Norwegian extending agency nor the UNDP which were promoting the disability aspects, but own initiatives of the local partner.³⁷

In the UN system, it is the UN Office of the High Commissioner for Human Rights that provides secretariat support for all UN human rights bodies and the Committees, including the Committee for the follow-up and monitoring of the Convention on the rights of the persons with disabilities.³⁸

35 WHO, ILO and UNESCO, CBR Guidelines, 2010.

36 Qutteina et al (2012) Palestine Case Study. Norad.

37 Shrestha et al (2012), Case Study on Nepal. Norad.

38 <http://www.ohchr.org/en/hrbodies/crpd/pages/crpdindex.aspx>

2.3.5 Partners

Irrespective of the funding channels, the table below shows that the largest partners in the portfolio are the Atlas Alliance and its members with 20% of the total funds. The Norwegian Red Cross with 17% share of the three billion NOK. The largest of the Atlas Alliance members³⁹ are the Norwegian Association of Disabled (NAD), the Norwegian Association of the Blind and Partially Sighted (NABP), and the Norwegian Association for Persons with Developmental Disabilities (NFU). Smaller Atlas Alliance partners include the Norwegian Deaf Association (NDF), Signo and the Spinal Cord Injury Association.

Table 7: Largest development partners for years 2000-10 (in 000' NOK and %)

Implementing partner	Mainstreamed and Partly mainstreamed	%	Targeted	%	Total	% of total
Atlas Alliance total	646	7	606 755	43	607 401	20
Norwegian Red Cross	83 841	5	433 850	31	517 691	17
Nepal Ministry of Finance	349 520	21	0	0	349 520	11
International Bank for Reconstruction and Development (IBRD)	204 850	12	4 203	0	209 053	7
Norwegian Church Aid	181 805	11	10 787	1	192 592	6
Save the Children Norway	112 544	7	33 559	2	146 103	5
Malawi Ministry of Agriculture and Food Security	102 000	6	0	0	102 000	3
Bistandsnemnda (Digni)	25 458	2	43 908	3	69 366	2
Norwegian People's Aid (NPA)	39 515	2	20 583	1	60 098	2
Palestinian Ministry of Higher Education	53 500	3	0	0	53 500	2
Lions Clubs International	51 816	3	0	0	51 816	2
UN Development Programme (UNDP)	46 589	3	3 775	0	50 364	2
Norwegian Refugee Council (NRC)	45 757	3	1 557	0	47 314	2
International Action Network on Small Arms	32 950	2	0	0	32 950	1
Food and Agricultural Organization (FAO)	31 990	2	0	0	31 990	1
Fredskorpset	8 719	1	22 788	2	31 507	1
Other	304 967	18	224 821	16	529 788	17
Total	1 676 467	100	1 406 586	100	3 083 053	100

Source: Norad database/information generated by Evaluation

The Norwegian Red Cross received a similar total amount, but some of the funding was only partly disability related (5%) and therefore less funding was actually reaching persons with disabilities, compared to the Atlas Alliance portfolio.

³⁹ The Norwegian Lung and Heart Association is also a member of Atlas. However, according to this evaluation lung- and heart problems are not defined as disabilities, and thus the NLH projects were not included unless they specifically targeted or mainstreamed persons with disabilities in the prevention or rehabilitation work.

Because of the huge total budgets for the World Bank Trust Fund and the Education sector program in Nepal, these partners end up on third and fourth position, followed by Norwegian Church Aid with almost 200 million NOK and Save the Children Norway (146 million NOK). The Norwegian Missions in Development (Digni) also had a large portfolio of projects targeting persons with disabilities (around 70 million), while Norwegian People's Aid received 60 million NOK (mainly to the work in Lebanon and Sudan). Among the other smaller recipients we found the Lions Clubs International, Norwegian Refugee Council and Plan Norway.

Breaking down the funding to partners according to mainstreamed and targeted projects, we find that the Atlas Alliance and its members is the largest recipient of targeted funds (43%), while the Norwegian Red Cross receives 31% of the targeted funds. The Norwegian Association of Disabled (NAD or NHF in Norwegian) is the largest among the Atlas Alliance members with 24% of the funding.

Table 8: Funding to Atlas Alliance members, years 2000-10 (in 000' NOK and %)

Atlas Alliance members	Mainstreamed and Partly mainstreamed	Targeted	Total	%
Atlas Alliance - NAD	0	147 647	147 647	24
Atlas Alliance - NABP/NBF	267	119 129	119 396	20
Atlas Alliance	0	85 392	85 392	14
Atlas Alliance secretariat	379	71 793	72 172	12
Atlas Alliance - NFU	0	71 151	71 151	12
Atlas Alliance - Signo	0	37 825	37 825	6
Atlas Alliance - FFO	0	37 633	37 633	6
Atlas Alliance - Sintef	0	16 655	16 655	3
Atlas Alliance - RHF	0	15 959	15 959	3
Atlas Alliance - NDF	0	3 571	3 571	1
Total	646	606 755	607 401	100

Source: Norad database/information generated by Evaluation

The largest partner in the mainstreamed projects is the Nepal Ministry of Education (channelled via the Ministry of Finance) for the education sector program.

2.4 Sectors

Analysing the development assistance sectors, the largest areas where disability has been either targeted or mainstreamed is education, followed by conflict resolution, health and projects in the categories of government and civil society. Environment and agriculture are sectors whereby projects of 179 and 133 million NOK respectively have been funded. Both of these sectors have been attended to via the mainstreaming approach.

40 Since the 10 largest sectors are included in the table, the total amount does not add up to 3 billion NOK.

**Table 9: 10 largest sectors of funding to disability, years 2000-10
(in 000' NOK)**

Sectors - DAC Codes and name ⁴⁰	Mainstreamed and partly	Targeted	Total
111, 112 – Education	509 214	70 067	579 281
152 - Conflict prevention, resolution, peace and security	172 942	377 913	550 855
121, 122 – Health	219 315	295 907	515 222
151 - Government and civil society, general	192 214	243 719	435 933
160 - Other social infrastructure and services	78 477	300 470	378 947
410 - General environmental protection	179 850	0	179 850
311 – Agriculture	133 990	0	133 990
720 - Emergency Response	75 120	25 231	100 351
430 - Other multisector	87 914	0	87 914
130 - Population policies, programs and reproductive health	22 276	18 468	40 744

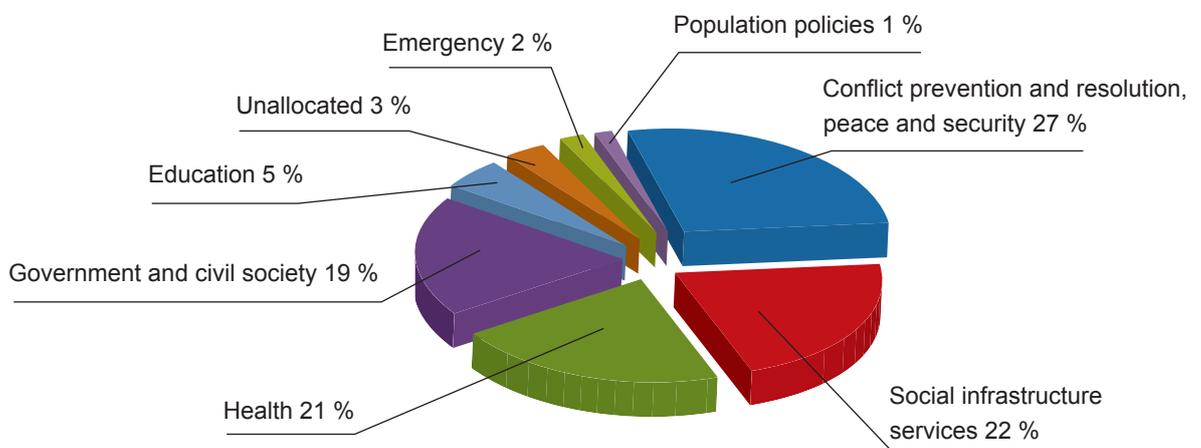
Source: Norad database/information generated by Evaluation

Comparing with classification of sectors of projects that are specifically targeting persons with disabilities, it is striking that mostly funding goes to service provision within the social, health and conflict sectors. Only 19% is used for building capacity of rights-holders and duty-bearers as part of a long term strategy for change.

The majority of the targeted projects are in the conflict prevention, resolution, peace and security. The reason for that is that the victims' assistance programs and the Special Fund for the Disabled under the ICRC take such a large share of the total funds. The main focus of these programs is providing services and medical care.

In the sector of conflict related projects targeting persons with disability, 96% of the funds (in total 550 MNOK) have been channelled via the Norwegian Red Cross to the ICRC. The strong dominance of the ICRC in this area is striking.

**Figure 5: Sectors in projects targeting persons with disabilities
Norwegian funds 2000 – 2010 (%)**



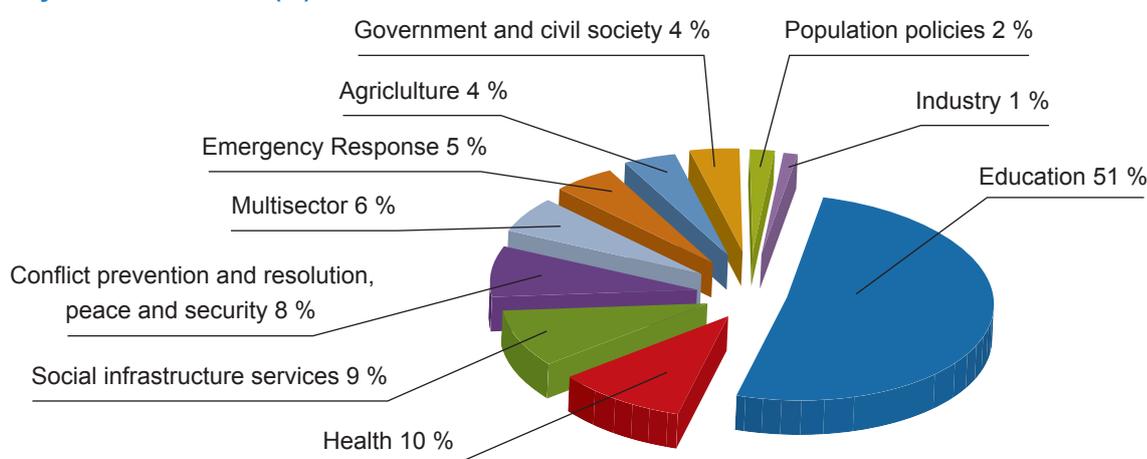
Source: Norad database/information generated by Evaluation

Comparing with sectors highlighted in the Guidelines from 2002 (see chapter three), the sectors where little or no assistance has been targeted towards persons with disabilities are:

- Economic development
- Environment and natural resource management
- Women and gender equality

In addition to the above, we could also add from the CBR guidelines important areas which have so far been very weak in terms of including persons with disabilities, such as access to justice and the exercise of cultural and social rights.

Figure 6: Sectors in mainstreamed projects of disability funding, years 2000 – 2010 (%)



Source: Norad database/information generated by Evaluation

Summing up the findings from the sector analysis of the projects we find that:

- Education is mainly in the mainstreaming projects, not the targeted projects.
- Environment and agriculture is only in the mainstreaming projects, i.e. very few or no projects were found within environment, natural resources or agriculture that specifically targeted persons with disabilities.
- The Conflict prevention, peace and security sector is dominated by the Norwegian Red Cross funding to the ICRC. The strong dominance of the ICRC in this area is striking and could be a concern since there are other agencies and organisations that work with persons with disabilities in conflict areas.

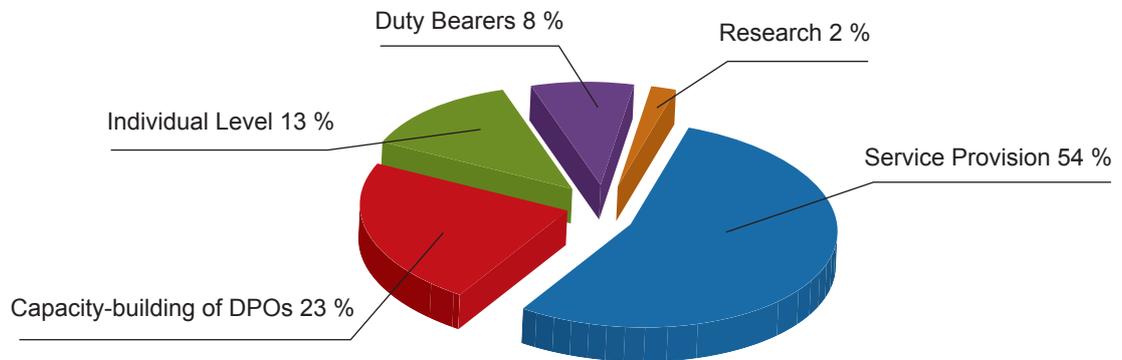
2.5 Focus of interventions

This was a theory of change-based evaluation. Thus, the classification of the projects in the database was done according to their main objective of desired changes, either on individual, organisational or societal level. This was elaborated in the theory of change section in chapter three. The evaluation therefore tried to capture different levels of results according to five dimensions of change: a) service provision, b) individual empowerment, c) capacity building of Disabled People's Organisations (DPOs), d) capacity building and advocacy towards duty-bearers, mainly government, and e) research, statistics and documentation.

Our analysis shows that moneywise, service provision is the main focus of 54% of the targeted projects (see figure 7) and 46% of the mainstreamed or partly mainstreamed projects (figure 8). In these projects disability is often, but not always, seen as an individual and medical problem. The assumption is that individuals, who are assisted to remove or reduce their impairments through surgeries or assistive devices, can then improve their own lives. In some cases this assumption may be correct. Examples are cataract operations (mostly of elderly), corrective surgeries, provision of epilepsy and mental health medication, provision of eye glasses, hearing aids, artificial limbs etc. However, the main obstacle facing persons with disabilities is mostly not their physical or individual limitations, but the barriers to inclusion in society, such as discriminative attitudes and limited accessibility of social and political life, education, health and income generation etc.

Out of the total support to service provision, a sizeable amount goes to eye care projects through Lions Aid, Norway and Atlas Alliance/National Association of the Blind and Partly Sighted (NABP). These interventions have provided support to eye surgeries, eye health care, running of eye hospitals, training of local professionals as well as awareness raising and prevention services. The impact of these activities on beneficiaries is evident in terms of curing eye diseases and preventing blindness. More than hundred thousand persons have benefited from these eye health services over the 11 year period, mainly in Africa and Asia.

Figure 7: Main Focus of the projects targeting persons with disabilities, years 2000-2010 (%)



Source: Norad database/information generated by the evaluation

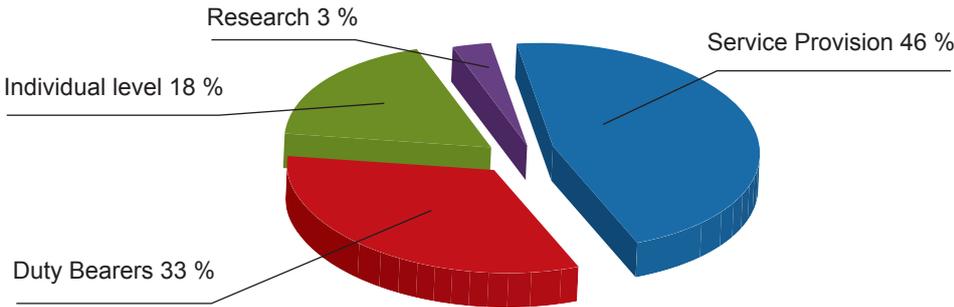
The eye health services are highly relevant as blindness in developing countries is curable to a large extent - around 80% is curable. Lions Aid and NABP are also members of the Vision 2020⁴¹ which is a global initiative to combat curable blindness by 2020. Norway has not given this initiative as much attention as the Global Fund for combatting Malaria, TB and HIV, which works to combat life threatening diseases.

Another component of service provision has been the establishment of orthopaedic workshops and provision of technical aids/assistive devices to assist per-

41 <http://www.vision2020.org/main.cfm?type=WHATVISION2020> – WHO and the International Agency for Prevention of Blindness.

sons with disability in mobility, communication and other needs e.g. braille equipment for wringing and white canes for the blind, wheelchairs and fitting of orthopaedic appliances to enhance mobility, hearing aids and eye glasses. Others provide day care services centres for children with disabilities. Providers of such services vary widely from one country to another and include Atlas Alliance members, Red Cross, Norwegian Church Aid among others. It is also the main focus of the ICRC Disability Fund and the ICRC Mine appeals, which is a major channel of Norwegian funds to disability related service provision programs.

Figure 8: Main focus of the mainstreamed or partly mainstreamed projects



Source: Norad database/information generated by the evaluation

Service provision has also been included in many interventions providing humanitarian assistance, where persons with disabilities are often identified as one of the ‘vulnerable groups.’ Some other projects provide surgeries, rehabilitation, and counselling for landmine victims and victims of war, such as the ICRC Mine appeals and the Nepal Peace Trust Fund. Over the past 11 years, as much as 30 % of the funding for disability related programs has been directed to treatment and services solely for mine victims or victims of war.

The trend illustrated in the above figures is quite worrying, assessing it from the theory of change that this evaluation is utilising: a human rights-based approach should have more focus on individual and organisational empowerment of rights-holders as opposed to direct service provision or gap-filling. In the above overview, only 18% of the funds have been channelled to individual empowerment.

Also, it would be more appropriate and cost-effective to build capacity of duty-bearers to make mainstream services available and accessible to persons with disabilities rather than creating specially targeted interventions. Even though persons with disabilities may need adaptations of services occasionally, this should account for a small share of provisions meant to support inclusion into mainstream services. Yet the overall picture here is that mainstreamed interventions are largely lacking and targeted service provision is consuming the lion’s share in the disability-targeted support.

Regarding **funding to duty-bearers**, among the mainstreamed initiatives, the evaluation noted the large contributions from Norway to the World Bank Trust Fund for Environmentally and Socially Sustainable Development (see research)

as well as support to Ministries of Education (in Nepal, Palestinian territory and Uganda), Ministry of Agriculture and Ministry of Health (in Malawi) and support to National Human Rights Commissions (in all countries). Norway has for example contributed to investments in accessible infrastructure in schools and in capacity development of decision makers and staff in order for them to be able to plan, implement and monitor disability components in their respective areas of responsibility (e.g. education, World Bank programs). The measures have included seminars, provision of tools and guidelines, exchange visits etc.

Support to the **National Bureau of Statistics** (in Uganda, Malawi) for the national census capturing disability data is also examples of enabling the government to undertake its job. Funding through other channels that compliments or supplements government service have also been valuable for developing accessible school infrastructure and learning environment (Save the Children; Plan in Nepal), improved skills of teachers and health personnel (teachers training, training of school counsellors through NAD/Diakonia in Palestine and teacher training and research through cooperation between University of Oslo/ Kyambogo), Hospital and health care infrastructure and services (NABP in Nepal, telemedicine cooperation in the Palestinian territory) and development of human resources and development of materials that are essential for quality services (such as braille, sign language material; assistive devices and tools developed by DPOs).

An analysis of the examples cited above shows that the focus of the Norwegian support has been **more on service delivery itself and less on capacity building of duty-bearers**. Areas which are sometimes overlooked are for example; strengthening the Government mechanism and structures to enable national and district level government to better plan and deliver its services in consultation with the concerned rights-holders; conceptual understanding of the subject matter and technical capacity for developing relevant policy/strategy; strengthening monitoring and evaluation system; developing strategic and operational planning skills for operationalizing the various policies and program it has formulated and of course the human resource and physical infrastructure to deliver its programs. When the initiatives address only service delivery, the sustainability of it can be questioned (as there is possibility for capacity to disintegrate as the program or services phases out).

Since the study had four case studies and one desk study, we compared and analysed the different findings from the focus of the projects. As seen in the below there is a great variance between how much of the funds have been targeted and mainstreamed. 16% of all Norwegian development and humanitarian assistance to Nepal is mainstreaming persons with disabilities' rights. In the other three countries (Uganda, Nepal and the Palestinian territory) only 2% of the projects were found to have specific measures to ensure that persons with disabilities would be able to be included in the general programs. The fact that none of the projects that were listed in the Afghanistan portfolio qualified for mainstreaming is basically an indicator for the methodological weakness pointed out under limitations of the study; verifying and validating mainstreaming required field visits and monitoring and this was not done in Afghanistan.

Table 10: Comparison of disability funding for years 2000-10 in the case countries

	Malawi	Nepal	Palestinian territory	Uganda	Afghanistan
Norwegian total aid to country 2000-10 (NOK)	2,7 billion	2 billion	5,4 billion	3,5 billion	5,5 billion
Targeting disability	2,2 %	2,4 %	1,5 %	3,0 %	0,7 %
Mainstreaming disability	1,9 %	15,6 %	2,2 %	1,6 %	0,0 %
Partly mainstreaming disability	4,9 %	7,0 %	0,4 %	2,2 %	0,2 %

Source: Norad database/information generated by the evaluation

2.6 Geography

Before the projects were classified in-depth and the field visits in the four countries revealed new information, the largest share of disability related projects were classified under a category called “global” with 17% of the total funds, followed by Sudan, Mozambique, Nepal, Uganda, and South-Africa with five per cent each. “Global” would imply in this context projects where more than one country would be involved.

After the evaluation identified several large mainstream projects and added them to the database, the largest recipient countries of funds on disability were changed to Nepal, followed by Uganda, the Palestinian territory and China as seen in the table below.

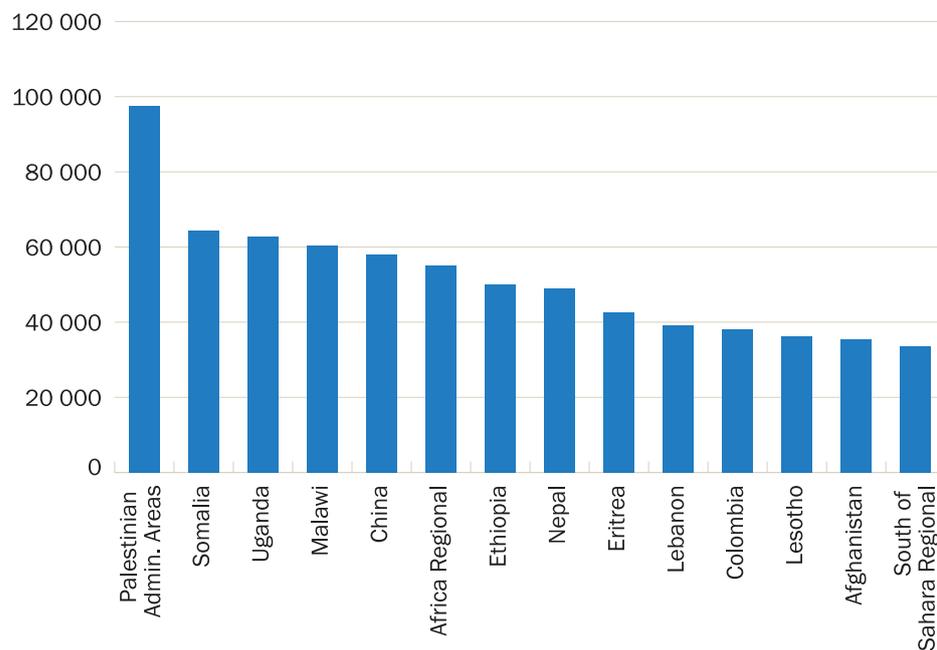
Table 11: Largest recipient countries with disability projects the years 2000-10 (in NOK)

Country – region	Mainstreamed partly mainstreamed	Targeted	Total
Global	260 548	367 343	627 891
Nepal	467 660	49 069	516 729
Palestinian territory	131 794	97 586	229 380
Somalia	0	64 395	64 395
Uganda	172 442	62 709	235 151
Malawi	291 863	60 320	352 183
China	9 532	57 892	67 424
Africa Regional	4 430	55 107	59 537
Ethiopia	8 761	50 069	58 830
Eritrea	782	42 678	43 460
Lebanon	26500	39 410	65 910
Colombia	3010	38 070	41 080
Lesotho	0	36 233	36233
Afghanistan	10 000	35 557	45 557
South of Sahara	6600	33 529	40129
South Africa	35 732	12 999	48 731

Source: Norad database/information generated by the evaluation

However, since the targeted funds are a more stable and reliable as an indicator (we are rather sure that most of them are captured in the statistics) than the identified mainstreaming projects over the period we are evaluating, a figure showing the countries that have received most targeted assistance is included below. The Palestinian territory (close to 100 million NOK), followed by Somalia, Uganda, Malawi, China, Ethiopia and Nepal are the countries where most targeted assistance are found. As mentioned in the inception report, this also indicated that the case countries were among the “best” served by Norwegian disability initiatives and thus not representative of the total Norwegian portfolio.

Figure 9: Largest recipient countries of targeted assistance to persons with disabilities, 2000-2010 (NOK '000)



Source: Norad database/information generated by the evaluation⁴²

2.7 Conflict and other causes

As described in section 4.5 of the main report, the Terms of the reference for the Evaluation included a specific focus on the cause of the disabilities. This question is related the Norwegian government’s interest in issues related to disabilities in conflict and natural emergencies, the victims assistance protocols related to the landmine and cluster conventions. The mapping study developed three main categories:

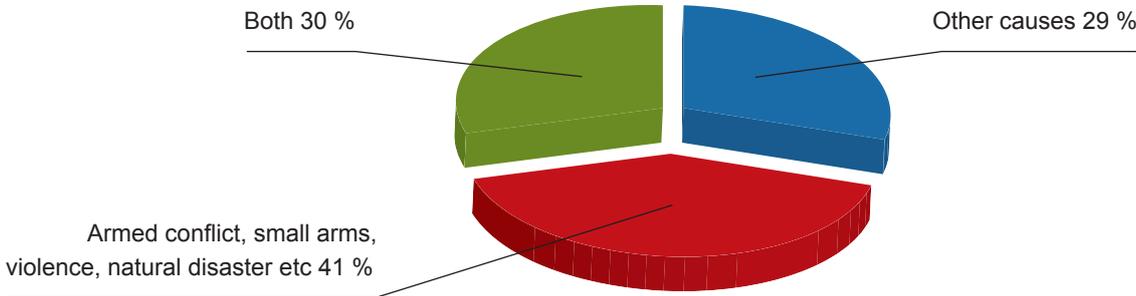
- a. Disability caused by armed conflict, natural disasters, small arms, violence
- b. Disability caused by congenital, by birth, accidents, gender-based violence and other harmful traditions etc.)
- c. Both conflict and other causes.

⁴² Note that in the Norad database the Palestinian territory is referred to as the «Palestinian administered area».

The evaluation faced challenges in classifying the different causes of the disabilities that were being targeted in the projects. This was mainly due to the fact that often the project documents would not include information about this. The evaluation therefore classified projects in category A, only when specific information was included that the project only targeted victims of wars, natural disaster etc. Often humanitarian projects such as for example the Special Fund for Disability would target mainly victims of wars and conflict, however the project documents clearly stated that they would not exclude injured persons due to car accidents or illness such as malaria. Working according to do no harm principles, most agencies' work would therefore fall under category c "both conflict and other causes". Nevertheless, a project designed to respond to the needs of an emergency-related disability would be more responsive to such type of situation and may miss certain facilitations to ensure a wider outreach and/or access for other categories, especially when these categories are already facing barriers to their inclusion as in the case of disability.

In the mainstreamed initiatives as seen in figure 10 below most of the funding (41%) has been channelled towards projects working in conflict-related settings, while for the targeted projects (figure 11) there is slightly more funding for projects focusing on persons with disabilities caused by congenital, by birth etc.

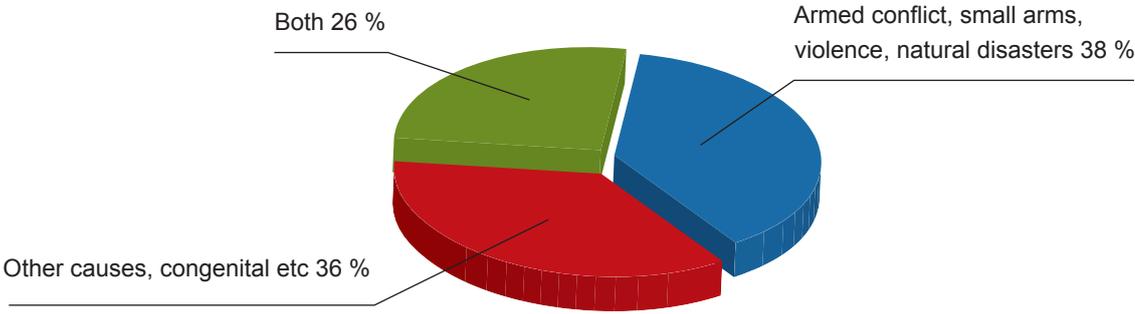
Figure 10: Classification of the cause of disabilities in mainstreamed projects (conflict and other)



Source: Norad database/information generated by the evaluation

The fact that a significant portion of the projects are targeted at conflict/emergency-related disabilities only supports the previously stated conclusion that projects tend to focus on physical disabilities more than other types of disabilities. It is often expected that conflicts and natural disasters result in physical disabilities. Hence projects addressing these emergency situations tend to focus on surgeries and assistive devices for this type of disability. It should however be noted that the most common disability resulting from conflicts and emergencies is mental health conditions. Only in the Palestinian territory and to some extent in Northern Uganda such considerations seem to have been made. Psycho-social health programs, which were so common in the Balkans and ex-Yugoslavia after the war, were not found during this evaluation.

Figure 11: Classification of the cause of disabilities in targeted projects (conflict and other)



Source: Norad database/information generated by the evaluation

Annex B: List of informants

Interviews in Norway (alphabetical order)

Surname	First name	Position/title	Institution
Abild	Erik	Program coordinator	Norwegian Refugee Council (former country rep. for Norwac in the Palestinian territory)
Ambro	Geir	Program adviser	Atlas Alliance secretariat
Andersen	Gunnar	International director	Save the Children Norway
Andersen	Knut	Country director (Oslo)	Development Fund
Andresen	Laila	National director	Right to Play, Nordic Countries
Bakker	Lene	Programme Adviser	Development Fund
Barøy	Jan Olav	Deputy Director	Fredskorpset
Berg Vikan	Helene	Program Coordinator	Norwegian Red Cross
Berggrav	Yngvild	Senior Adviser	MFA, Humanitarian Disarmament
Bertinussen	Gudrun	Area representative	Norwegian Church Aid (NCA), Middle East
Bjørdal	Paul Ø.	Adviser	MFA, Sector for Peace and Reconciliation
Bjørge	Live	Senior Adviser	Fredskorpset
Brodtkorb	Svein	Director	Norwegian Association of Disabled
Bruce	Lissen	Senior Adviser	Norwegian Association of Disabled
Dansie	Grants	Program adviser	Atlas Alliance secretariat
Durston*	Susan	Associate Director	UNICEF, Education Program
Esbensen*	Anniken	Senior adviser	Norad, Department for Economic Development, Energy, Gender and Governance
Ehrvik	Helga	Director	MFA, Section for Human Rights and Democracy
Eide	Arne	Chief Scientist	SINTEF, Health Research
Espegren*	Olav	Managing director	Haydom hospital, Tanzania
Evensmo	Ivar	Senior Adviser	Norad, Civil Society Department
Fossland	Ingrid	Senior Adviser	Norwegian Red Cross
Fremstedal	Marte Kristin	Deputy director	Norwegian Red Cross
Furnes	Monica	Senior Adviser	MFA, Section for Human Rights and Democracy
Gramshaug	Randi	Adviser, education	Norad, Department for Global Health, Education and Research
Greer	Cindy	Adviser	Norwegian Association of Disabled
Grung	Lise	Former Mine & Weapons Adviser	Norwegian Red Cross
Haavi	Anne Lill	Administrator	Sophies Minde Ortopedi AS

Hagen	Gisle	Senior Adviser	Norad, Department for Global Health, Education and Research - Rights and Social Equity Team
Hagen	Maria	Regional Coordinator	Save the Children Norway
Haque	Wasim U.	Senior Adviser	MFA, Humanitarian section
Hasle	Lene Margrete	Senior Adviser	MFA, Section for Development Policy
Heltberg*	Rasmus	Program Manager	Trust Fund for Environmentally and Socially Sustainable Development (TFESSD), World Bank, Washington D.C.
Henriksen	Torben	Program Coordinator, Asia	Norwegian Red Cross
Hertzberg	Hege	Director	MFA, Section for Development Policy
Hodge*	Stephanie	Programme Manager	UNICEF, Education in Emergencies
Holter	Martin	Adviser Middle East	Norwegian People's Aid (NPA)
Horea	Phyllis	Program coordinator Malawi	Plan Norway
Ingstad	Benedicte	Professor of Medical Anthropology	University of Oslo
Iversen	Terje	Director	Norwegian Association of Blind and Partially Sighted (NABP)
Jensen	John Eivind	Country director	NORWAC
Kårstad	Ingebjørg	Program coordinator	Norwegian Refugee Council
Kårstad	Halldis	Special Advisor for Southern Africa	Norwegian Church Aid
Larsen	Kristian	Adviser on health, HIV-AIDS and Latin-America	Digni (former Bistandsnemnda)
Lervåg	Astrid	Senior Adviser	Norad, Civil Society Department
Lind	Kyrre	Adviser	Development Fund
Mollekleiv	Svein	Vice president President	Special Fund for Disabled Norwegian Red Cross
Movold	Kjersti	Programme Coordinator, Malawi	SOS Children's Villages
Myrholt	Olav	Program adviser	Development Fund
Nilsen	Rune	Head of Department Prosthetist & Orthotist	Sophies Minde Ortopedi AS
Næss-Sørensen	Eirin	Adviser	Norwegian Association of Disabled
Popic	Anton	Programme Coordinator	Forum for Women and Development (FOKUS)
Posarac*	Aleksandra*	Lead Economist and Disability & Development Team Leader	World Bank, Washington D.C.
Qviller	Thomas	Institutional Donor Adviser	Norwegian Refugee Council
Raustøl	Arne-Kjell	Adviser on education and Asia	Digni
Riis-Hansen	Trine	Advocacy officer	Atlas Alliance secretariat
Bækkevold	Rikke	Managing director	Atlas Alliance secretariat

Saltnes	Knut Rune	Head, International Dept	Signo
Sanders	Sammy	Monitoring & Evaluation officer	Plan Norway
Schaaning	Jenny	Adviser	NFU Norway
Schanche	Gunvor W.	Director	Norad, Civil Society Section
Skarpeteig	Margot	Team coordinator	Norad, Department for Global Health, Education and Research - Rights and Social Equity Team
Stenberg	Berthe	Program adviser	Atlas Alliance
Strøm-Rasmussen	Helene	Adviser Development issues	NFU Norway
Suvatne	Linda	Financial Controller	Norwegian Association of Disabled
Sæbønes	Ann-Marit	Special Rapporteur to UN	Ministry of Children, Gender Equality and Inclusion (BLD)
Sørheim*	Marit	Programme Director	Forum for Women and Development (FOKUS)
Tobiassen	Hildegunn	Senior Adviser	Norad, Department for Global Health, Education and Research
Tonstad	Hanne	Senior Adviser	Norad, Department for Quality Assurance
Traavik	Stig	Chief of staff	MFA, Secretariat of Minister of Development Cooperation
Vatne	Ingunn	Senior Adviser	MFA, Humanitarian Disarmament
Verhoeffen*	Theo	Director	Special Fund for Disabled (SFD), Geneva
Verngård	Kenneth	Adviser	Signo
Vigtel	Terje	Director	Norad, Department for Civil Society
Vikki	Margaret	Programme Coordinator	Norwegian Refugee Council
Vold	Silje	Child Rights and Advocacy Adviser	Plan Norway
Watterdal*	Terje	former inclusive education program in UNESCO	UNESCO
Wiman*	Ronald	Representing Finland in TFESSD and in the World Bank Global Partnership for Disability in Development	Finland MFA
Wirak*	Anders	Counsellor	Norwegian Embassy in Kabul
Wold*	Bjørn	Head	Statistics Norway, Division for Development Cooperation
Wood	Peter	Regional director	Save the Children Norway
Øderud	Tone	Researcher	SINTEF
Østnor	Kjetil	Country director	Norwegian People's Aid (NPA) Occupied Palestinian territory
Øye	Kjell Erik	Program Director	Plan Norway
Øyen	Kari	Country Representative	Norwegian Church Aid Malawi

* Interviewed by email, phone or skype

Interviews in Malawi (alphabetical order)

Surname	First name	Position/title	Institution
Auer	Carrie	Country Representative	UNICEF
Chapuma	Alice	Programme Support Manager	Plan Malawi
Chavuta	Alick	Executive Director	MACOHA
Chazama	Montfort	Chairman	FEDOMA
Chigadula	Raphael	Chief Education Officer SNE	Ministry of Education
Chikuni	Augustine	Programme Officer	Royal Norwegian Embassy in Lilongwe
Chimanya	Byson	Executive Director	MANAD, , Blantyre
Chipondeni	Mercy	Finance Officer	Malawi Union of the Blind
Chisale	Simon	Assistant Director	Ministry of Social Welfare
Chiusiwa	George	Director Disability	Malawi Human Rights Commission
Chiwaula	Mussa	Executive Director	FEDOMA
Cox	Mark	Volunteer, VSO - Australia	Ministry of Education
Eidhammer	Asbjørn	Ambassador former Head	Royal Norwegian Embassy in Lilongwe Evaluation Department, Norad
Ellingseter*	Margrete	Junior Professional	UNDP
Finye	Clifford	Orthotist and Prosthetist	Ministry of Health KCH Orthopaedic Center now on exchange program in Norway
Gondwe	Ezra	Director Disability	Malawi Human Rights Commission
Govati	Patrick	Orthotist and Prosthetist	Ministry of Health KCH Orthopaedic Center
Grant	Gerald	Finance Manager	NASFAM
Immanuel		Infrastructure Manager	Norwegian Church Aid
Jeke	Cyrus	Director	Ministry of Social Welfare
Jere	Victor	Programme Manager	Development Fund
Juma	Pamela	Board Member	FEDOMA, Malawi Society of Albinism
Kabai	Catherine	Secretary	Ministry of Agriculture
Kachingwe	Andrew	Specialist/Expert Opinion	Motivation Africa
Kanyindula	Augustine	Programme Officer	Malawi Union of the Blind
Kanyoma	Edwin	Programme Development Officer	Ministry of Agriculture
Kasasi	Sigele	Executive Director	DIWODE, Blantyre
Khonje	Tinkhani	Director Disability	Malawi Human Rights Commission
Kulombe	Sr Emma	Project Manager	Chisombezi Deaf/Blind, Blantyre
Kumwenda	Ezekiel	Executive Director	Malawi Union of the Blind
Kumwenda	Rose	Executive Director	Christian Health Association of Malawi (CHAM)
Kumwenda	Wycliff	Programme Manager	NASFAM, Lilongwe
Lusinje	Thoko	Health Adviser	Plan Malawi, Lilongwe
Mangulama	Noris	Director Child Rights	Malawi Human Rights Commission

Masika	Esther	Senior Programme Manager	Norwegian Church Aid
Mdoka	Hanneck	Programme Officer	PODCAM, Blantyre
Mhango	Grace	National Coordinator	PODCAM, Blantyre
Mithi	Enock	Programme Officer	PODCAM, Blantyre
Mkondiwa	George	Principal Secretary	Ministry of Persons with Disabilities
Mkundika	Eliezel	Executive Director	Timveni Child Media Project
Msosa	Angela	Statistician	National Statistical Office, Zomba
Msowoya	Steven	Specialist/Expert Opinion	Documentation and Research
Munthali	Alistair	Specialist/Expert Opinion	Centre for Social Research, Zomba
Musowa	Victor	Programme Coordinator	SOS Children Villages/ Blantyre
Mwase	Bruno	Interpreter	MANAD, Blantyre
Namanja	Miriam	Executive Director	PODCAM, Blantyre
Ndawala	Jameson	Assistant Commissioner	National Statistical Office, Zomba
Ngomwa	Peter	Director of Rehabilitation	MACOHA, Lilongwe
Nkana	Fiskan	Programme Officer	Ministry of Agriculture and Food
Nkulama	Lennox	Senior Education Officer	Ministry of Education
Nyirongo	Topkins	Chief Accountant	Malawi Human Rights Commission
Olafsdottir	Solrun Maria	Programme Officer	Royal Norwegian Embassy
Olsson	Jan Hakon	Deputy Head of Mission	Royal Norwegian Embassy, Lilongwe
Phiri	Professor Aneklet	Project Manager	Sign Language Dictionary (project first under NCA, then Atlas Alliance)
Phoya	Dr. Ann	Medical Doctor	Ministry of Health
Stensland	Monica	Second Secretary	Royal Norwegian Embassy in Lilongwe
Walter	Marius	Programme Analyst, Governance	UNDP- DCP
Zidana	A.	Project Officer	MUB/VIHEMA

Interviews in Nepal (alphabetical order)

Surname	First name	Position/title	Institution
Acharya	Achyut	Director (Protection Division)	National Human Right Commission (NHRC)
Acharya	Rabindra	Section Officer	Ministry of Women & Children Social Welfare - Disability Unit
Acharya	Suresh	Chairman	Media Initiative for Rights, Equity and Social Transformation (MIREST)
Awasthi	Lava Deo	Director General	Ministry of Education/Dep. of Education
Bajracharya	Sushma	Support to the Peace Process/ Technical Team Leader	The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ/GTZ)
Baral	Ramesh	Advocacy Mobilization Coordinator	DPO (Right Holders) - National Federation of the Disabled Nepal (NFDN) (Partner of Atlas Alliance)
Bhattarai	Ganesh	Coordinator	DPO (Right Holders) - National Federation of the Disabled Nepal (NFDN) (Partner of Atlas Alliance)
Bhattarai	Neeta Keshary	Adviser	DPO (Right Holders) - National Association of Deaf and Hard of Hearing
Bhetuwal	Sadhana Ghimire	Project Manager	International Alert
Chitrakar	Subarana K.	President	DPO (Right Holders) - Guardian Federation of Person with Intellectual Disability
Christensen	Lis K.	First Secretary	Danish Embassy/Danida
Crozier	Rebecca	Project Manager	International Alert
Dahal	Bijay	Director, Legal & Statutory	Nepal Red Cross
Dahal	Mukunda	President	DPO (Right Holders) - National Association of Intellectual Disabled
Dahal	Tika	Board Member Member organisation- Nepal Disabled Women Association	SANKALPA - Previous initiative supported by the Royal Norwegian Embassy "Women's Alliance for Peace Power Democracy and the Constituent Assembly (WAPPDCA)"
Devkota	Matrika	President	DPO (Right Holders) - KOSHISH
Dhakar	Rama	Board Member Member organisation- Nepal Disabled Womens Association	SANKALPA (Previous initiative supported by the Royal Norwegian Embassy - Women's Alliance for Peace Power Democracy and the Constituent Assembly (WAPPDCA)

Dhungana	Ram Prasad	President	DPO (Right Holders) - National Rehabilitation Centre for Disabled
Gautam	Bijay	Executive Director	Informal Sector Service Center (INSEC)
Ghimire	Bidhya	Interpreter	DPO (Right Holders) - National Federation of Deaf and Hard of Hearing
Ghimire	Pawan	President	DPO (Right Holders) - Cricket Association of the Blind
Ghimire	Sita	Programme Development & Quality Director	Save the Children Nepal
Gurung	Mira Ghale	Programme Officer	Danish Embassy/Danida
Gyawali	Laxma	Legal Expert	DPO (Right Holders) - National Federation of the Disabled Nepal (NFDN) (Partner of Atlas Alliance)
Hunter	Brian	Country Director	Save the Children Nepal
Jacquemet	Stephane	Representative	United Nations High Commission of the Refugee (UNHCR)
Kansakar	Chandra Bir Singh	Senior Human Resource Officer	International Centre for Integrated Mountain Development (ICIMOD)
Karki	Rajendra	Senior Assistant	Nepal Red Cross
Khadka	Jagat	Asst. Country Director	Save the Children Nepal
Khanal	Gopi Krishna	Program Manager	Ministry of Local Development - Local Governance and Community Development Program (LGCDP) - Program initiative of agreement partners/Royal Norwegian Embassy
Khatiwada	Chandrika	Consultant - Child Rights	Individual Expert Individual consultant for Government of Nepal and child rights NGOs (Not an Agreement Partner)
Knapp	Andreas	Chief, Water, Sanitation & Hygiene (WASH)	United Nations Children's Fund (UNICEF)
Koirala	Deepak	President	DPO (Right Holders) - Para Olympic Association of Nepal
Lama	Aklal	Board Member	DPO (Right Holders) - KOSHISH
Limbu	Nar Bahadur	President	DPO (Right Holders) - National Association of Blind (Partner of Atlas Alliance)
Lindwer	Miriam	Senior HR Officer	International Centre for Integrated Mountain Development (ICIMOD)
Lossius	Gunnar Thon	Coordinator, GTL Management A/S	Arohan Theatre Group
Løbræk	Asbjørn	Counsellor	Royal Norwegian Embassy (RNE)
Maharjan	Madan	General Secretary	DPO (Right Holders) - Society of Deaf-Blind Parents

Mainari	Ramesh Pd.	Office Assistant	DPO (Right Holders) - National Federation of the Disabled Nepal (NFDN) (Partner of Atlas Alliance)
Maier	Claudia	Improvement of Livelihoods in Rural Areas, Program Manger	The Deutsche Gesellschaft für Internationale Zusammenarbeit (GiZ/GTZ)
Malakar	Shankar	Consultant for UNICEF	Individual Expert Centre for Mental Health and Counselling (Not Agreement Partner)
Menage	Nicole	Country Representative	World Food Programme (WFP)
Nazari	Noorin	Governance Specialist	International Centre for Integrated Mountain Development (ICIMOD)
Neupane	Bipul	Deputy Director	Nepal Red Cross
Neupane	Sharad	Programme Manager	United Nations Development Programme (UNDP)
Ojha	Pustak	Programme Coordinator	Rights Democracy and Inclusion Fund/Enabling State Programme - Program Initiative of the agreement partners - DFID (Department for International Development/UK); SDC (Swiss Development Corporation)
Pakyurel	Subodh	Chairman	Informal Sector Service Center (INSEC)
Panthi	Meenraj	Programme Officer-Disability	Action Aid (Non an agreement partner)
Paudyal	Bimala Rai	Senior Programme Officer	Swiss Development Corporation (SDC)
Pokhrel	Birendra	President	DPO- National Federation of Disabled Nepal (NFDN) (Partner of Atlas Alliance)
Pokhrel	Sunil	Director	Arohan Theatre Group, partner - Royal Norwegian Embassy
Poudel	Chodomari	General Secretary	DPO (Right Holders) - Nepal Apanga Tatha Asahaya Balbalika ko Lagi Bhabisya (Parents organisation of intellectual disabled)
Poudel	Meena	Member	DPO (Right Holders) - Nepal Disabled Women Association (NDWA)
Pradhan	Sony	Program Coordinator	Plan Nepal
Rai	Raj Kumar	Improvement of Livelihood in Rural Areas/ Head of Agriculture Sector	The Deutsche Gesellschaft für Internationale Zusammenarbeit (GiZ/GTZ)
Rimal	Arvind Kumar	Under Secretary	Ministry of Peace and Reconciliation - Nepal Peace Trust Fund
Schild	Andreas	Director General	International Centre for Integrated Mountain Development (ICIMOD)

Shah	Iman	Director	Nepal Music Centre
Shakya	Amrit R.	President	DPO (Right Holders) - National Association of Physical Disabled
Sharma	Narayan	Staff	DPO (Right Holders) - National Association of Physical Disabled
Shiwakoti	Murari	Deputy Program Coordinator	DanidaHUGOU (Human Right and Good Governace) - Program Initiative of Agreement Partner (Danish Embassy)
Shrestha	Krishna Kumar	PME Officer	Plan Nepal
Shrestha	Narayan Sundar	President	DPO (Right Holders) - Sustamanasthi Abhibhawan Kalyan Sangh (Parents organization of intellectual disabled)
Shrestha	Ramesh Lal	President	DPO (Right Holders) - National Federation of Deaf and Hard of Hearing
Shrestha	Saroj	Programme Manager	Nepal Red Cross
Silwal	Surya Prasad	Director	Ministry of Peace and Reconciliation - Nepal Peace Trust Fund
Singh	Suresh	Field Coordinator	World Food Programme (WFP)
Sob	Durga	Chairperson Member organisation - Feminist Dalit Organisation (FEDO)	SANKALPA - Previous initiative supported by the Royal Norwegian Embassy "Women's Alliance for Peace Power Democracy and the Constituent Assembly (WAPPDCA)" FEDO - Agreement Partner
Storholt	Kristine	Counsellor	Royal Norwegian Embassy (RNE)
Tamta	Tek	Programme Coordinator	United Nations Development Programme (UNDP)
Thapa	Nirmala	GESI Expert	Ministry of Local Department / Gender and Social Inclusion (GESI) Unit
Thapa	Reeta	Interim Director	SANKALPA - Previous initiative supported by the Royal Norwegian Embassy "Women's Alliance for Peace Power Democracy and the Constituent Assembly (WAPPDCA)"
Tharu	Khushi	Dialogue/Constitution Building Coordinator	Institute for Democracy Electoral Assistance (IDEA)
Tiwari	Tej Kumar	President	DPO (Right Holders) - Nepal Society of Disable
Tuladhar	Manju	Coordinator	Social Inclusion Research Fund - Initiative of RNE; Fund managed by SNV(Netherlands Development Organisation)
Verhey	Beth	Chief, Social Policy & Decentralization	United Nations Children's Fund (UNICEF)

Interviews in the Palestinian territory (alphabetical order)

Surname	First name	Position/title	Institution
Abdallah	Emadeddin	Financial & Adm. Adviser	Representative Office of Norway to the Palestinian Authority
Abu Al-Ghaib	Ola	Director	DPO - Stars of Hope
Abu Dayyeh	Maha	Director	WCLAC
Abu El Tayyeb	Hasan	Director, counselling and special education	MOEHE, Tubas district
Abu Ghosh	Hanan	Director, Advocacy Unit	WCLAC
Abu-Ghaida	Dina	Programme manager, deputy country director	World Bank
Abu Tawahina	Dr. Ahmad	Director	Gaza Community Mental Health Programme (GCMHP) Government and UN stakeholders
Alawneh	Khalil	Head of Special Education	MOEHE
Alawneh	Yasser	Legal researcher	Independent Commission on Human Rights
Al-Deek	Dauod	Assistant Deputy Minister	Ministry of Social Affairs (MOSA)
Al-Qaimari	Hana	Director General, Persons with Special Needs	MOSA
Amro	Ziad	Adviser on Disability Card	MOSA
Anderson	Scott	Acting Deputy Director	UNRWA – Gaza Field Office
Aqel	Muntaha	Programme Adviser	Representative Office of Norway to the Palestinian Authority
Araj	Mohammad	Disability coordinator/ Social services Dept	UNRWA West Bank
Badarneh	Suheir	Director, Total Communication School for the Deaf	PRCS
Basalat	Nizar	Chair	DPO - GUDP
Bisharat	Mustafa	Inclusive education counsellor	MOEHE, Tubas district
Breivik	Signe Marie	Programme Adviser	Representative Office of Norway to the Palestinian Authority
El-Essi	Dr. Khamis	Director, medical rehabilitation	Al-Wafa Hospital – Gaza
El-Far	Dr. Shahnaz	Director	MOEHE, NIET
Falah	Yousef	Director General, Population and Social Statistics	Palestinian Central Bureau of Statistics (PCBS)
Hanna	Emily Mourad	International relations	Independent Commission for Human Rights (ICHR)
Harami	Ghada	Director, Rehabilitation Program	Diakonia/Norwegian Association of the Disabled (NAD)
Hasasna	Jomla	Far'a summer camp	
Hassouneh	Mahdi	Technical deputy director	MOEHE, Tubas district
Haxthausen	Louise	Head of Office, Ramallah	UNESCO

Hussam Manna		Chief, Relief and Social Services	UNRWA – Gaza Field Office
Hutton	Dave	Programme Support Officer, Acting Deputy Director	UNRWA – West Bank Field Office
Ideis	Maan	Legal researcher	Independent Commission on Human Rights
Jabr	Rabah	Director of Operations	Palestine Red Crescent Society (PRCS)
Jabr	Samar	School Counselling	UNRWA West Bank, Education Department
Jamal Nammoura		Rehabilitation Services Officer	UNRWA West Bank, Health Department
Jebb	Neil	Area manager – Gaza	Norwegian Refugee Council (NRC)
Kamal	Zahira	Director	PWDRC (under UNESCO)
Kharraz	Bassem	Director	Secondary boys school, Tubas
Khodour	Sadeq	Technical deputy director	MOEHE, NIET
Kilani	Reema	Director General, Counselling	MOEHE
Kvalvaag	Tale	Counsellor	Representative Office of Norway to the Palestinian Authority
Mahmoud		Fara summer camp	Higher Coordination Com. For Local Committees
Mubaslat	Khairat	Director	Basic girls school, Tubas
Mujahed	Fawaz	Director General	MOEHE, Buildings department
Nakhleh	Wisam	Director	MOEHE, Engineering Studies
Obaid	Rawan	Advocacy Unit	WCLAC
Qaadani	Dr. Wael	Director of Planning	PRCS
Qanawati	Rima	Disability activist	Bethlehem
Qassem	Ahmad	Physiotherapist	Fara camp
Qubaj	Renad	Director	Tamer Institute
Said	Abdel-Karim	Director	Far'a camp Local Committee for Rehabilitation
Said		General secretary	
Salameh	Dr Estephan	Special Adviser to the Minister	MOPAD
Salameh	Maher	Director of Fara Summer Camp	
Sawalha	Majeed	PR and Media	Independent Commission for Human Rights
Shifa Shaikha		Director, Special Education	MOEHE
Soboh	Fuad	Deputy director	MOEHE
Stryk	Robert	Coordinator of Programme Support	UNRWA HQ – Amman
Tadros	Rima	Programme Adviser	Representative Office of Norway to the Palestinian Authority
Torgeirsbråten	Stein	Head of development cooperation	Representative Office of Norway to the Palestinian Authority
Totah	Ruba	Programme coordinator	Tamer Institute
Two focus groups with 7 male and 7 female PWDs		West Bank	Stars of Hope

Two groups of PWDs around 20 PWDs		Ramallah	Mercy Corps training
Wishahi	Marwan	Director	Salah Khalaf Youth Centre, Fara Camp
Zaid	Tharwat	Director General	MOEHE, Supervision and Training

Interviews in Uganda (alphabetical order)

Surname	First name	Position/title	Institution
Adupa	Patrick	Project Manager, Child Protection	Plan Uganda
Akol	Joseph	Monitoring & Evaluation Officer	Save the Children in Uganda
Alamai	Susan	District Probation and Welfare Officer	Tororo District
Anguyo	Richard	Director	UNAB
Asamo	Hellen	Member of Parliament	Uganda National Assembly
Awor	Anna Theresa	Deputy Head Mistress	Agururu Primary School
Baryayebwa	Herbert	Commissioner, Disability & Elderly	MGLSD
Batesaaki	Barbra	Executive Director	COMBRA
Bayo	Usher	Lecturer	Kyambogo University
Betega	Faith Amanya	Community Development Officer	Bushenyi District Local Government
Bryneson	Mattias	Program Support Manager	Plan Uganda
Bubukire	Dr. Stanley	Sen. Medical Officer,	Ministry of Health (MoH)
Busiku	Betty	CBR Volunteer	Tororo District CBR
Byamugisha	Isidore	Parent / Member	Uganda Parents of Children with Learning Disabilities
Candiru	Frances	Chairperson	Uganda National Association of the Blind (UNAB)
Francis	Akope	Senior Education Officer	MoE&S
Hem	Anja	Program Officer	Royal Norwegian Embassy in Kampala
Idland	Sissel	First Secretary	Royal Norwegian Embassy in Kampala
Immaculate	Ikoror	SNE Teacher	Agururu Primary School
Kaggya	Beatrice	CBR Coordinator	Ministry of Gender labour and Social Development
Kamya	Julius	Executive Director	National Council for Disability
Kasoga	Phoebe	Adviser	Plan Uganda
Kayira	Julius	Executive Director	Mental Health Uganda
Kolshus	Kamilla	First Secretary	Royal Norwegian Embassy in Kampala
Lule	Henry Semwanga	Deputy Executive Director	PACE (formerly PSI)

Mabweijano	Mary	Senior Program Officer	Royal Norwegian Embassy in Kampala
Male-Mukasa	John	Executive Director	Uganda Bureau of Statistics (UBOS)
Mijang	Lamin	Country Director	Norwegian Refugee Council Uganda
Moiza	Moses	District Rehab Officer	Tororo District
Mukulu	Andrew	Director, Population statistics	UBOS
Murangira	Ambrose	Chairman	Uganda National Association of the Deaf
Musoke	Grace	Executive Director	CBR Africa Network
Mutavati	Anna	SGBV Coordinator	UNFPA
Mutayisa	David	Country Coordinator	Lions Aid Norway
Nalugwa	Dr. Caroline	National Prog Associate, RH	UNFPA
Nansuwa	Scovia	Coordinator, Deafblind Project	UNAB
Naome		Child Protection	Plan Uganda
Ngambi	Wiilbroad	HIV-AIDS and Vulnerable Groups Officer	Unicef
Ngirabakunzi	Edison	Ag. Deputy Executive Director	NUDIPU
Nilsen	Kai Erik	Representative	UNHCR
Nokrach		Member of Parliament	Uganda National Assembly
Nyarugoye	Priscilla	Senior Human Rights Officer, Head of Vulnerable Persons Unit	Uganda Human Rights Commission (UHRC)
Ochan	Dr. Wilfred	Asst. Representative	UNFPA
Ojwang	Paul	Lecturer	Kyambogo University
Okello	Charles William	CBR Volunteer	Tororo District
Omagor	Martin	Commissioner, SNE	MoE&S
Onyango		Chairman, District Disability Council	Tororo
Pedersen	Vegard	Country Economist	Royal Norwegian Embassy in Kampala
Sebuliba	Michael	Executive Director	NUDIPU
Stella	Candira Night	Education Program Manager	Save the Children in Uganda
Svelle	Morten	Deputy Head of Mission	Royal Norwegian Embassy in Kampala
Tumwine	Turamuhika G.	Economist	MFPED, Aid Liaison Department

Annex C: Summary of Afghanistan case study

1. Background

This is a desk study report of the Norwegian Government's support to promote the rights of persons with disabilities in Afghanistan. Besides the four case countries for field studies, a desk study of Afghanistan was selected because the country is the second largest recipient of civilian Norwegian support⁴³; it is also the country which receives the most predominantly general support from Norway, mainly channelled through MFA. It was therefore of interest to see whether disability support is a mainstreamed or targeted area within this mode of support, and if so, in what ways when humanitarian support is the main paradigm.

Prevalence of disability (2004)	2,7% for severe disability, less severe disability 4,7% (NDSA) ² geographical distribution of persons with disability shows significant variations. ³
Signed CRPD	Not signed, according to UN's database, dated 09.11.2011.
Ratified CRPD	--
National constitution (2004)	Guarantees integration of people with disabilities in public and social life. Art. 22 prohibit all forms of discrimination. Art. 53 guarantee rights and privileges of persons with disabilities and families of martyrs to ensure 'their active participation and re-integration into society...' Article 84 makes provision for their political representation.
Law on disability	Disability Law was approved by President and Parliament in 2010.
Policy on disability	No national policy on disability proposed or approved, but Afghanistan National Disability Action Plan (ANDAP) approved by Government. Plan work was facilitated by UN's mine action program, advisors from most sectors and DPOs were involved. ANDAP has been an important reference document for sector planning, for example for the health sector.
National council or commission on disability	No national commission or council on disability, but Afghanistan's Independent Human Rights Commission (AIHRC) has a specific branch on disability rights which is quite active.

43 Norway's military support in Afghanistan through NATO is not included in this evaluation.

2. Country context - disability

In many developing countries, such as Afghanistan, 60-80% of people with disabilities live in rural and poor semi-urban settings. These areas are in many cases least resourced, with limited services for persons with disabilities as well as scarce possibilities for rights based mobilisation. Local DPOs are weak. In spite of this, NGOs in Afghanistan, and recently the Parliament⁴⁴ have been and are cooperating on international initiatives to promote the recognition of the fulfilment of rights for people with disabilities. Afghanistan is a signatory to the Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region, to the Biwako Millennium Framework for Action Towards an Inclusive, Barrier Free and Rights Based Society for persons with disabilities (2002); to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (2003), and to the Convention on Cluster Munitions Ban Treaty (2008). At present UN is supporting disability and rehabilitation through the Afghanistan Disability Support Programme (ADSP).⁴⁵

The national goals of development for persons with disabilities are expressed in the Afghanistan National Development strategy (ANDS), the Afghanistan National Disability Action Plan (ANDAP)⁴⁶ and the obligations to the Mine Ban Treaty (MBT). Via these strategic documents the government has committed itself to mainstreaming or inclusion of disability within the key sectors of health, education, and employment. The strategies also list the following key issues:

- understanding the challenges;
- emergency and on-going medical care;
- physical rehabilitation;
- psychological support and social reintegration;
- economic reintegration;
- community based rehabilitation;
- inclusive education;
- laws and public policies.

For more than 25 years the majority of services for people with disabilities were provided by international and non-government organisations, such as ICRC. Their support acted as self-sustained, vertical programs. Having filled a critical gap during the years of conflict, initially by addressing mine-accident trauma and rehabilitation, the agencies expanded their role to initiate first-time care and physical rehabilitation regardless of the cause of the disability. Persons with a wider range of disabilities in hearing, speech, vision, developmental, and mental health were also included. Social awareness and support, and training for income became a part of the community based programs. A smaller number of agencies developed a national sign language and braille alphabet, and made efforts to integrate children with disabilities into the local schools.

⁴⁴ Two parliamentarians are directly representing people with disabilities.

⁴⁵ More information can be found on www.mineaction.org.

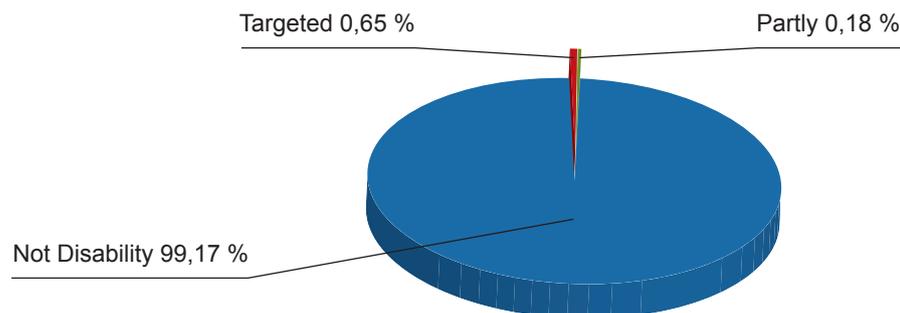
⁴⁶ Facilitated and edited by Mine Action Coordination Centre for Afghanistan (MACCA) May 2008.

Responsible agencies have made commendable efforts for many years, during conflict and with changing authorities, to coordinate and collaborate with each other and Government towards achieving coherence in approaches and equitable provision of services for persons with disabilities. However, the reality remains that services are inequitably distributed across the country due to security access, lack of proper needs assessments, and lack of referral systems to mention a few. The result is that too many persons in need of rehabilitation are not well informed of the available services; they lack appropriate care and are obliged to make very long journeys to seek help.

3. Norwegian support – portfolio analysis

The total portfolio of Norwegian civil support to Afghanistan during the decade from 2000 to 2010 is 5,4 billion Norwegian kroner. Of the total aid portfolio less than 1 % seems to be targeting persons with disabilities and 0,18% has partly mainstreamed disability, in actual funds around 45 million NOK has been partly mainstreaming or targeting disability. It should be noted that since Afghanistan was a desk study, and did not include a field visit, none of the programs have been classified mainstreamed. This is due the reasons mentioned earlier in the report: mainstreaming has not been a recognised category in the Norad database and the projects identified in this evaluation as mainstreamed interventions were during the field interactions. If the evaluation had not screened the largest sectors in the case countries and interviewed the key development partners, mainstreamed education programs would not have been included. This is therefore the reason why there are no mainstreamed initiatives in figure 12 below.

Figure 12: Share of total Norwegian aid to Afghanistan to disability, years 2000-10 (%)



Source: Norad database/information collected by the evaluation

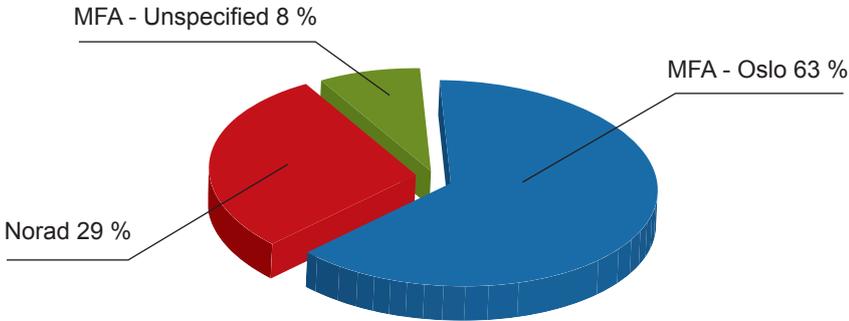
Observing the DAC sectors the largest proportions of support are channelled to multi-sector (37 %), and to the emergency response 24 %.

Table 12: Group of agreement partners of the Norwegian aid in Afghanistan years 2000-10 (in '000 NOK)

Partners	In 000' NOK
Multilateral institutions	2 796 575
NGO Norwegian	1 300 083
Norwegian public sector	787 171
NGO International	427 463
NGO Local	54 537
Other countries private sector	44 165
Consultants	25 712
Unknown	15 495
Public sector other donor countries	8 274
Governments/Ministries in developing countries	8 130
Grand total (1000 NOK)	5 467 605

The largest partners are multilateral institutions consisting of UN organisations and World Bank with related trust funds, which receive around half of the total support. Among Norwegian NGOs the Red Cross is the largest, channelling to ICRC, plus smaller NGOs with Norad support, which have some disability targeted projects.

Figure 13: Disability funding in Afghanistan for years 2000-201 via Norwegian extending agencies (in %)



Source: Norad database/information collected by the evaluation

The channels for funding disability in Afghanistan have been mainly Norwegian NGO such as Norwegian Red Cross, Digni (former Bistandsnemda) and the Norwegian Association of the Blind (later the funding was channelled via the Atlas Alliance). However, there might be added another 20 mill for ICRCs orthopaedic workshops and related psychosocial rehabilitation, which is funded under the mine appeal. In addition to the NGOs, funds have been channelled via UNDP and the Afghani National Human Rights Commission.

Table 13: Disability funding to partners in Afghanistan years 2000-10
(in '000 NOK)

Agreement partners	Mainstreamed and partly mainstreamed NOK 000'	Targeted NOK '000
Norwegian Red Cross		19 611
Afghanistan Independent Human Rights Commission	8 000	
Digni (Bistandsnemnda)		7 764
UNDP	2 000	1 385
Norwegian Association of the Blind and Partly Sighted		3 321
Atlas Alliance members (NABP)		2 065
Afghan Landmine Survivors' Organization		881
The Norwegian Missionary Association (NMA)		318
Comprehensive Disabled Afghan's Programme		150
Afghan Disabled Union		62
Total	10 000	35 557

4. Results and challenges

Targeted support has mainly been through the Norwegian Red Cross to ICRC. It should be noted that the database contained projects only for the years 2008-2010 (with a total amount of 19,6 million NOK) while it is known that ICRC has operated in Afghanistan with Norwegian support for the whole decade. The database was therefore incomplete.

One component of the support is the ICRC's mine appeal which includes mine victims assistance through orthopaedic workshops; psychosocial support and skills training. ICRC's orthopaedic workshop in Kabul is the largest in the world, with more than 100 employees, whereof all the nationals themselves use orthopaedic appliances. ICRC's national physiotherapists and orthopaedic technicians are trained according to national and international standards and are under continuous supervision of the international ICRC staff. ICRC has a total of nine physical rehabilitation centres in the country and has recently started the first 3-year training of orthopaedic technicians to reach International Standards of Prosthetists and Orthotists (ISPO) recognized by WHO.

Three projects channelled by Bistandsnemnda (Digni) are targeting persons with disabilities directly:

- *Daily running of the Physiotherapy Institute (PTI) in Kabul.* PTI is the only physiotherapy school in Afghanistan. The institute has recently expanded its curriculum from 2 to 3 years' training. PTI has been a driving force to build up professional standards in rehabilitation services, plus facilitating the develop-

ment of a professional organisation for physiotherapists. In addition, PTI supports the Ministry of Public Health (MOPH) in developing quality standards of professional work. A challenge for PTI is new funding after the Norwegian support is finished and an expansion of training to provinces in order to provide better national coverage of professional rehabilitation services.

- *Development and implementation of the Primary Mental Health Programme (PMHP) in Herat.* This was the first training program for doctors and nurses in psychiatry and psychiatric nursing. An outpatient clinic is established for treatment of patients and clinical practice. In addition community workers were trained to give information and awareness rising on mental health issues to schools, local decision makers, women's groups etc. in districts around Herat and other western provinces.
- *Daily running and service provision of the Physical Rehabilitation Centre (PRC) in Maimana.* The centre is located in the provincial centre of Faryab province with Norwegian NATO presence. It appears to be easier to facilitate civil Norwegian support in this province because of the Norwegian military presence. The PRC includes orthopaedic workshop, physiotherapy centre and a CBR program in surrounding districts. It has a stable, well qualified staff and manages to mobilise local expansion of CBR.

Support to Paralympics, Channelled through the Norwegian Embassy and MFA.
Support to Afghan Association of the Blind (AAB), Channelled through NABP / the Atlas Alliance. AAB was mostly based in Peshawar Pakistan, not known among Afghan NGOs in Kabul. NABF support stopped in 2010.

Support to Afghan Land Mine Survivors' Organisation (ALSO), which is an Afghan NGO and supported through MFA's humanitarian support, according to obligation of the Mine Ban conventions.

At the start of the decade there was some support channelled through UNDP to the Comprehensive Disabled Afghans Programme (CDAP), a CBR program which produced high quality local training programs for CBR workers and prepared the ground for the later CBR programs. The program closed down in 2007.

Mainstreamed and partly mainstreamed support

There were no mainstreamed projects recorded in the Afghanistan portfolio, but we identified two partly mainstreamed projects:

At systems level Norway has provided support to the *Afghanistan Independent Human Rights Commission (AIHRC)*, which has an active disability rights department. AIHRC reports on the human rights situation in the country, of which disability right is one of several rights. The other partly mainstreamed project recorded was emergency support to UNDP in 2002.

None of the Norwegian NGOs were found to be systematically mainstreaming disability. It is kind of incidental, but some of them have started to become more planned. Some examples from mainstream NGOs:

Norwegian Afghanistan Committee (NAC): In community development projects a resource person from MOE's inclusive education unit was called for training on disability awareness and inclusion, in forestry movement and visually impaired were included as "foster parents" for saplings, which gave them some income, but this is not a planned inclusion. There was some dialogue between NAC and MOPH's Disability Unit on how persons with disabilities could be included in NAC's community health and midwifery training projects.⁴⁷ These were found to be good examples of how NAC can be responsive to the needs of the Rightsholders. However, these projects elements were not registered in the database of mainstreamed initiatives.

Norwegian Refugee Council (NRC) has a general position paper, "Addressing disabilities in NRC's programs", issued in 2010 and approved February 2011. The paper points out that while disability is not directly addressed in NRC's policy notes it comes under NRC's policy of giving priority to particularly vulnerable groups, which give guidance to include persons with disabilities after needs assessments in a concrete situation. In NRC's internal registration system (CAD) persons with disabilities are defined as separate groups among beneficiaries. However this registration has not been fully rolled out in Afghanistan.

Norwegian Church Aid (NCA) supports emergency relief and several aspects of long term development in communities through local partners. There is focus on women, but not explicitly on inclusion of persons with disabilities.

Multilateral support with no mainstreaming: As seen from the portfolio Norway gives large multilateral support, for example to World Bank Trust Funds, which have managed a large education program, EQUIP, which has no components of inclusive or special education.

Through World Bank Norway also supports National Solidarity Programme (NSP), which is a community development program aiming at local decision making, there is no registration of inclusion of people with disabilities in the program.

UNICEF is also a large recipient of Norwegian support to a large extent to mother and child health (MCH) programs, with no emphasis on mothers or children with disabilities.

5. Conclusion and recommendations

Norwegian support to Afghanistan illustrates well the challenges of inclusion of specific target groups within large multilateral programs. Specific groups can be targeted once there are political priorities to do so, which is the case of gender issues.

⁴⁷ Information from interviews with UNESCO/Terje Watterdal and Norwegian Afghanistan Committee.

A good example of humanitarian support according to Norwegian priorities, which benefits persons with disabilities, is the support to ICRC's mine appeal which has mainly targeted orthopaedic workshops. The same goes for support to AIHRC where a department for disability rights is developed; this gives a good basis for support to rights based development of DPOs.

In other multilateral support it has not been possible to trace inclusion of disabled according to a twin track or other approaches, even though the multilateral organisations have developed good strategies and guidelines in their head offices as discussed in the main report (see chapter five in the main report).

Unlike in the case countries selected for field studies in this evaluation Norwegian DPOs and the Atlas Alliance have not given priority to development cooperation with Afghan service providers or DPOs. The Swedish SHIA has taken the same position as the Atlas Alliance. However Sida supports the Swedish Committee for Afghanistan's (SCA) large disability program. It is interesting to note that Norwegian NGOs with support from Digni have given important contributions to capacity-building of services in mental health and physical rehabilitation. This can be compared with the much larger disability support from the Swedish Committee for Afghanistan, which has supported and developed the largest disability program in the country (apart from ICRC), based on the CBR program structure. Unlike the Norwegian support SCA has obliged itself to a long term perspective on their cooperation.

Results be summarised in accordance with the theory of change utilised for this study, see the figure in chapter three:

Empowerment of rights holders:

- Support to service delivery through ICRC's orthopaedic workshops/rehabilitation centres, through Digni's support to mental health and rehabilitation programs, and possibly through NRC's legal aid and shelter projects. Individual capacity building through ICRC's training of rehabilitation staffs who are themselves disabled.

Responsibility of duty bearers:

- ICRC's and Digni's support to training of rehabilitation professionals. Potentials of reaching government channels through AIHRC dialogues and awareness-raising.
- Through the targeted support to PTI, it has been able to influence the development of the quality standards in the health sector, i.e. mainstreaming disability into the health service systems.

Support to DPOs:

- Through AIHRC's disability department, which support DPOs and support to the mine victim DPO called ALSO. It is not easy to confirm results from NABP's support to DPOs for vision impaired.

The desk study was not able to identify any funding for research, statistics or other knowledge-production on disability related issues in Afghanistan.

An overall conclusion of this desk study is that the targeted projects seem to be yielding good results locally for the support period. However, as documented in the other case countries, the projects are not sustainable and face problems when Norwegian funding is phased out.

A few recommendations for MFA and the Embassy on how to contribute to a more enduring impact at different levels:

1. Continue to support individual empowerment of persons with disabilities via service-provision and counselling through ICRC, Digni, NRC and other Norwegian NGOs, applying a human rights-based approach which includes capacity-building of the government (duty-bearers) at different levels.
2. Support the organisational capacity of DPOs to enable them to become strong advocates for their rights.
3. Raise awareness in MFA and the Embassy of the existing guidelines in the multilateral agencies (World Bank and UN).
4. Raise awareness of the CRPD as a human rights instrument.

Annex D: Summary of Malawi case study

1. Country context

Malawi is a land locked independent country in the South Eastern part of Africa with a population of approximately 14.4 million (National Statistical Office 2010) and at 139 people per square kilometre, Malawi most densely populated in Africa. About 85% of the people live in rural areas (National Statistical Office, 2008). Malawi is a low-income country ranked 153 out of 169 countries on Human Development Index (UNDP, Human Development Report 2010). About 40% of the population lives on less than US \$1 per day unable to meet their basic needs (2010 Government of Malawi MDG Report).

Prevalence of disability (year)	4% according to Housing and Population Census (2008)
Signed CRPD	September 2007.
Ratified CRPD	August 2009.
National constitution Law on disability	Persons with disabilities ensured equal opportunities. Old one from 1971, new draft from 2004 yet to be adopted.
Policy on disability	From 2006, implementation is lacking.
National council or commission on disability	Yes, Malawi Council for the Handicapped (MACOHA) whose role is to promote the welfare of persons with disabilities, to advise the Minister on disability-related matters and to administer vocational and special training centres, as well as rehabilitation and welfare services for persons with disabilities. MACOHA remains the main Government Agency responsible for disability issues and services.

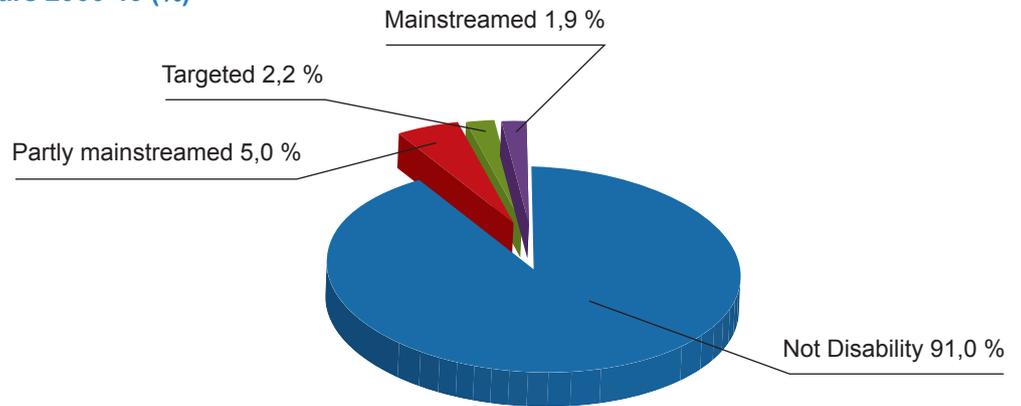
2. Norwegian support – portfolio analysis

The total size of the Norwegian support to Malawi during the 11 years amounts to 2.77 billion NOK with only 250 MNOK which amounts to around 9% going towards disability in the form of targeted, mainstreamed and partly mainstreamed projects.

Out of the total amount committed towards disability, 60 MNOK which amounts to 2.2% of the total project portfolio has been targeting persons with disabilities; most of it has been funding the national CBR programs and capacity building of DPOs. Atlas Alliance member organisations, particularly Norwegian Association of Disabled (NAD), Norwegian Association for Developmental Disabilities (NFU),

and Norwegian Association of the Blind and Partially Sighted (NABP) are the main partners supporting the CBR program and capacity building of sister DPOs particularly Federation of Disability Organisations in Malawi (FEDOMA), Parents of Disabled Children of Malawi (PODCAM) and Malawi Union of the Blind (MUB).

Figure 14: Share of total Norwegian aid to Malawi to disability, years 2000-10 (%)

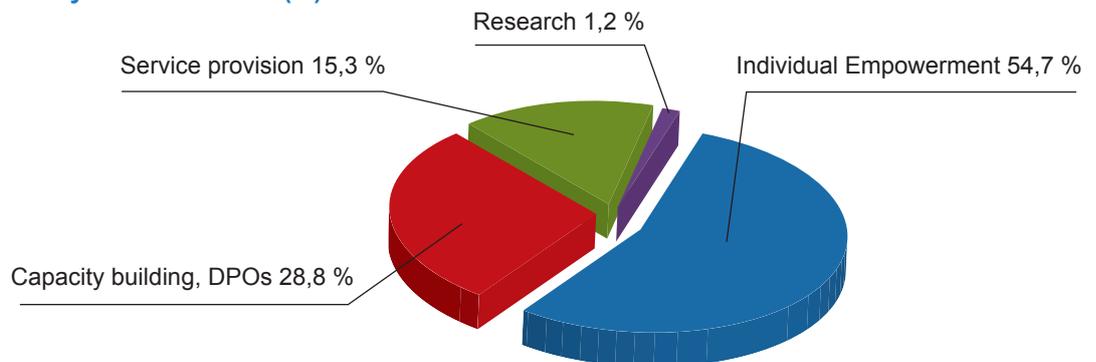


Source: Norad database/information collected by the evaluation

Likewise a total of about 52 MNOK has been committed to towards main-streamed projects (1.9%) while about 138 MNOK which represents 5% of the total funding has gone to funding partly mainstreamed projects. The main partners for the partially mainstreamed projects are Norwegian Church Aid (NCA); most of it has been spent on the development and improvement of the health service delivery. The second largest initiative has been food security initiative with a total funding of 31 MNOK which was channelled through Food and Agriculture Organization. Here it should be stressed that only a minimum, perhaps 2-3% of the total budget has actually benefitted directly persons with disabilities.

In terms of the main objectives of the projects, a majority (55%) of the targeted projects focus on individual empowerment followed by capacity building for DPOs (29%) and service provision initiatives (15%). A paltry 1.2% has been channelled to research.

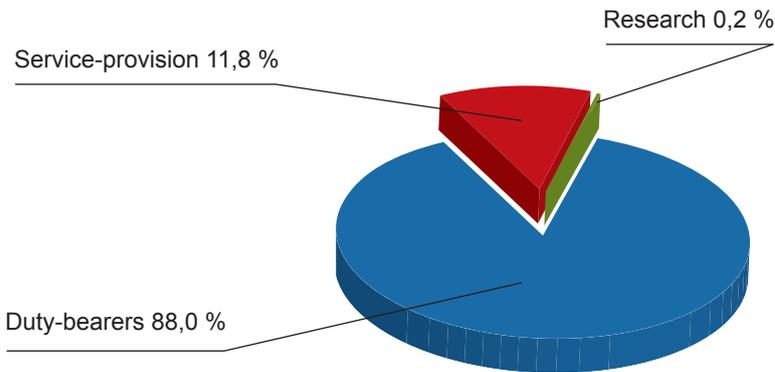
Figure 15: Focus of projects targeting persons with disabilities in Malawi, years 2000-2010 (%)



Source: Norad database/information collected by the evaluation

On the other hand the main focus for mainstreamed and partly mainstreamed projects has been on supporting duty bearers (88%) to play their role or advocacy, awareness raising and training, and 11.8% has gone towards supporting service provision.

Figure 16: Focus of the mainstreamed and partly mainstreamed projects in Malawi, years 2000-2010 (%)



Source: Norad database/information collected by the evaluation

3. Results and challenges

One of the most significant outcomes of Norwegian support has been the government acceptance of CBR as strategy for reaching out to persons with disabilities. Through CBR, there is an increment in access to services for persons with disabilities particularly in education, health, employment, vocational training and rehabilitation. This contributes to persons with disabilities having independent lives. There is noticeable improvement in attitudes towards disability on the part of the public and duty bearers. In addition, the support has resulted in comprehensive health care services as a result of the training programs for health workers and nurses through the NCA projects.

Furthermore, the Norwegian support has led to strengthened DPOs particularly with the umbrella organisation FEDOMA providing a lead role and unifying voice in influencing policy and programs as indicated by the number of interventions made by FEDOMA towards the Parliament and in the media. The Norwegian assistance has enabled DPOs to acquire a number of skills through training in such areas as leadership, business management as well, as to some extent, gender equality and women empowerment.

Other strengthened DPOs supported by Norway such as MUB and PODCAM are considered the strongest with widespread membership and representation in majority of districts of Malawi. Through support to DPOs and particularly FEDOMA women with disabilities have been trained and are now more visible and taking leadership positions in the disability movement. The Disabled Women in Development is a DPO involved in socio economic empowerment of women with

disabilities which also focuses on promoting the rights of women with disabilities and engages them in agricultural activities.

Challenges

In spite of the successes, there are still some challenges that need to be addressed. For example there remains the fundamental challenge of lack of resources to implement most policies and programs. There are also still negative attitudes among community members who believe that persons with disabilities have no potential to achieve independence or contribute to their communities (Wapling, 2009).⁴⁸

Even though DPOs have played an important role in bringing awareness about persons with disabilities their efforts are hampered by a number of challenges: one of which is that of capacity. Specifically DPOs lack the capacity to carry out lobbying and advocacy, they do not have the necessary skills to do policy analysis and budget tracking.

At service delivery level, persons with disabilities face problems accessing health care centres and services as a result of inaccessible infrastructures. This is more pronounced in the remote areas where distance to these services is another factor. In most cases health information is also provided in inaccessible format. Many children with disabilities remain excluded from accessing formal education due to lack of disability friendly school infrastructure, appropriate learning materials and the absence of specialist teachers.

For persons with disabilities who are skilled, they have restricted employment opportunities mainly due to discrimination, inadequate education and training as well as lack of job experience. Finally, a number of government ministries have developed policies that aim at mainstreaming disability in their programs, but most of these have not been widely disseminated neither have they been reinforced.

4. Conclusion and recommendations

Overall, the targeted Norwegian support to the government and the DPOs in Malawi has been essential for the development of a disability sector in the country. Through the support to Christian Health Association of Malawi government has been able to improve its health delivery services especially in rural areas, although the impact on persons with disabilities has not been specifically recorded or reported upon. Through the CBR program a network of services has been established within a community setting which has ensured empowerment and social economic integration of persons with disabilities. Finally, the funding to FEDOMA has given it a strong standing in the civil society and brought disability issues on the door steps of the duty bearers. Among the United Nations development partners, disability was not found to be on their current agenda.

⁴⁸ Wapling, Lorraine (2009) Disability Issues in Malawi, DFID scoping study.

Recommendations for Norway:

1. As a key donor in the sectors of agriculture and health, Norway can lift disability issues in the dialogue when signing new contracts with bilateral, multi-lateral and other partners.
2. When agreements are made, Norway could request disaggregated indicators for disability to make monitoring of results possible. Norway could also include questions of results for persons with disabilities in terms of references of reviews, evaluations and in their field visits to development partners.
3. The UN supported Democracy Consolidation Program, which is working towards empowering vulnerable groups and enabling them to claim their rights to development, could become more relevant and effective for persons with disabilities if linked to the CBR program. The same with the UNICEF's social cash transfer programs.
4. Norway could support disability surveys (via the National Statistical Office), studies and monitoring processes to improve quality of government and alternative reporting, especially since Malawi is due to report on the Convention of the Rights of Persons with Disabilities in 2012.

Recommendations for Malawi partners:

1. **Effective Dissemination of Disability Information:** In order for effective promotion of the rights of persons with disabilities there is need to disseminate documents such as the Disability Bill, the National Policy, the draft National Plan of Action and comprehensive representative surveys such as SINTEF's study on the Living Condition for People with Activity Limitations in Malawi.
2. **Capacity Building of DPOs:** There is need to build capacity levels of DPOs in the areas of policy analysis, budgeting and budget tracking, monitoring and evaluation but also the establishment of more DPO branches as well as strengthening existing branches at district and community levels across the country
3. **Disability focal Persons in the Sector Ministries:** In order to effectively mainstream disability there is need for desk persons to be appointed in all the sector ministries and the government department including the Norwegian Embassy.
4. **The Roles of Government:** There is need to provide clear roles between government and its disability wing MACOHA
5. **Common Understanding of Concepts:** DPOs, policy makers, planners and other stakeholders need to develop common understanding of the meaning and application of basic concepts such as mainstreaming, inclusion, participation, non-discrimination etc.
6. **Follow up survey on Living Conditions of PWDs** conducted in 2003.
7. **Monitoring and Evaluation:** The DPOs need to be involved in monitoring and evaluating sectoral (government) programs and services.
8. **Affirmative Action:** Currently of the 53 government agencies persons with disabilities are only represented on three boards. The NGOs need to advocate for affirmative action by engaging government to reserve places for per-

sons with disabilities on governance structures, schools, Parliamentary Committees etc.

9. **Support for Sign Language:** The CBR program could support special sign language medium classes for deaf children in collaboration with education authorities and MANAD.

Annex E: Summary of Nepal case study

1. Country context

Nepal, home to 26.6 million people belonging to more than 100 different ethnic and caste⁴⁹ groups (National Census, 2001), is a highly stratified and ethnically diversified society. Social and power structures, institutionalized through a caste system, stratify individuals into unequal positions from and by birth. As one of the most inequitable societies in the world, a sizeable proportion of the society is excluded and discriminated on basis of caste, class, ethnicity, gender and even geographic location. Persons with disabilities are among the most deprived groups in Nepal, historically excluded from the mainstream socio-politics and economic development. Disability is a social stigma as it is viewed as a sin of the previous life. Consequently, persons with disabilities are hidden from the society and denied a right to a dignified life. If they are women and/or belong to marginalised castes, classes or ethnic groups, then they often face multiple discriminations.

Prevalence of disability (year)	0.45% according to Population Census 2001.
Signed CRPD	January 3, 2008.
Ratified CRPD	May 7, 2010.
National constitution	Persons with disabilities ensured equal opportunities (Interim Constitution 2007 and Draft Constitution).
Law on disability	Disabled Persons Protection and Welfare Act 1982; Various acts starting from 1971 in different sector (Education; equal employment; rehabilitation; health; and social security).
Policy on disability	Disabled Service National Policy, 1996; National Policy and Plan of Action on Disability, 2006; weak implementation.
National council or commission on disability	Not implemented; only Coordination Committee; Desk/Section in Ministries/ Departments

Nepal experienced a decade long conflict, which is said to be an expression against the prevailing discrimination, exclusion, poverty and social injustice. The resulting socio-political transformation process after the 2006 Peace Agreement put social inclusion and human rights at the top of the political and development

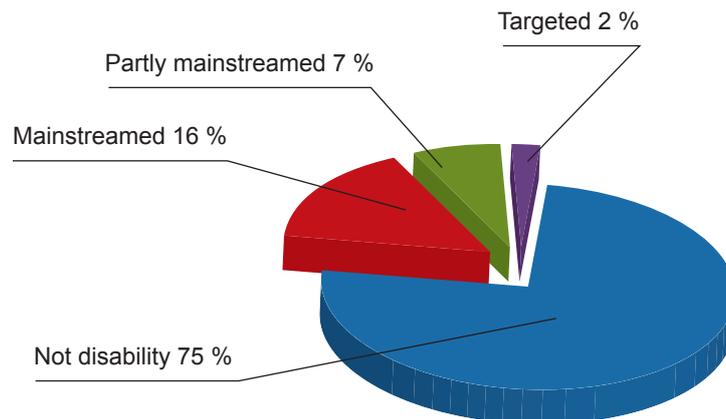
49 Religious classification defining position and status in society.

agenda of Nepal, promoting rights of women, Dalits⁵⁰, Janjati⁵¹ and Madeshi.⁵² However, disability has not yet strongly come up in the political and development discourse of Nepal as 'Disability' is not yet recognized as a cause of social exclusion and discrimination. Disability is largely considered as a medical problem and hence an individual issue rather than a social concern that requires socio-political response. Though there are legal provisions, policies and programs for persons with disabilities, implementation remains a challenge.

2. Norwegian support – portfolio analysis

Over the period of 2000-2010, Nepal received 2 billion Norwegian kroner (350 million USD) from Norway, mostly through MFA (83%). 75% of this support are initiatives without any component on disability, while the remaining 25% includes targeted initiatives (2%), partly mainstreaming initiatives (7%) and fully mainstreaming initiatives (16%).

Figure 17: Share of total Norwegian aid to Nepal to disability, years 2000-10 (%)



Source: Norad database/information collected by the evaluation

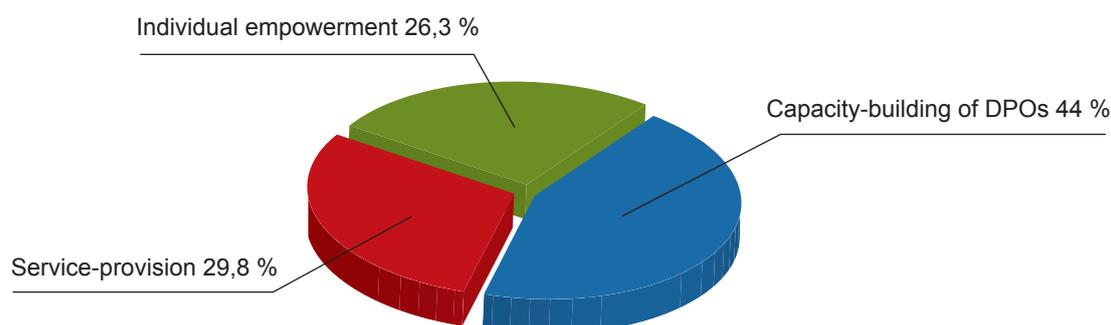
Large portion of the targeted initiatives is channelized through Atlas Alliance (48%), from Norad as the extending agency (100%). The primary focus of the targeted initiative is on capacity building of DPOs (44%) followed by service provision (30%) and individual empowerment (26%). Service delivery mainly entails initiatives such as eye care; cataract operations whereas individual empowerment mostly includes CBR for visually impaired persons and rehabilitation of Children with Disabilities.

50 Religiously classified as 'untouchable' caste.

51 Indigenous and ethnic minorities, facing linguistic and religious discrimination.

52 People living in the plain regions of Nepal, facing racial discrimination.

Figure 18: Focus of the targeted projects in Nepal, years 2000-2010 (%)



Source: Norad database/information collected by the evaluation

MFA is the main extension agency for the mainstreaming initiatives (91%). 72% of the mainstreaming initiative includes support to Ministry of Finance for the education sector. More than half of the Norwegian education budget is allocated to the Basic Education Sector Programme which has partly mainstreamed disability. The main focus of mainstreaming initiatives is also service provision (74%) which entails services such as education and humanitarian assistance (food, shelter, rehabilitation).

The support to the targeted initiatives remains rather unchanged at 4.5 MNOK per year over the 11 years, while the support to the mainstreaming initiatives has increased, mainly due to the education program.

3. Results and challenges

Results are more prominent in the targeted initiatives than in the mainstreamed projects. Norway, together with other Scandinavian countries is recognised as a long term supporter and promoter of disability movement in Nepal. Support for strengthening institutions such as the National Association of the Blind; Parents Network of Persons with Intellectual Disability and National Federation of the Disabled People (NFDN) have been instrumental in creating disability movement in Nepal. Supporting the formation of self-help groups and DPOs and strengthening their advocacy capacity has helped the disability movement transit from welfare to a self-help movement.

The various legislature and policy reforms; increasing budget allocation especially at the grass roots; ratification of CRPD and the recent incorporation of disability specific detailed data in the national census (2011) are some of the visible impact of this support. The DPOs and their network of self-help groups have meant valuable social support mechanisms for persons with disabilities at the local level. Funding of services such as rehabilitation, health care, education, counselling, income generation/livelihood and vocational training have filled the gaps of government services, where it was minimal or non-existent. These services have complimented government programs and strengthened outreach, access

and quality of local services. The impact is seen in improved living conditions, increased awareness, improved physical functioning and self-reliance of persons with disabilities.

For mainstreaming initiatives, results can be traced in the education sector where efforts are made to reach to children with disabilities; to make schools accessible; to train teachers on inclusive practices and support with some facilitating material and resources. Some results in humanitarian assistance are also noted in terms of rehabilitation support to conflict victims, treatment/rehabilitation to mine victims, rehabilitation of refugees and disaster relief support. Support to research initiatives (Social Inclusion Research fund, SIRF; Research Centre for Educational Innovation and Development, CERID) have added value by giving visibility to persons with disabilities and their issues and strengthened knowledge base on disabilities. Support to Sankalpa (a network of women organisation), where a disabled women's organisation is a member (Nepal Disabled Women Association), is a milestone initiative for promoting inclusion of women with disabilities in the women's rights movement of Nepal.

Challenges:

Disability has not been effectively mainstreamed in the majority of the general development programs, and hence results are only few in the mainstreaming initiatives. The disability movement has not been strategic to promote mainstreaming in all sectors and have bargained only for the targeted programs. The disability movement is not yet as strong as the Dalit or Janjati movements and it has not been able to position "disability" as a socio-political agenda, promoting it as an important development theme by strategically linking it to international priorities such as poverty, human rights, Millennium Development Goals and climate change. Lack of political access, networking skills and capacity to influence large agencies and their development programs (like UN, World Bank) are identified by the disability movement as its key constraints.

The agreement partners also indicated that the lack of policy guidance and institutional capacity were factors that limit the disability mainstreaming. Institutional capacity includes knowledge, technical knowhow as well as infrastructure (universal design) and human and financial resources. Many of the agreement partners do not consider disability as a theme relevant to their area of work. Agreement partners have also not been coordinating and are less aware of each other's work and the disability movement in general, unless directly working together.

4. Conclusions and recommendations

Rights of the persons with disabilities have been systematically promoted in the targeted initiatives, results of which can be directly attributed to the Norwegian Government. However this accounts for only 2% of the Norwegian funding. In the mainstreamed initiatives, the results are mostly because of the partner's own interest and priority rather than being proactively promoted by Norway. Norway's role and contribution has been only that of a core funder and flexible donor accommodating local priorities. Apart from the DPOs, most of the partners candidly shared that disability has never been part of their dialogue with the Norwegian donor and is not considered a social inclusion agenda. They are not aware of the Norad disability guidelines.

The Norwegian government is recognised in Nepal for promoting issues that are side-tracked and bringing it into mainstream development such as gender mainstreaming⁵³, social inclusion of cast, ethnic minorities and lately LGBTs (RNE hosts a donor coordination forum). Therefore, Norwegian government can play a more pro-active role in promoting the rights of persons with disabilities. For this, the Embassy/MFA could:

1. Consider taking the initiative in forming a donor group for this purpose. RNE could use the lessons from promoting of LGBT rights and from promoting gender equality. Linking up with likeminded agencies and using arguments based on CRPD and the Millennium goals could be a way forward.
2. Play a proactive role in influencing the various donors' forums and networks such as the Social Inclusion Action Group (SIAG), Association of INGOs in Nepal, UN working groups/donor groups, External Development Partners Network (Health and Education sectors SWAP) in order to further leverage the efforts of the Disability Movement in influencing the development discourse in Nepal.
3. Play a catalytic role in supporting the disability movement to influence Government's programs and priorities.
4. Further support institutional capacity of agreement partners, including the Government, as part of Norway's strategy to mainstream disability in its development cooperation. Forums like annual partners meeting (hosted by the embassy) can be used for this, collaborating with DPOs/Disability movement as strategic partners for capacity building.
5. Start by focusing on inclusion of persons with disabilities in certain sectors such as governance, human rights and education programs. In all social inclusion programs disability should be a specific focus with its own indicators and budget.

⁵³ Nepal has been selected as a pilot country by Norway to work strategically on improving the focus on women's rights and gender equality. See Norad Gender Reviews, www.norad.no

Recommendations for the disability movement

For better and more effective mainstreaming results, the disability movement has to re-strategize its approach and refocus advocacy initiatives. For this:

1. Competencies for effective advocacy need to be strengthened and strategic alliances developed with other civil society agencies for greater visibility and leverage.
2. Large development programs, mostly those implemented by the Government with support of external development partners have to be specifically targeted when advocating for mainstreaming. Systematic and comprehensive inclusion of persons with disabilities in the policy framework, program design, budgeting as well as monitoring and evaluation framework should be promoted.
3. Other Human Rights tools such as the CRC, ICESCR, CEDAW and other international development priorities such as MDGs, poverty alleviation should be used together with CRPD for evidence based advocacy.
4. Capacity to provide expertise input to those organisations willing to mainstream disability needs to be strengthened.

Annex F: Summary of the Palestinian territory case study

1. Country context

The Palestinian territory comprises the occupied West Bank, including East Jerusalem, and the Gaza Strip. Its total population is estimated at 4.1 million, including 2.5 million living in the West Bank and 1.6 in Gaza. Over one fourth of the population are living in poverty, with much higher prevalence in Gaza compared to the West Bank.

Prevalence of disability	<i>7.0% according to 2011 National Disability Survey.</i>
Signed CRPD	<i>N.A. (cannot join international treaties as a non-state actor)</i>
Ratified CRPD	<i>N.A.</i>
National constitution	<i>Persons with disabilities are ensured equal opportunities by the Basic Law as part of the non-discrimination provision.</i>
Law on disability	<i>Disability Law No 4, 1999.</i>
Policy on disability	<i>Under development, 2011.</i>
National council for disability	<i>Yes, Higher Council of the Disabled, representing major line ministries and persons with disabilities. However, the Council has been inactive and efforts are underway to activate its role.</i>

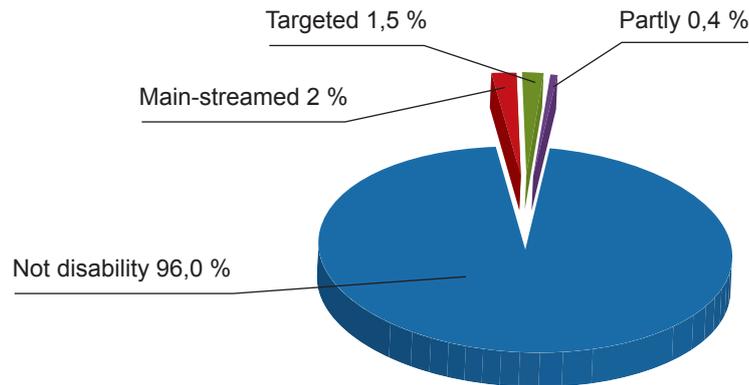
2. Norwegian support – portfolio analysis

The Palestinian territory received around 5,4 billion NOK from Norway over the period 2000-2010. It is the fourth largest partner country among the bilateral development partners of Norway.⁵⁴ Over these years, support to the Palestinian territory has steadily increased from MNOK 245 in 2000 to about MNOK 662 in 2010, averaging MNOK 486 per year.

The below figure presents a description of Norway supported interventions according to their focus: 96% of the projects funded by Norway in the Palestinian territory are neither targeting nor mainstreaming persons with disabilities. 2.2% of the projects were found to be mainstreaming disability, and another 1.5% specifically targeting persons with disabilities.

54 <http://www.norad.no/Land/Midt%C3%B8sten/Palestinske+omr%C3%A5det>

Figure 19: Share of total Norwegian aid to the Palestinian territory to disability, years 2000-10 (%)

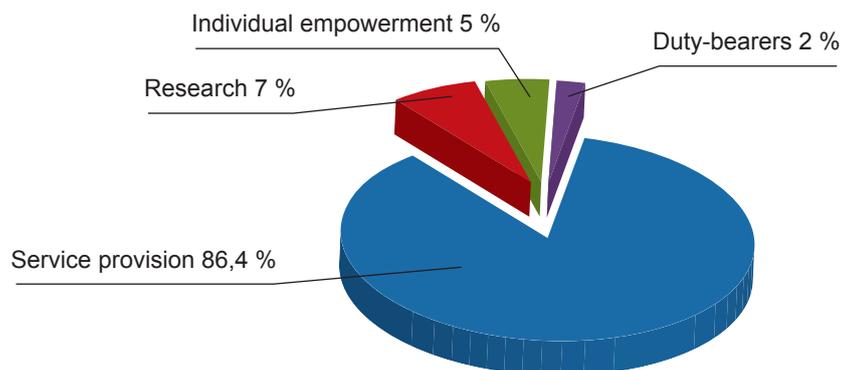


Source: Norad database/information collected by the evaluation

The evaluation found that between 2000 and 2010, disability-related projects (both targeted and mainstreamed) received around 218 MNOK of support, with 46% of the total channelled through the Norwegian Representative Office to the Palestinian territory (NRO). Norad was the second largest channel for funding accounting for 40% of this total. However, the vast majority of funds specifically targeting disability (89% out of 78 MNOK) came through Norad.

Around 82% of the targeted funds were allocated through Atlas Alliance. The rest were channelled through various Norwegian and Palestinian NGOs. The main targeted intervention was the Community Based Rehabilitation Programme supported through NAD in partnership with the Swedish Diakonia.

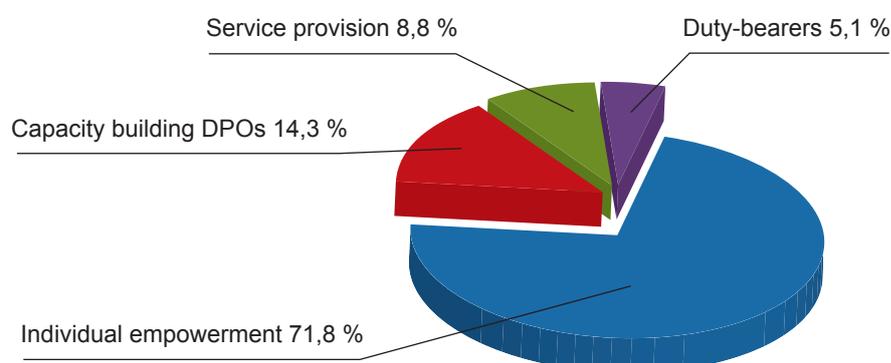
Figure 20: Focus in mainstreamed and partly mainstreamed projects in the Palestinian territory years 2000-10 (%)



Source: Norad database/information collected by the evaluation

Analysis reveals that when considering targeted interventions (figure 21), individual empowerment has been the main focus in almost 72% of the funds, followed by capacity development of disabled people's organizations (DPOs) at 14%, service provision at 9% and finally capacity development of duty-bearers at 5% only. However, when considering mainstreamed and partly mainstreamed interventions, service delivery as the main focus becomes the largest share of funds, reaching up to 86% and leaving only 7% to research, 5% to individual empowerment and 2% to capacity development of duty-bearers.

Figure 21: Focus in targeted projects in the Palestinian territory years 2000-10 (%)



Source: Norad database/information collected by the evaluation

3. Results and challenges

Norway's support has been crucial in the creation of a well-established community-based rehabilitation program with strong links with the community and wide network of referral services, enjoying local ownership and embedded in the local implementing nongovernmental organisations. The impact of this program on the lives of beneficiaries has been documented in several evaluations and research documents.

Support to persons with hearing impairments is relatively more recent but has been successful in strengthening a number of existing clubs for the deaf and establishing a national coordinating body.

The impact of interventions mainstreaming disability is less evident. While 50% of schools are accessible, many families do not send their children with disabilities to schools for reasons beyond the school system. Teaching staff does not have the necessary skills to deal with students with disability and is inadequate in numbers. Although the education sector has been active in adopting an inclusive approach, this effort needs to be further institutionalised within the national education system alongside with the development of outreach support services.

There are few good examples of organisations trying to mainstream disability within their overall programs. However, the practice of mainstreaming is limited in scope and geographic coverage. The Norwegian extending agencies do not enforce any criteria for the mainstreaming of disability as a crosscutting issue when negotiating funding with local partners.

Challenges

Challenges identified in the course of the evaluation include: disparity in focus with regard to types of disability, with little attention paid to developmental and intellectual disability; lack of attention to social and cultural rights, including marriage and prevention of sexual violence; inadequate attention to livelihoods; poor

prospects for sustainability of interventions; inadequate horizontal links and synergy between interventions; and inadequate mainstreaming efforts.

There is a need for action-oriented research in overlooked areas, such as marriage and family aspects, violence against females with disability, political participation of persons with disability, etc. The disability movement can help in determining these focus areas.

4. Conclusion and recommendations

Currently there is a momentum in the Palestinian territory towards consolidating the work on the rights of persons with disability. In 2011, the Palestinian Central Bureau of Statistics for the first time conducted a comprehensive disability survey as a preparation for the Ministry of Social Affairs issuing of Disability Cards. The knowledge base established by the Central Bureau of Statistics could be of key importance for other governmental and private organisations wanting to work on disability, including the Independent Commission for Human Rights in planning their *National Inquiry on disability*.

Against this backdrop, the evaluation proposes several recommendations to consolidate the role of Norwegian support in promoting the rights of persons with disability:

1. Norway can play a more proactive role in promoting the rights of persons with disability by including in its funding requirements a provision to mainstream disability in the different sectors it supports.
2. The Norwegian extending agencies can raise disability in the dialogue with development and humanitarian partners, including the Palestinian Authority, aiming at institutionalising interventions within the existing national structures.
3. Horizontal links and synergy should be pursued between the different interventions as well as between Norwegian partners.
4. Monitoring of fund disbursement and allocations needs to be strengthened in order to ensure that disability is mainstreamed.
5. With regard to targeted interventions, the Norwegian partners need to pay more attention to sustainability of the programs. One of the means to do so is to require the institutionalisation of interventions within the existing national structures.
6. When supporting local NGOs, horizontal links with the government and plans to institutionalise the intervention need to be included as part of the requirements for approval of the requested funding.
7. More efforts need to be made to ensure that persons with disabilities and their organisations are involved in the planning, implementation and monitoring of interventions. Strategic partnerships can be established with local DPOs for such purposes.
8. Funding for action-oriented research in overlooked areas such as marriage and family aspects, violence against females with disability, political participation of persons with disability etc. The disability movement can help in determining these focus areas.

Annex G: Summary of Uganda case study

1. Country context

Uganda is a landlocked country in East Africa with a population of about 31 million⁵⁵ people with a high population growth rate at 3.3% (UBOS, 2010). Uganda is a poor country with a national per capita income of USD490, and 31% of the population lives below the national poverty line - on less than one USD per day. Uganda has been and continues to be one of the priority countries for the Norwegian development and humanitarian assistance.

Prevalence of disability	7.2 % according to 2005/06 National Household Survey.
Signed CRPD	30th March 2007.
Ratified CRPD	25th September 2008.
National constitution	Persons with disabilities ensured equal opportunities and largely through affirmative action.
Law on disability	Persons with Disabilities Act, 2006.
Policy on disability	The National Policy on Disability, 2002.
National council for disability	Yes, whose main role function is to act as a body through which the needs, concerns and potentials and abilities of persons with disabilities can be communicated to Government as well as monitor and evaluate the extent to which government and other actors include and meet the needs persons with disabilities.

2. Norwegian support – portfolio analysis

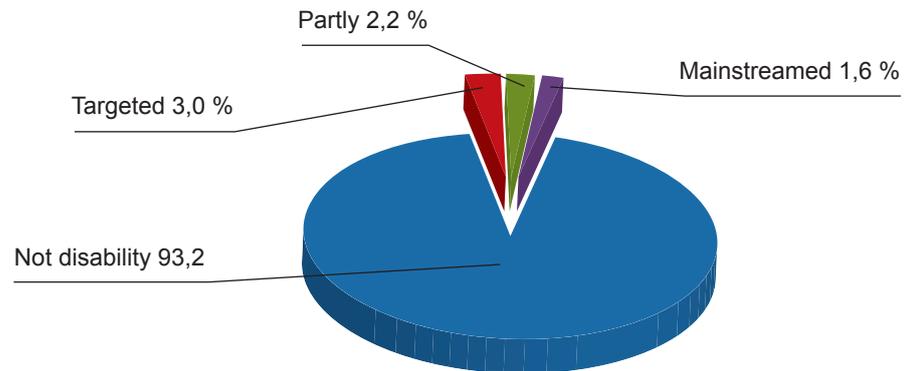
Uganda receives around 430 million Norwegian kroner (MNOK) per year from Norway. It is the seventh largest partner country on a global basis for Norway.⁵⁶ The figure below shows the total size of the Norwegian support during the 11 years and the percentage of the total aid which has been channelled to projects targeting persons with disabilities (3%), mainstreaming (1.6%) and partly mainstreaming (2.2%) disability. More than 93% of the projects were not including or mainstreaming disability at all.⁵⁷

55 Uganda Bureau of Statistics (UBOS), Uganda National Household Survey 2009 / 2010

56 <http://www.norad.no/Land/Afrika/Uganda>

57 For a definition of the terminology utilised in the Summary, we refer to chapter 1 in the main report.

Figure 22: Share of total Norwegian aid to Uganda to disability, years 2000-2010 (%)



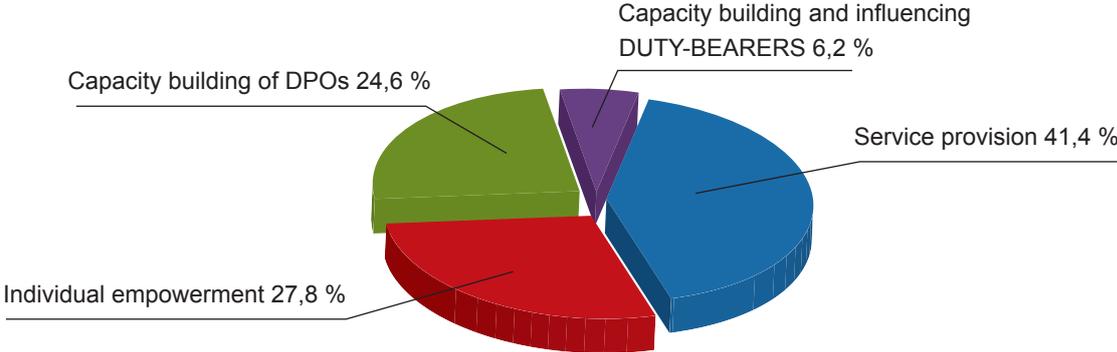
Source: Norad database/information collected by the evaluation

Others that have supported targeted interventions include; the UNDP Mine Victims Assistance Programmes for Northern Uganda, SiU supported training for lecturers at the Uganda National Institute of Special Education, and a few other initiatives.

The major extending partners of the Norwegian funding are: Norad (75%), MFA Oslo (15%) and MFA Embassy (8%). The evaluation reveals that between 2000 and 2010 the funding to the 10 largest partners targeting persons with disabilities was approximately 361 MNOK including projects classified as targeted, mainstreamed and partly mainstreamed. Over the last 11 years, a total of 103 MNOK has been channelled towards targeted interventions for persons with disabilities of which 51 MNOK (53%) have been channelled through Atlas Alliance and 34 MNOK (3%) has been used to support the Lions Aid Norway (in cooperation with the Ministry of Health district eye care programs).

Analysing the main focus of the targeted projects 41% of the funds for disability has gone towards service provision (of which most of the funds have been for cataract operations through the Lions Aid), followed by individual empowerment at 28%, capacity building for DPOs at 25 MNOK (25%) and lastly capacity building and influencing duty bearers at 6 MNOK (6%). The biggest funded targeted initiatives has been the CBR programs which was up to 2008 a joint program of Norwegian Association of Disabled and the Government of Uganda and a multi-sector implemented through district (local governments).

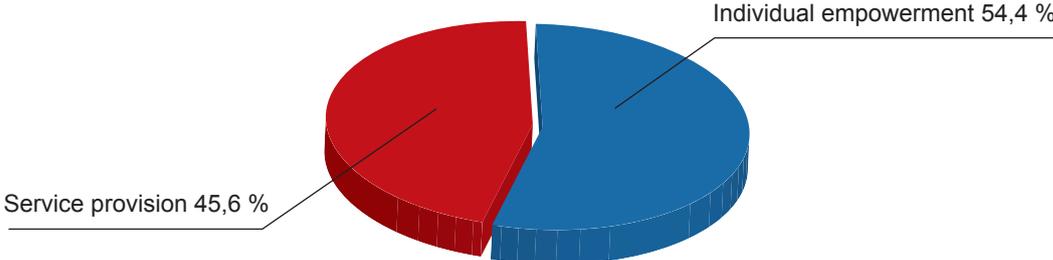
Figure 23: Focus of targeted projects in Uganda years 2000-10 (%)



Source: Norad database/information collected by the evaluation

Analysis of mainstreamed/partly mainstreamed projects reveals that their main focus has been individual empowerment receiving 71 MNOK (54%) while 60 MNOK (46%) has been committed to service provision. Research is an area that has not been prioritized by targeted and mainstreamed interventions.

Figure 24: Focus of mainstreamed and partly mainstreamed projects in Uganda, years 2000-10 (%)



Source: Norad database/information collected by the evaluation

3. Results and challenges

The Norwegian support has had the biggest influence on the government led CBR program which is the main vehicle through which persons with disabilities can be reached and served. This has been possible because of the programs’ focus on working with duty bearers at various levels.

The Norwegian support has also contributed to building a vibrant disability movement in Uganda. This is particularly so in districts which have implemented CBR. This is because of the sustained involvement of the disabled people’s organisations that have emerged as a result of the need to participate in CBR programs activities.

Furthermore, the targeted initiatives have resulted in increased access to main-stream services (rehabilitation, education, health, banking and economic livelihood programs etc., particularly in CBR target districts). Mainstreaming by the

Uganda Bureau of Statistics (UBOS) has also led to improvements in and availability of more reliable disability statistical data to aid planning and programming in Uganda. In addition, attempts of mainstreaming by Norwegian organisations such as Norwegian Refugee Council, Care International, Save the Children and Plan Norway, means that there are increased opportunities of access to services to persons with disabilities, and particularly in emergency and humanitarian programming.

Challenges

The study has revealed a number of challenges. Key among these is the issue of mainstreaming or Inclusion which is still paid more lip service than practice. The evaluation found in most cases where mainstreaming was taking place was due to the goodwill of manager or directive / interest of donor. Many programs did not even know how disability can be included in their programming. In this regard, since Norway removed the disability marking criteria disability is bound to get more and more lost unless a serious effort is made to prioritise it like other cross-cutting issues such as gender, environment etc.

The evaluation also revealed that disability organisations, and probably rightly so, are less supportive of mainstreaming as a strategy, particularly the DPOs of the deaf, deaf-blind, and severe developmental disabilities. Mainstreaming with clearly defined interventions to meet their unique needs makes their situation worse.

The evaluation also revealed that there were little or no linkages between the Norwegian NGOs supporting development work in Uganda. Each one of them was pursuing their own agendas, although they could all benefit from synergised programming.

There were very few multilaterals and INGOs including disability in the emergency and humanitarian programs in the country, mainly because not much effort has been taken to build capacity in that area. NRC was a good exception here.

An increase was found in the number of funded projects being channelled through the Embassy. Unfortunately, the Embassy has limited capacity to effectively monitor and follow-up on mainstreamed or targeted disability projects.

4. Conclusion and recommendations

The Norwegian funding has been crucial in influencing the disability policy landscape and practice in Uganda. As a result, there is a vibrant disability movement, but also the government adopting mainstreaming disability and CBR as key strategies or reaching and serving persons with disabilities. However there remain many challenges that need to be addressed, particularly translating the

government good disability policy intentions and laws into practice. The evaluation therefore recommends the following:

1. The Government of Norway through bilateral relations can influence the Government of Uganda to pay more attention to crucial development programs that promote rights of persons with disabilities.
2. Development programming as well as policy advocacy (the latter being the key role for DPOs) is dependent on evidence based research. Norway could support disability specific research in Uganda for this purpose.
3. Disability should be prioritised like other cross-cutting issues such as gender, at least in the form of disability disaggregated indicators in planning and reporting, in grant and instruction letters to Embassies, directorates (Norad, Fredskorpset) and other partners.
4. Since CBR was up to 2008 the main disability targeted intervention supported by Norway, an impact evaluation of the model CBR programs should be undertaken and lessons be used to inform Government of Uganda in rolling out of the program to other districts.
5. There is need for more linkages between Norwegian DPOs and general Norwegian NGOs supporting development programs in the country. Besides supporting development and social services delivery, the NGOs should support capacity building for the DPOs.
6. Norway has supported humanitarian, conflict resolution and peace building initiatives in Northern Uganda. This has been led by the Government of Uganda, Norwegian NGOs and multilaterals like UNHCR, UNICEF and WFP. Unfortunately this evaluation has revealed little effort and evidence of these emergency and humanitarian programs mainstreaming rights of persons with disabilities. It is recommended that Norway should take lead in demanding evidence of mainstreaming disability from all stakeholders supported to do emergency and humanitarian work.

Annex H: Terms of Reference

Evaluation of Norwegian support to promote the rights of persons with disabilities

1 Background

During the last decade the international development regarding the rights of persons with disabilities has undergone substantial changes. With the UN Convention on the Rights of Persons with Disabilities (hereafter: the Convention) these rights have been given a solid international basis and framework. Having signed the Convention, but still in the process of preparing for ratification, Norway has a reputation for being a supporter of the promotion of the rights of persons with disabilities, and was a pioneer in establishing a framework for such support within the development cooperation. On this background it is of special relevance to take a critical look at the results of the Norwegian support to promote the rights of persons with disabilities and assess the suitability of the current framework and guidelines for securing these rights within the new international context. The evaluation will provide useful insight into the current Norwegian practice and give advice for future support to promote the rights of persons with disabilities.

2 The international framework on the rights of persons with disabilities

In the last decade we have witnessed major changes in the international framework and approach to the rights of persons with disabilities. The Convention was adopted on 13 December 2006, and entered into force on 3 May 2008. There is also an Optional Protocol to the Convention. A treaty body, Committee on the Rights of Persons with Disabilities, has been established and there is a UN Special Reporter. The presentation of the Convention on the UN website states that: "The Convention marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free, and informed consent as well as being active members of society. The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced." (UN Enable - Convention on the Rights of Persons with Disabilities)

The Convention treats obligations related to international cooperation in a separate article. Art. 32 on International cooperation underlines the importance of ensuring that programs are inclusive and accessible to persons with disabilities, that capacity-building is facilitated and that research, technology transfer and technical assistance of relevance is facilitated and supported.

In relation to the handling of the rights of persons with disabilities on the international scene it should also be mentioned that the UN General Assembly discussed the issue in its 65th session last year in relation to the Millennium Goals (A/65/173: "Keeping the promise: realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond. Report of the Secretary-General").

The evaluation will refer to the definition given in the Convention, Article 1 Purpose: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others."

3 Rational and purpose of the evaluation

Aid to governments as well as organizations that work to improve the lives of persons with disabilities and secure their rights has long been an important element of Norwegian development cooperation. With the basis in a White Paper [St.meld. nr. 8 (1998-99) Om handlingsplan for funksjonshemmede 1998-2001. Deltaking og likestilling] and specifically chapter 7 on Norwegian aid, a plan for working with people with disabilities within Norwegian aid was developed in 1999 ("Plan for arbeidet med mennesker med funksjonshemming i bistanden", Utenriksdepartementet, 10.11.99). Following this plan Norad developed a plan and practical guidelines for the inclusion of disability in development cooperation. ("The inclusion of disability in Norwegian development co-operation. Planning and monitoring for the inclusion of disability issues in mainstream development activities", Norad January 2002). On the basis of this plan Norad's Directors' Assembly (Direktørmøte) decided on 12.03.02 that disability shall be taken into consideration and integrated in all its work in development cooperation.

With the plan of 2002 Norwegian development cooperation has for a long time had integration of the rights of persons with disabilities as a central concern in its overall policy and guidelines. Not least in the light of the development on the international scene related to the rights of people with disabilities it seems timely to take a closer look at the results obtained and how the Norwegian support to the rights of persons with disabilities is fitting into the international requirements. The evaluation will thus also be an input to the Norwegian authorities' preparations and plans for follow up of the ratification of the Convention.

On this background the *purpose* of the evaluation will be twofold:

- Document and assess the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade. The evaluation should include, but not be limited to an assessment of the extent to which the support to persons with disabilities

has been mainstreamed and the special merits of such an approach within the cooperation.

- On the basis of the plan and guidelines from 2002, considering the recent developments on the international scene, with special reference to the Convention (and Art. 32), propose guidelines appropriate to meet the challenges for Norway related to the support and promotion of the rights of persons with disabilities.

The following *objectives* will guide the evaluation:

- Document the support given during the last decade to persons with disabilities across geographical areas, sectors, channels and partners, if feasible classifying types of disabilities.
- Ascertain and assess output, outcome and to the extent possible impact of the Norwegian engagement for different groups of persons with disabilities and work done under guidance of the existing plan, including the relevance, effectiveness and sustainability of the efforts made so far, and including a discussion on the implementation and merits of the mainstreaming approach.
- Provide findings, conclusions and recommendations to inform the continuation of the Norwegian support to promote the rights of persons with disabilities through the various channels, modalities and partners provided by the Norwegian development cooperation.

4 Scope

Norwegian support to promote the rights of persons with disabilities has been on a relatively high and stable level during the last decade. Although reliable statistics on the support are not easily found (no OECD-DAC codes directly covering the support), a tentative overview can be established of the support based on a Norad specific “target group marker: physical disabled”, which unfortunately only gives us figures until 2008, when this target group was abandoned. Estimating a support on approximately the same level for the years 2009-2010 this gives a total amount approaching 3 billion NOK in support for persons with disabilities for the period 2000-2010. Added to the general caution of the reliability of the statistics mentioned above, another issue should also be mentioned. The Norwegian support to persons with disabilities covers support to mine victims, but it has not been verified whether this kind of support, from the specific budget on “humanitarian disarmament”, is covered in the overview. The figure given should thus be regarded as an estimate. The evaluation will have as one of its objectives to give a more qualified view on the total Norwegian support to persons with disabilities in the last decade.

A considerable amount of the support to persons with disabilities is channelled through Norad and funding through civil society organizations. Among these the support to the umbrella organization the Atlas-alliance is of special importance, with a total annual support of approximately 79 million NOK. The Atlas-alliance has a basis in organizations of persons with disabilities and covers the interests of 18 organizations, 10 of which have projects supported through the Atlas-alliance agreement. The Alliance was submitted to a Norad organizational review in 2009.

The evaluation will cover the Norwegian support to persons with disabilities through different channels, modalities and partners in the period 2000 – 2010. In-depth studies of the support, both targeted and mainstreaming approaches, in three countries will be included: Uganda, Palestinian territory and Malawi. The study of mainstreaming of the rights of persons with disabilities will be facilitated in the evaluation by a special thematic focus on support within the education sector. Another thematic focus in the evaluation is related to the humanitarian sector, where victim assistance from landmines has been chosen to be looked at where relevant.

The rights based approach is central to the evaluation and the work of advocacy and capacity building of Norwegian organizations with their partner organizations in the case countries will be of special interest in the evaluation.

Evaluation issues and questions:

The evaluation shall cover but is not necessarily limited to the issues and questions below:

- Provide an overview of the Norwegian support to promote the rights of persons with disabilities in the period 2000 – 2010 across channels, sectors, geographical areas and partners, classifying types of disabilities where possible. The mapping should cover the countries chosen for case studies in some detail, and on a more general level for the total Norwegian support. Data permitting, it should indicate the main areas for which the money has been used.
- Based on the mapping of the support and the results of the case studies give a synthesized assessment of the Norwegian engagement for persons with disabilities in the last decade.
- What have been the “programs theory” or programs logic and underlying assumptions for the Norwegian support? Where relevant, differentiate according to context.
- What have been the results (or contribution to results) at local and national level of the Norwegian support to promote the rights of persons with disabilities? At project level, assess results, and outline reasons for success and failures.
- Document and assess the support to persons with disabilities as a mainstreaming factor in the Norwegian development cooperation and humanitarian support.
- Identify to what extent risk factors have been taken into account, and to what extent the support has been culture and conflict sensitive.
- Discuss in general the socio-cultural context of the major types of disabilities and the support given to the different groups, assessing the relevance and effectiveness of the support according to contextual factors and types of disabilities. Gender differences should be given due consideration. Conducive as well as hindering factors, cultural, social and economic, for improving the lives and supporting the rights of persons with disabilities should be pointed at.

- With a specific focus on securing the integration of persons with disabilities in education, assess the relevance and effectiveness of the Norwegian support. Gender differences should be given due consideration.
- With a specific focus on victims' assistance in humanitarian disarmament and their integration into the community, assess the relevance and effectiveness of the Norwegian support. Gender differences should be given due consideration.
- Assess the coherence of the Norwegian support to persons with disabilities, with the recipient countries' plans and other support of relevance to improve the lives of the disabled.
- Assess the coordination of the support to persons with disabilities through different channels in the countries studied.
- Assess the extent to which Norwegian support has been facilitating and supporting advocacy and capacity building of organizations working for the promotion of the rights of persons with disabilities in the countries studied, making the disabled to "subjects" not only "objects".
- Assess the extent to which Norwegian support has been supporting relevant research and research institutions in the countries studied.
- Within available resources, and where relevant, compare the merits of the Norwegian support with other countries' support to persons with disabilities in the countries studied.
- Assess the sustainability of the Norwegian support, and if possible the impact of the support on the lives of persons with disabilities. Gender differences should be given due consideration.
- Assess to what extent the support has been guided by the existing guidelines, and if so, the suitability of these guidelines for the context in question. The question of indicators should be included in the discussion, as well as contributing factors and factors of hindrance.
- Against the requirements in the Convention assess the merits of the current guidelines for Norwegian support to persons with disabilities and advice for future approach and guidelines.

Cross-cutting issues of gender, age, environment, conflict sensitivity and corruption shall be covered by the evaluation when relevant.

5 Approach and methodology

The approach of the study seeks to combine the need to obtain a general overview of the initiatives undertaken and to research in more depth, looking more closely at separate projects and agreements in selected countries. The evaluation should be able to give a picture of the situation of the lives of different groups of persons with disabilities, and the effect of the Norwegian support for the improvement of their situation and the promotion of their rights. The evaluation should both look at general agreements and follow projects down at country level. Various methods should be used to capture the results of the Norwegian support, quantitative and qualitative, including desk studies and document reviews, interviews with stakeholders and beneficiaries, and country case studies.

Attention should be given to qualitative methods, including generating primary data on the classification and mapping of the situation of different groups of persons with disabilities. It could be of interest for this evaluation to look at national surveys and work done on living conditions of the disabled in Southern African countries. These national mappings are results of a collaborative effort between The Southern Africa Federation of the Disabled (SAFOD), the Norwegian Federation of Organizations of Disabled People, and other relevant organizations, and conducted under the responsibility of SINTEF Health Research, funded under the Atlas agreement with Norad. Malawi was covered in 2004.

The evaluation covers both targeted and mainstreaming approaches, and the methodology should be elaborated accordingly to assess the value of each of these approaches. In order to facilitate the assessment of mainstreaming in the support to persons with disabilities, we suggest that the evaluation take a closer look at this factor within the “social sector” in the selected countries. However, in order to delimit the task, it is suggested that the team focus on education and go into less depth for health.

The rights based approach being central to the evaluation, the consultant should include methodology to assess how Norwegian organizations work with and to what degree they succeed in supporting advocacy and capacity building of partners..

The evaluation will include country case studies in the following countries: Uganda, the Palestinian Areas, and Malawi. The selection of country cases are based on the following criteria: size of Norwegian support, including coverage within education and to some degree to mine victims; range of partners; national government’s promotion of the rights of persons with disabilities and the relationship with NGOs; some context, geographical differentiation.

The evaluation should have an overall view on the programs theory or logic and assumptions behind the support to persons with disabilities, and the evaluation team should examine how programs theory has been implemented in practice through projects.

The evaluation will refer to the DAC criteria on evaluation of international development cooperation, with an emphasis on relevance, effectiveness and sustainability. The consultant should clarify the use of the criteria. Where relevant other evaluation criteria established for a specific field (ref. humanitarian) should also be taken into consideration. Reports will be assessed against the DAC Quality Standards for Development Evaluation, and the consultant must thus adhere to these standards.

The consultant will be responsible for developing a detailed methodological framework for the evaluation. The consultant is free to suggest methods that have not been indicated above. New and little known methods should be duly explained. If the consultant leaves some of the detailed elaboration of the methodology to the inception report, the methodological design should be sufficiently

developed in the tender for the client to be able to make a proper assessment of the offer. The evaluation report shall describe the evaluation method and process and discuss validity and reliability. Limitations and shortcomings should be explained.

6 Organization and evaluation team

The evaluation will be carried out by an independent team of consultants contracted by the Evaluation Department of Norad. Evaluation management will be carried out by the Evaluation Department and the team will report to the Department. The team is entitled to consult widely with stakeholders pertinent to the assignment. The inception report, the field visit reports, the draft evaluation report and all other reports are subject to approval by the Evaluation Department based upon quality criteria. The Evaluation Department will identify key stakeholders who will be invited to comment on the evaluation process and the quality of the products.

The evaluation team is expected to have the following qualifications:

Team leader:

- Higher academic degree within a relevant field.
- Proven successful team leading; the team leader must document relevant experience with managing and leading complex evaluations.
- Advanced knowledge and experience in evaluation principles and standards in the context of international development.

Team as a whole:

- A team of international experts with complementary competences and expertise in relevant fields, including social science, education, development cooperation, humanitarian issues, evaluation principles, methods and standards in general, including outcome and impact evaluations, as well as project and programs evaluation.
- Expertise and understanding of the global framework and architecture related to the rights of persons with disabilities.
- Knowledge and experience regarding cooperation with countries in the South.
- Country/regional knowledge and preferably experience from Uganda, the Palestine Areas/Middle East and Malawi.
- One or more members of the team shall have a good knowledge of Norwegian development cooperation policy and instruments.
- At least one of the members of the team should have a PhD degree or equivalent competence and experience within one of the areas listed under the first bullet point for the team as a whole.
- The team should include/be complemented by local/regional experts. The tender shall document the extent to which consultants from developing countries will be employed, and in what capacity.
- It is desirable that the composition of the evaluation team and its local experts presents an approximate gender balance.

- Languages: All team members shall be able to read and speak English. Ability in one or more persons within the team to read Norwegian, Swedish or Danish is required. It is also required that one or more persons within the team are able to read and speak national/local language in countries chosen.
- A system of quality assurance shall be in force, with ability to control both the formal and the substantial aspects of the evaluation reports. The system shall be carefully described in the tender, with a clear indication of the number of person days that will be allotted to the quality assurance function.

The tendering firm:

- Expected to have experience with delivering multi-disciplinary evaluations contracted preferably through competitive procurement procedures during the last three years.

7 Budget, work plan and reporting

Budget: The evaluation is budgeted with a maximum input of 60 person weeks. The tender shall present a total budget with stipulated expenses for field works planned and other expenses envisaged. The responsibilities of the team members should be clearly described and budgeted. There shall be room in the budget for seminars, including debriefings for interviewed stakeholders in case countries, and for presentation of the final evaluation report in Oslo. Two key members of the evaluation team shall be available in Norway for Norwegian stakeholders during two full working days at the end of the evaluation to discuss ideas for its follow-up with them individually. Tentative work plan and deadlines:

ACTIVITY	DEADLINE
Announcement of tender	15 March 2011
Submission of tenders	2 May 2011
Contract signature	23 May 2011
Inception report	23 June 2011
Field visit reports	3 October 2011
Draft final evaluation report	15 November 2011
Final evaluation report	10 January 2012
Dissemination/seminar	February 2012

The Consultant shall submit the following reports:

An inception report: providing an overview of the Norwegian support to persons with disabilities in general and in some more detail for the countries selected, and a detailed description of the methodology. The inception report will be subject to comments by the Evaluation Department and stakeholders.

Field visit reports: from the case countries selected.

A draft final evaluation report: presenting findings, conclusions and recommendations on a synthesized level based on the case studies and the mapping, with a draft executive summary. Principal stakeholders will be invited to comment in writing, and feedback will be provided to the team

by the Evaluation Department. The feedback will refer to the Terms of Reference and may include comments on structure, facts, content, methodology, conclusions and recommendations.

A *final evaluation report* shall be prepared in accordance with the guidelines of the Evaluation Department. Upon approval the evaluation report will be published in the series of the Evaluation Department and must be presented in a way that directly enables publication.

All reports shall be written in English. The consultant is responsible for editing and for quality control of language.

The budget and the final work plan must allow sufficient time for feedback and presentation of conclusions and recommendations, including preliminary findings to relevant stakeholders in the countries visited and presentation of the final evaluation report in Oslo.

EVALUATION REPORTS

- 7.99 Policies and Strategies for Poverty Reduction in Norwegian Development Aid
- 8.99 Aid Coordination and Aid Effectiveness
- 9.99 Evaluation of the United Nations Capital Development Fund (UNCDF)
- 10.99 Evaluation of AWEPA, The Association of European Parliamentarians for Africa, and AEI, The African European Institute
- 1.00 Review of Norwegian Health-related Development Cooperation 1988–1997
- 2.00 Norwegian Support to the Education Sector. Overview of Policies and Trends 1988–1998
- 3.00 The Project “Training for Peace in Southern Africa”
- 4.00 En kartlegging av erfaringer med norsk bistand gjennomfrivillige organisasjoner 1987–1999
- 5.00 Evaluation of the NUFU programme
- 6.00 Making Government Smaller and More Efficient. The Botswana Case
- 7.00 Evaluation of the Norwegian Plan of Action for Nuclear Safety Priorities, Organisation, Implementation
- 8.00 Evaluation of the Norwegian Mixed Credits Programme
- 9.00 “Norwegians? Who needs Norwegians?” Explaining the Oslo Back Channel: Norway’s Political Past in the Middle East
- 10.00 Taken for Granted? An Evaluation of Norway’s Special Grant for the Environment
- 1.01 Evaluation of the Norwegian Human Rights Fund
- 2.01 Economic Impacts on the Least Developed Countries of the Elimination of Import Tariffs on their Products
- 3.01 Evaluation of the Public Support to the Norwegian NGOs Working in Nicaragua 1994–1999
- 3A.01 Evaluación del Apoyo Público a las ONGs Noruegas que Trabajan en Nicaragua 1994–1999
- 4.01 The International Monetary Fund and the World Bank Cooperation on Poverty Reduction
- 5.01 Evaluation of Development Co-operation between Bangladesh and Norway, 1995–2000
- 6.01 Can democratisation prevent conflicts? Lessons from sub-Saharan Africa
- 7.01 Reconciliation Among Young People in the Balkans An Evaluation of the Post Pessimist Network
- 1.02 Evaluation of the Norwegian Resource Bank for Democracy and Human Rights (NORDEM)
- 2.02 Evaluation of the International Humanitarian Assistance of the Norwegian Red Cross
- 3.02 Evaluation of ACOPAM An ILO program for “Cooperative and Organizational Support to Grassroots Initiatives” in Western Africa 1978 – 1999
- 3A.02 Évaluation du programme ACOPAM Un programme du BIT sur l’« Appui associatif et coopératif aux Initiatives de Développement à la Base » en Afrique de l’Ouest de 1978 à 1999
- 4.02 Legal Aid Against the Odds Evaluation of the Civil Rights Project (GRP) of the Norwegian Refugee Council in former Yugoslavia
- 1.03 Evaluation of the Norwegian Investment Fund for Developing Countries (Norfund)
- 2.03 Evaluation of the Norwegian Education Trust Fund for Africa in the World Bank
- 3.03 Evaluering av Bistandstorgets Evalueringsnettverk
- 1.04 Towards Strategic Framework for Peace-building: Getting Their Act Together. Overview Report of the Joint Utstein Study of the Peace-building.
- 2.04 Norwegian Peace-building policies: Lessons Learnt and Challenges Ahead
- 3.04 Evaluation of CESAR’s activities in the Middle East Funded by Norway
- 4.04 Evaluering av ordningen med støtte gjennom paraplyorganisasjoner. Eksemplifisert ved støtte til Norsk Misjons Bistandsnemda og Atlas-alliansen
- 5.04 Study of the impact of the work of FORUT in Sri Lanka: Building Civil Society
- 6.04 Study of the impact of the work of Save the Children Norway in Ethiopia: Building Civil Society
- 1.05 –Study: Study of the impact of the work of FORUT in Sri Lanka and Save the Children Norway in Ethiopia: Building Civil Society
- 1.05 –Evaluation: Evaluation of the Norad Fellowship Programme
- 2.05 –Evaluation: Women Can Do It – an evaluation of the WCDI programme in the Western Balkans
- 3.05 Gender and Development – a review of evaluation report 1997–2004
- 4.05 Evaluation of the Framework Agreement between the Government of Norway and the United Nations Environment Programme (UNEP)
- 5.05 Evaluation of the “Strategy for Women and Gender Equality in Development Cooperation (1997–2005)”
- 1.06 Inter-Ministerial Cooperation. An Effective Model for Capacity Development?
- 2.06 Evaluation of Fredskorpset
- 1.06 – Synthesis Report: Lessons from Evaluations of Women and Gender Equality in Development Cooperation
- 1.07 Evaluation of the Norwegian Petroleum-Related Assistance
- 1.07 – Synteserapport: Humanitær innsats ved naturkatastrofer: En syntese av evalueringsfunn
- 1.07 – Study: The Norwegian International Effort against Female Genital Mutilation
- 2.07 Evaluation of Norwegian Power-related Assistance
- 2.07 – Study Development Cooperation through Norwegian NGOs in South America
- 3.07 Evaluation of the Effects of the using M-621 Cargo Trucks in Humanitarian Transport Operations
- 4.07 Evaluation of Norwegian Development Support to Zambia (1991 - 2005)
- 5.07 Evaluation of the Development Cooperation to Norwegian NGOs in Guatemala
- 1.08 Evaluation: Evaluation of the Norwegian Emergency Preparedness System (NOREPS)
- 1.08 Study: The challenge of Assessing Aid Impact: A review of Norwegian Evaluation Practise
- 1.08 Synthesis Study: On Best Practise and Innovative Approaches to Capacity Development in Low Income African Countries
- 2.08 Evaluation: Joint Evaluation of the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD)
- 2.08 Synthesis Study: Cash Transfers Contributing to Social Protection: A Synthesis of Evaluation Findings
- 2.08 Study: Anti- Corruption Approaches. A Literature Review
- 3.08 Evaluation: Mid-term Evaluation of the EEA Grants
- 4.08 Evaluation: Evaluation of Norwegian HIV/AIDS Responses
- 5.08 Evaluation: Evaluation of the Norwegian Research and Development Activities in Conflict Prevention and Peace-building
- 6.08 Evaluation: Evaluation of Norwegian Development Cooperation in the Fisheries Sector
- 1.09 Evaluation: Joint Evaluation of Nepal’s Education for All 2004-2009 Sector Programme
- 1.09 Study Report: Global Aid Architecture and the Health Millennium Development Goals
- 2.09 Evaluation: Mid-Term Evaluation of the Joint Donor Team in Juba, Sudan
- 2.09 Study Report: A synthesis of Evaluations of Environment Assistance by Multilateral Organisations
- 3.09 Evaluation: Evaluation of Norwegian Development Cooperation through Norwegian Non-Governmental Organisations in Northern Uganda (2003-2007)
- 3.09 Study Report: Evaluation of Norwegian Business-related Assistance Sri Lanka Case Study
- 4.09 Evaluation: Evaluation of Norwegian Support to the Protection of Cultural Heritage
- 4.09 Study Report: Norwegian Environmental Action Plan
- 5.09 Evaluation: Evaluation of Norwegian Support to Peacebuilding in Haiti 1998–2008
- 6.09 Evaluation: Evaluation of the Humanitarian Mine Action Activities of Norwegian People’s Aid
- 7.09 Evaluation: Evaluation of the Norwegian Programme for Development, Research and Education (NUFU) and of Norad’s Programme for Master Studies (NOMA)
- 1.10 Evaluation: Evaluation of the Norwegian Centre for Democracy Support 2002–2009
- 2.10 Synthesis Study: Support to Legislatures
- 3.10 Synthesis Main Report: Evaluation of Norwegian Business-related Assistance
- 4.10 Study: Evaluation of Norwegian Business-related Assistance South Africa Case Study
- 5.10 Study: Evaluation of Norwegian Business-related Assistance Bangladesh Case Study
- 6.10 Study: Evaluation of Norwegian Business-related Assistance Uganda Case Study
- 7.10 Evaluation: Evaluation of Norwegian Development Cooperation with the Western Balkans
- 8.10 Evaluation: Evaluation of Transparency International
- 9.10 Study: Evaluability Study of Partnership Initiatives
- 10.10 Evaluation: Democracy Support through the United Nations
- 11.10 Evaluation: Evaluation of the International Organization for Migration and its Efforts to Combat Human Trafficking
- 12.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative (NICFI)
- 13.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative. Country Report: Brasil
- 14.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative. Country Report: Democratic Republic of Congo
- 15.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative. Country Report: Guyana
- 16.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative. Country Report: Indonesia
- 17.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative. Country Report: Tanzania
- 18.10 Evaluation: Real-Time Evaluation of Norway’s International Climate and Forest Initiative
- 1.11 Evaluation: Results of Development Cooperation through Norwegian NGO’s in East Africa
- 2.11 Evaluation: Evaluation of Research on Norwegian Development Assistance
- 3.11 Evaluation: Evaluation of the Strategy for Norway’s Culture and Sports Cooperation with Countries in the South
- 4.11 Study: Contextual Choices in Fighting Corruption: Lessons Learned
- 5.11 Pawns of Peace. Evaluation of Norwegian peace efforts in Sri Lanka, 1997-2009
- 6.11 Joint Evaluation of Support to Anti-Corruption Efforts, 2002-2009
- 7.11 Evaluation: Evaluation of Norwegian Development Cooperation to Promote Human Rights
- 8.11 Norway’s Trade Related Assistance through Multilateral Organizations: A Synthesis Study
- 9.11 Activity-Based Financial Flows in UN System: A Study of Select UN Organisations Volume 1 Synthesis Volume 2 Case Studies
- 10.11 Evaluation of Norwegian Health Sector Support to Botswana

Norad

Norwegian Agency for
Development Cooperation

Postal address

P.O. Box 8034 Dep. NO-0030 OSLO

Visiting address

Ruseløkkveien 26, Oslo, Norway

Tel: +47 23 98 00 00

Fax: +47 23 98 00 99

No. of Copies: 400

postmottak@norad.no

www.norad.no

