

UN PRPD GUIDANCE

FOR CONDUCTING A SITUATIONAL

COUNTRY ANALYSIS OF THE RIGHTS

OF PERSONS WITH DISABILITIES



Partnership on the Rights of Persons with Disabilities

Cover page: A group of wheelchair users racing in Dominican Republic. © Conadis

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INTRODUCTION

The UN Partnership on the Rights of Persons with Disabilities (PRPD) is dedicated to the implementation of the CRPD. Bringing together different UN entities, governments, persons with disabilities and civil society for the purpose of joint programming and partnerships, it works through three strategic approaches: catalytic program funding, knowledge management and context relevant capacity building to support inclusive systems and policies.

The PRPD recognises a rights-based approach to disability, as detailed in the Convention on the Rights of Persons with Disabilities (CRPD) and its associated guidance. This means that sustainable change will require empowerment and meaningful participation of persons with disabilities and their representative organisations (rights holders) and acceptance and capacity of duty bearers to fulfill their obligations and to be accountable.

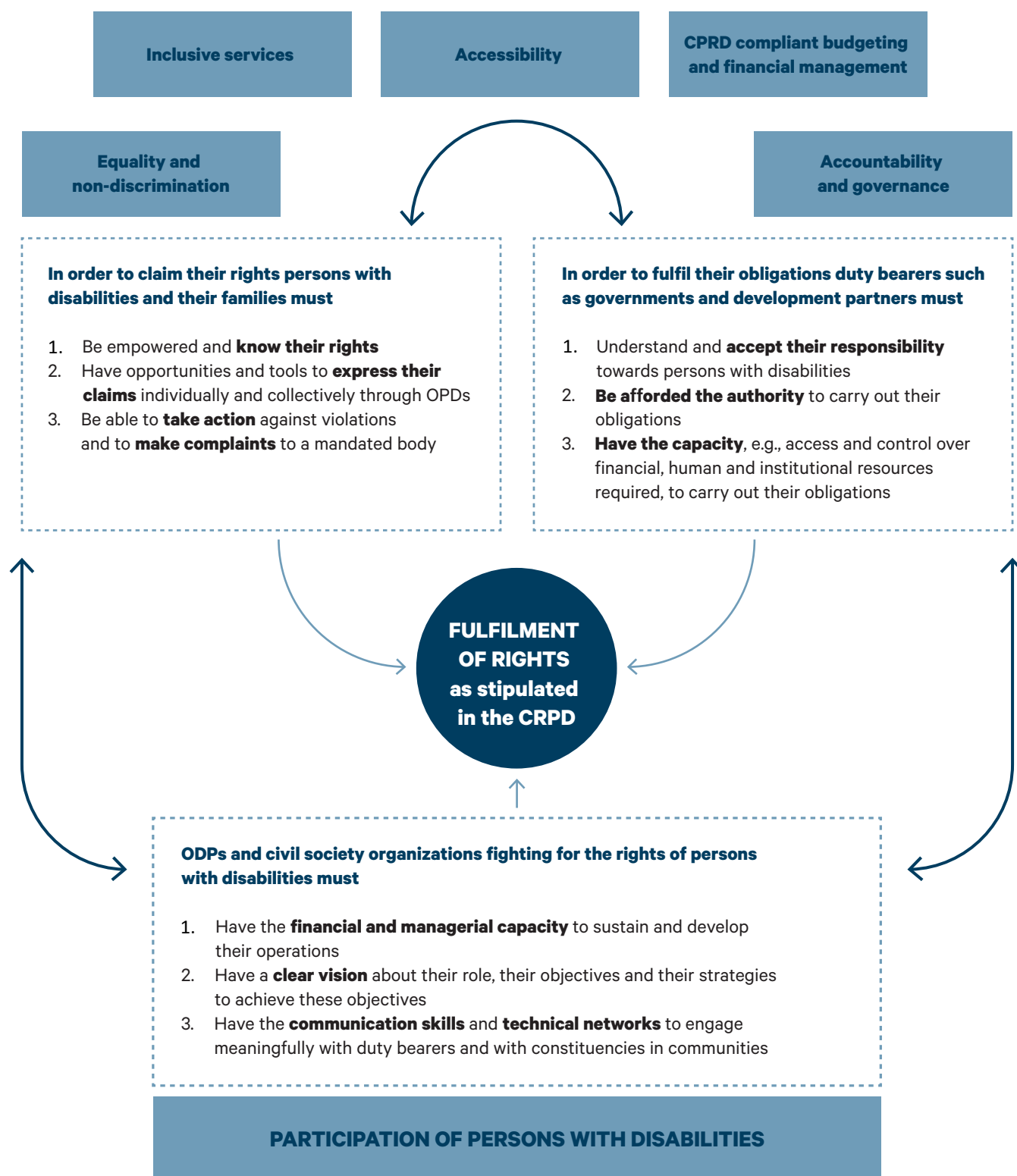
WHY A COUNTRY ANALYSIS?

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

To support countries in the best possible way, it is necessary to understand what the main bottlenecks and priorities are in each country in relation to the fulfilment of the CRPD. We also need to understand who the key stakeholders are, what capacities they may need to improve, and what ongoing development processes need to become more disability inclusive. This document provides a framework and guidance to undertake such country level analysis.

The analysis should focus on the essential pre-conditions for disability inclusion¹. It should build on a human rights-based understanding of change processes, where empowerment and collective action of rights holders (persons with disabilities and their families) is a key pre-condition along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international conventions.

¹ See PRPD note: [The preconditions necessary to ensure disability inclusion across policies, services and other interventions.](#)

Figure 1: Rights Based Theory of Change and the PRPD Preconditions to ensure disability inclusion.

Findings from the analysis will be used to identify key priorities where PRPD program funding can provide the biggest impact in accelerating CRPD implementation and enhance disability inclusion in broader development processes

The analysis primarily is designed to:

1. Inform the design of future PRPD programs, if UNCTs are invited to develop a full-fledged proposal
2. Serve as a base line for these programs
3. Inform UN country teams of gaps in terms of disability inclusion in on-going national processes and programs and recommend further, in depth analysis where needed
4. Build a base of mutual understanding and working relationships between UN entities, government, OPDs and other civil society organisations, as well as the private sector and academia, as a basis for future co-design of joint programs
5. Strengthen the capacity of above stakeholders to include and address the rights of persons with disabilities as outlined in the CRPD more effectively
6. Serve as an advocacy tool for ODPs and other civil society partners, national and international.

Other uses of the analysis conducted include:

- To provide information useful for policy planning and implementation, including sectoral policies, poverty reduction policies and SDG national plans, among others.
- To provide a disability rights perspective to COVID-19 recovery planning and beyond.
- To compile country focused disability related analysis including disability related COVID-19 analysis, in one place (UNPRPD website) ().
- To contribute to regional and global analyses as relevant.

Use within the COVID-19 context

Given the ongoing impacts of the COVID-19 pandemic, and the potential use of the analysis to support broader UN and country recovery planning and implementation, several questions related to COVID-19 have been included in each section, to be used/adapted as relevant and useful within the country context.

ANALYSIS

PROCESS

The analysis should progress according to the following major steps:

- 1.** Consult internally to determine coordination, roles and responsibilities for the process within the UNCT and partners (government and OPS). Appoint a focal point person responsible for monitoring and coordinating the process.
- 2.** Continue the engagement and collaboration with OPDs and government which was already started in the EoI process. Discuss and determine appropriate roles and responsibilities for the pre-programming to ensure joint planning.
- 3.** Assign staff or contract external consultants to do the analysis. Preferably the lead consultants should attend the Joint Program Induction Training on Cross-cutting Approaches and Preconditions for Disability Inclusive Development (Induction Training). Depending on staffing and resources the analysis can be conducted in the following ways:
 - a. Dedicating a lead staff member from UNCT to take responsibility for the analysis in cooperation with the relevant organisations of persons with disabilities, government and other key stakeholders.
 - b. Funding and supporting organisations of persons with disabilities to take responsibility for the analysis in cooperation with relevant UN agencies and other key stakeholders.
 - c. Hiring external consultant(s) to coordinate and conduct the analysis in collaboration with UNCT, OPDs government and other key stakeholders.
- 4.** Consultant/s, government, OPDs and UNCT jointly refine and finalise the country analysis plan and scope and submit it to the UNPRPD TS. The plan should draw from this guidance but should be adapted to country level context and priorities. It should:
 - a. Describe how the analysis process will identify country priorities, including any additional areas beyond what is included in this guidance.
 - b. Make use of the guidance's suggested questions and data sources.

- c. Outline how the data collection and analysis will be carried out, including the suggested methods and tools to solicit the views of marginalised disability groups.
- 5. Conduct country situational analysis according to plan, with continual UNCT , government, OPDs and other key stakeholders participation.
- 6. When the analysis is finalised, consultations should be held with all concerned stakeholders to discuss the analysis and validate findings relevant to the program design phase This could be done at a multi-stakeholder workshop or in separate consultations with various stakeholders to ensure their meaningful participation (Annex 4 outlines why and how to engage with OPDs). If a multistakeholder workshop is held, it is recommended to support OPDs to conduct a preparatory workshop to discuss and understand the findings to improve their engagement and enhance capabilities to engage. This provides OPDs a possibility to deliberate on and discuss the country analysis findings together, and to have enough time and space to interrogate and generate recommendations based on the Situational Analysis findings. This process is also in acknowledgement that OPDs often have not extensively engaged with the UN, may not be aware of how the UN works with the government, and may not be familiar with UN program design processes. Thus, a facilitator can support them to explore priorities in a safe space, and also support them to translate the situational analysis results into recommendations for the program design.
- 7. Finalise the situation analysis report according to the outline (Annex 3 provides a sample outline for reporting)
- 8. Sum up the main findings, key gaps, and priorities and agree with concerned stakeholders (UN and other development partners, government, ODPs) on joint program outcomes and outputs. This can be done separately or immediately after a validation workshop. Annex 2 suggests a process to follow during the priorities and outcome and output formulation workshop. Overall, the workshop, based on the situation analysis findings, participants should identify:
 - a. The main cross-sector challenges² for advancing inclusion of persons with disabilities in national policies, plans, services and humanitarian and development programs.
 - b. Agree on a list of precondition(s) that require urgent attention.
 - c. Identify the opportunities for influencing national SDG planning processes.
 - d. Identify opportunities to make existing UN funded joint programs more inclusive through collaboration within UNPRPD project implementation
 - e. Based on identified priorities formulate outcomes and outputs for the next phase of programming based on the proposed UNPRPD logframe in Annex 2.
- 9. Proceed to joint program design.

2 Cross sector challenges are those that are systemic, or knowledge based, as described in the log-frame format in Annex 2.

ENGAGEMENT WITH OPDS

DURING THE PROCESS

Persons with disabilities and their representative organisations (OPDs) are pivotal to gaining a nuanced understanding of the rights of persons with disabilities and can provide unique insights and expertise. As the leading organisations advocating to progress the rights of persons with disabilities, PRPD programs should complement, amplify and support the work of OPDs. Collaborative analysis between OPDs and UNCTs allows the UN to develop an understanding of the local disability context, develop and/or strengthen working relationships, and understand the operational realities, strategies and priorities of persons with disabilities. This is important for informing the focus and design of PRPD programs, which are built on partnership with persons with disabilities and their representative organisations.

What this means for the process:

- OPDs are core partners to the process – as rights-holders they are working on analysing and progressing the rights of persons with disabilities well beyond the PRPD analyses and programs. Their involvement should extend far beyond being consulted.
- Communication with OPDs about the country analysis should start as early as possible. OPDs should be involved in deciding how the analysis will proceed, and their role in this.
- Information, communication, meetings and processes should be accessible to all, and reasonable accommodation provided where required. This will require specific budget allocations.
- Clear expectations for OPD engagement should be set with all analysis partners, including consultant teams. OPD engagement, accessibility and provision of reasonable accommodation should be requirements within consultant/project partner contracts.
- OPDs should be recognised for their expertise, networks and the important role they play in the analysis and should be resourced to participate in the process.

For more detail on OPDs, minimum requirements for engagement, potential roles to explore with OPDs and tips for engagement throughout the country analysis process, see the more detailed guidance in Annex 4.

CONTENT AND FORMAT

The analysis should pay particular attention to the **preconditions for inclusion and cross cutting issues** – as outlined in PRPD strategic framework.

Thus, the analysis will:

- Describe functioning of coordination mechanisms and contributions already made by stakeholders (in government, disability movement, international cooperation, DDR, and civil society, academia etc) and identify possible capacity gaps of key duty bearers and OPDs. Obstacles to participation of persons with disabilities and OPDs should be specifically analysed.
- Describe the legislative and policy context regarding persons with disabilities and non-discrimination, identify possible gaps in these and identify the reasons for lack of (or slow) practical implementation by the responsible stakeholders.
- Describe discrimination and inequality between persons with and without disabilities across a range of areas and levels of society (from family and community level to areas such as health, education, livelihoods, employment and political life). Challenges for women, girls and marginalised groups should be specifically described. Identify main reasons for the continued discrimination observed.
- Assess the level of accessibility and affordability of support services for various disability groups, including community-based support and deinstitutionalisation efforts (targeted efforts) and identify the most urgent gaps.
- Assess the level of accessibility and inclusiveness of mainstream services such as education, health, social services, livelihood and employment (inclusive efforts) and identify the most urgent gaps.
- Describe policy and practice in terms of accessibility to information (easy-to read, sign language interpretation, braille etc) and to public spaces (including official buildings and UN offices).

- Map how ongoing development and humanitarian initiatives funded by the UN and other international donors fare in terms of disability inclusion in program design and budgets (existence of explicit goals, indicators, measures, budget lines and monitoring data)
- Assess the availability and functioning of national monitoring mechanisms, systems and tools, including existence and quality of statistics and disaggregated disability monitoring data. Identify possible gaps and obstacles.

In section 8 below the analytical framework is further elaborated and examples of questions provided in Annex 1. The format of the report is outlined in Annex 3.

The reports of country analyses, once finalized and edited, will be made available for use by others and hosted on a PRPD website. Please note we expect the report in English.

METHODS OF

DATA COLLECTION

The final methods and approaches to data collection would be decided at the country level as part of the country analysis planning and according to the local context. Here are some suggestions of approaches and methods that can be used:

Desk review/literature review – including formal and non-formal data and sources of information. UNCTs should use connections and networks to access formal data sets and where feasible/relevant analyse data from these. Data and information collected during the UN Common Country Analysis or other sectoral plans can be good resources. [CRPD state reports](#) and [SDG reporting](#) by countries and non-governmental actors, and CRPD committee concluding observations should be considered, noting age of reporting and using other methods to follow up on issues, consider progress etc. Other country reports for CEDAW, Child Rights Convention, etc. could also provide useful information. Internet searches and non-formal data should also be considered, with clear reference to sources. This should include program evidence and analysis, grey literature and studies.

Focus group discussions, including with: organisations of persons with disabilities representing age and gender and diverse groups of persons with disabilities (or self-help groups or individuals if formal groups are not representing all diverse groups), government stakeholders at central and local levels, public service providers, other relevant civil society and NGOs, UN agencies and other relevant donors or development banks in the country, as well as academia and research centres. 8 individuals is a maximum in a focus group. Meetings with larger groups need to be organised with smaller group discussions and group facilitation.

Key informant interviews (with above stakeholders as relevant).

Short e-mail questionnaires could be considered to solicit views of a larger group of respondents to triangulate the findings from interviews or as a response to the Covid-19 restrictions that may limit the opportunities to hold meetings.

Stakeholder mapping and coordination mechanisms.

During potential COVID-19 restrictions usual participatory methods might need to be performed online or over the phone; ensuring accessibility for participation should be considered.

Always remember to talk to women/men and marginalised groups or individuals separately, before inviting them to bigger meetings, where they might feel intimidated or may not be able to participate meaningfully due to language or other barriers.

SCOPE AND LIMITATIONS

This analysis is designed to provide enough information to get a sense of priorities, issues and which areas require further analysis, investment and effort. This information should inform future analysis and programming.

It is expected that information and data available at the country level will be incomplete or insufficient to answer the full range of analytical questions and topics covered in this framework. Gaps in information are themselves a useful finding to help inform programming decisions or recommendations for future analyses.

THE ANALYSIS FRAMEWORK

The following is an overview of the components of the analysis. As discussed, the analysis should focus primarily on the preconditions for inclusion and cross cutting issues – as these are of most relevance to PRPD as a multi-stakeholder partnership.

Figure 2: Preconditions for inclusion



Figure 3: Cross cutting issues



Remember, the purpose of the analysis is to guide future PRPD programming primarily – the analysis should help you to answer questions such as:

- Are there any critical ‘bottle necks’ or systems issues hindering progress towards inclusive SDGs, CRPD implementation and equality between persons with and without disabilities?
- What are critical priorities as assessed by persons with disabilities and their representative organisations, including priorities formulated or strengthened by being part of this analysis?
- How can the UNPRPD funding support disability inclusion in instruments for planning and implementation of UN development activities at the country level
- What further analysis is required or recommended in order to progress disability inclusive programming in future?
- What are critical gaps and opportunities that PRPD programming could add value to?
- What are critical issues to be incorporated into COVID-19 recovery planning? Are there specific capacity gaps or needs for technical assistance and training that PRPD could support?

Under each heading, sample questions have been provided in Annex 1 to illustrate the approach and types of information that is relevant to collect, using a CRPD perspective to guide the analysis. The questions can be contextualised, adapted, and added to. When adapting ensure your questions still align with the CRPD and seek technical assistance if required. You may not be able to answer all the questions; cover what is possible in each context and note where further investigation or analysis is required.

Each section in Annex 1 has five sub-sections:

- 1. Short introduction** to the topic and explanation of relevance of that section to the analysis.
- 2. Guiding questions** to investigate regarding that topic. These are provided as samples to illustrate the key aspects and types of questions that should inform the analysis of each topic. Questions are a guide for the UNCT and the responsible for data collection to develop tools, questionnaires, interviews, and to conduct the analysis.
- 3. COVID-19:** 2-3 questions about the application of this topic in the COVID-19 context have been provided as samples to illustrate the types of questions that might be worth exploring to understand how the impact of COVID-19 on persons with disabilities. Given the diverse experiences and impact of COVID-19 in each context, these are a sample only, and should be taken as inspiration as contextually relevant questions are developed. Each country has been differently affected by the pandemic and are in different phases of response/recovery.
- 4. Possible data sources:** where you might find information to answer guiding questions

- 5. Further information and resources:** a short list of resources to further explain the topic area which may serve as useful further briefing for team members working on this part of the analysis. This list is not exhaustive; nor does it cover all the key documents in that area (such as all relevant normative frameworks etc.). Resources have specifically been chosen which may support those conducting the analysis to better understand the specific topic area and guiding questions, and to conduct the analysis.

Table 1: Structure of the analysis framework

Area of inquiry/precondition	Key focus of analysis
Stakeholder and coordination analysis – with focus on capacity of rights holders and duty bearers	Effectiveness of coordination mechanisms and processes for coordination on disability rights in government, UN and key development partners. Areas of improvement.
	Effectiveness of legal framework for civil society engagement and consultation. Obstacles and gaps.
	Effectiveness of OPDs engagement and involvement with different stakeholders and gaps observed in OPDs capacity in terms of cooperation/networking, coverage/legitimacy, representativity of underrepresented groups, management/accountability, agency/advocacy/communication. Key areas of improvement.
	Level of participation of OPDs in important processes, including SDG processes, CRPD monitoring ,climate change responses and DDR and emergency management e.g. in planning, implementation and monitoring. Obstacles to meaningful participation.
	Efforts taken and gaps observed in capacity and effectiveness of duty bearers and development partners in terms of engagement of ODPs in ongoing climate change, DDR and emergency management, sectorial, and SDG development processes.
	Efforts taken and gaps observed in capacity and level of progress of civil society, private sector and academic institutions to mainstream disability in their programs and to engage with OPDs to improve on this.

Area of inquiry/precondition	Key focus of analysis
Equality and non-discrimination	<p>Existence of disability and non-discrimination legislation. Key gaps observed.</p> <p>Degree of legal harmonization with CRPD – identification of standout issues.</p> <p>Efforts taken to ensure implementation of the CRPD and the national legislation in practice. Key obstacles observed.</p> <p>Visibility of persons with disabilities in national SDG processes and programs, national human rights monitoring processes and humanitarian or emergency coordination and programming. Identification of gaps in these processes.</p> <p>Efforts taken to identify and include marginalised groups within the disability community (women, ethnic groups, certain disabilities). What groups are still excluded or left behind?</p>
Accessibility	<p>Existence of accessibility legislative framework, standards, regulations and enforcement mechanisms. Progress in implementation and compliance, especially within government, UN agencies and key development partners. Do they practice what they preach in terms of e.g. access to information, sign language interpretation and physical accessibility? Key areas of improvement.</p>
Inclusive service delivery	<p>Existence of legal framework for access to disability support services and for access to mainstream services. Existence of legal framework for deinstitutionalisation and access to justice for all (legal capacity). Key gaps and priorities according to OPDs.</p> <p>Progress on availability, accessibility and quality of essential services including: Disability specific support services, Social protection/assistance/ social support, Health, Education, Employment, Justice, DRR and emergency management. Key gaps and priorities according to OPDs.</p> <p>Outcomes for persons with disabilities (compared to persons without disabilities) drawing from and supplementing existing data on: Poverty, Social protection, Employment, Health, Education, Violence and abuse. If possible, disaggregated on gender and type of disability.</p>
Participation of persons with disabilities	<p>Questions related to this precondition are dealt with under the stakeholder analysis</p>

Area of inquiry/precondition	Key focus of analysis
CRPD-compliant budgeting and financial management	<p>National ministerial/sectorial and International cooperation budgetary contribution to furthering the rights of persons with disabilities - both disability specific budget allocations and budget allocations within mainstream budgets. Share of total budgets going to disability. For development partners, the OECD/DAC disability marker can be helpful.</p> <p>Existence of explicit disability related objectives, indicators and monitoring data in national development and humanitarian programs funded by the UN. Identification of gaps.</p>
Accountability and governance	<p>Existence of independent human rights monitoring institutions and legal framework (which actively includes disability)</p> <p>Existence of disability within standard data collection processes of surveys, census, administrative data, UN SDG data bases etc. (collection, use and availability of data)</p> <p>CRPD reporting, oversight mechanism, quality of report and process, frequency, follow up of implementation of recommendations.</p> <p>Level of engagement on disability in SDG Voluntary reviews.</p> <p>Participation of persons with disabilities and their representative organisations in monitoring and accountability measures.</p>

ANNEXES

DETAILED GUIDANCE

ON AREAS OF INQUIRY

1. Stakeholder and coordination analysis, with focus on capacity of rights holders and duty bearers

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



Guiding questions

1

Capacity of OPDs and environment for their participation

- A** What are the relevant regulations and measures regarding registration of civil society organisations, and how does this impact on OPDs? How are OPDs registered and organised? Consider legal, administrative and political aspects, and provision of support for the establishment and running of OPDs (see resources for more information). What are OPDs' major sources of funding? What partnerships have they developed between themselves and with INGOs/NGOs, other human rights defenders, the UN, or academic partners? What is the general operational and advocacy capacity of OPDs compared to other civil society groups?
- B** What representative organisations of persons with disabilities exist (OPDs)? Which groups are represented and is there gender and age equality in representation? Is there one or more national umbrella/peak organisation? If yes, which groups are represented within the umbrella, are they impairment based or cross-disability?

	C	Are there any groups with less representation and/or excluded or not members of any umbrella groups? Are there organisations of under-represented groups such as persons with Deafblindness, persons with intellectual disabilities, persons with albinism, persons with psychosocial disabilities, persons of short stature or organisations representing intersecting identities such as women with disabilities, LGBTI persons with disabilities or indigenous persons with disabilities?
	D	How are OPDs involved in policymaking and decision-making? What are the experiences of OPDs regarding participation in policymaking and programming? How inclusive and wide-reaching is participation (e.g. are some groups excluded or under-represented)?
	E	To what extent is there an enabling environment for meaningful participation in policymaking and decision-making (including conducive attitudes, accessibility of the environment including information and communication, provision of reasonable accommodation)? How regularly and how formally (established mechanisms or ad-hoc) are OPDs invited to take part in decision-making? On which issues are OPDs consulted (disability-specific, other areas of policy)? To what extent are their views effectively included?
	F	What are key demands, priorities and advocacy messages of organisations of persons with disabilities both pre-COVID-19 and for COVID-19 recovery? What are the different priorities among different groups? What are the major activities of OPDs relating to COVID-19 response/recovery?
	G	What are the key areas of improvement for OPDs in order to make their engagement with duty bearers and development partners more effective? According to ODPs and according to others?
2	Civil society	
	A	Does local civil society collaborate with OPDs and engage with them to carry out advocacy? If yes, which civil society organisations and INGOs are collaborating with OPDs and on what issues?
	B	What other local civil society organisations and international NGOs are working on disability rights (including those providing disability support services)? How do they collaborate with OPDs?
	C	Is there a civil society platform for SDG implementation? If yes, are OPDs part of this platform? Does the platform engage on disability inclusion in the SDGs?

3	United Nations <p>A Which are ongoing or previous PRPD joint programs in the country? And which partnerships have been established as a result of these programs, within the UNCT, with the government, and partnerships with OPDs and other stakeholders? Success and challenges?</p> <p>B Which UN agencies and programs are engaging in advancing the rights of persons with disabilities in the country, and what are their focuses? What coordination occurs between UN agencies at country level on disability inclusion? Is there a disability focal point within the RCO? A UN disability working group within the UNCT?</p> <p>C Are there other UN agencies' joint programs supporting legislative reforms, policy development or other relevant national programs that are important for persons with disabilities (e.g., Spotlight programs, trust funds)?</p> <p>D What is the knowledge and understanding of UN agencies staff on disability inclusive programming and have training on disability rights and inclusion been provided? If so, to whom and when, and what topics?</p> <p>E How is the situation and rights of persons with disabilities incorporated into country-level UN activities, analyses and plans (such as UN Common Country Analysis, Sustainable Development Cooperation Framework, COVID-19 Socioeconomic Impact Reports, COVID-19 Recovery analyses and plans, etc.)?</p> <p>F What is the level of the inclusion of persons with disabilities, including engagement with OPDs, across ongoing UN programs at country level?</p> <p>G Is key UN information available in accessible formats? Are the UN premises accessible?</p>
4	Government stakeholders <p>A Which are the lead ministries in ensuring the rights of persons with disabilities?</p> <p>B Is there a whole-of-government disability focal point? Are there ministry-specific disability focal points within government (all branches, levels, ministries) with sufficient authority to mainstream the rights of persons with disabilities? Which are most active?</p>

	C	What coordination mechanisms exist to facilitate disability-related action across different sectors and levels of government?
	D	How is disability represented within national development/SDG frameworks and human rights monitoring and reporting (e.g. SDG monitoring, Universal Periodic Reviews, National Development Frameworks, etc.)? Is disability mainstreamed as a cross-cutting issue across sectors? Is disability seen as a rights issue within human rights monitoring and reporting?
	E	Is there a government focal point or ministry responsible for SDG implementation and monitoring? Does it have power to do cross ministerial budgeting and monitoring or is it just part of a Ministry of social welfare? What coordination mechanisms and platforms are set-up? If yes, does the focal point consult with OPDs?
5	International cooperation	
	A	How does international cooperation support disability inclusion and rights of persons with disabilities in the country? Who are the key donors, INGOs, foundations, or others working on disability? Any big donors that do not yet engage?
	B	What sectors/focus areas do they mainly focus on? Are there coordination mechanisms?
	C	Do international development partners regularly engage with OPDs? What is the experience of these actors and of OPDs in terms of obstacles to engagement?
	D	How do academia and private sector engage with disability inclusion and OPDs? Any role models or missed opportunities? What is the experience of OPDs in terms of these actors?
6	Disaster risk reduction and emergency response	
	A	How effectively is disability included within the disaster preparedness and emergency response system? Who is playing which role in relation to disability inclusive DRR and emergency response?
	B	How are persons with disabilities affected by climate change and to what extent are OPDs engaged and in efforts to address these challenges. What are the obstacles?

	<p>C Are OPDs regularly consulted by actors within the civil protection system and/or humanitarian system in planning and implementation of DRR or humanitarian efforts? What is the experience of these actors and of OPDs in terms of obstacles to consultations?</p>
<p>7</p>	<p>COVID-19 and stakeholder analysis</p> <p>A Are there critical or new coalitions or networks of stakeholders influencing for a disability-inclusive COVID-19 response and recovery? Who is critical to influence and provide information on persons with disabilities to ensure a disability-inclusive recovery?</p> <p>B Are there any disability specific impact assessments/rapid needs assessments/surveys etc.?</p>



Possible sources of data

- Existing situational analyses and OPD mapping done under disability-focused programs by interested INGOs, UN agencies/other, OPDs, or donors (e.g. DFAT, USAID, DFID Aid Connect/DID program or other)
- IDA and IDA members' websites and advocacy materials produced by OPDs and others
- Key informant interviews and focus group discussions with OPDs, national civil society organisations and INGOs working with OPDs and on disability issues, government disability focal points, INGOs, UN agencies, etc.
- CRPD reviews and jurisprudence (country reviews, General Comments, decisions in Communications, inquiries), as well as alternative reporting by OPDs and civil society to the CRPD
- Reports by the Special Rapporteur on the Rights of Persons with Disabilities
- Publicly available data and research reports
- Government reporting (e.g., SDG reports, poverty reduction/development plan reporting)
- Disability support service mapping (may have been done as part of programming)
- Review of major international cooperation and humanitarian actors
- Desk review of national development and humanitarian policies and frameworks to assess the level of disability inclusion
- UN reports at national level on addressing 'leave no one behind' or disability specifically



Further information and resources

International Disability Alliance, [Global Survey on OPD Participation in Development Programs and Policies](#) – see analysis and recommendations on participation of OPDs with governments, the UN and funding agencies.

EU-OHCHR Bridging the Gap, [The Unsteady Path – Towards Meaningful Participation of Organisations of Persons with Disabilities in the Implementation of the CRPD and SDGs](#) – study on national level participation of OPDs

CRPD Committee, [General Comment 7 on Participation with persons with disabilities in the implementation and monitoring of the Convention](#) (scroll to “General Comment No 7”)

[CBMGlobalclimate_change_report.pdf](#) ([cbm-global.org](#))

EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD:

→ [Articles 1 to 4 - Illustrative indicators on the purpose, definitions, principles and general obligations](#) – includes indicators relating to participation and national institutional/policy frameworks

→ [Article 33 - Illustrative indicators on national implementation and monitoring](#) – includes indicators relating to OPD participation

2. Equality and non-discrimination

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

While legal commitments are the basis, such commitments become empty promises, if not accompanied by budgets and explicit implementation measures – as well as empowerment of persons with disabilities to know these rights and have a possibility to complain. Questions related to disability inclusive budgeting are discussed under section 5 below.

Guiding questions

- 1** Has the CRPD been ratified? Has reporting been completed as per obligations under Article 35? What other international human rights treaties have been ratified? Did they report on violations of persons with disabilities (especially CEDAW and CRC)?
- 2** What legislation has been enacted on the rights of persons with disabilities? How aligned is this with the purpose, definitions, principles and general obligations of the CRPD? How are persons with disabilities defined in the legislation and which types of disabilities are recognised? Who is left out?
- 3** Is there a general anti-discrimination framework or legislation? Does it prohibit discrimination on the basis with disability and does the law recognise that denial of reasonable accommodation constitutes disability-based discrimination?
- 4** Is there a national strategy and/or action plan for implementation of the CRPD and/or the national disability legislation in place? Does it have an implementation framework, indicators and a budget? How is the strategy linked to national SDG plans and programs?
- 5** How are disability rights mainstreamed in national SDG planning and reporting, and are the priorities of OPDs considered? Is this reflected in the country's Voluntary National Review reports? Similar for Sendai DRR reporting, or for example country emergency response plans if relevant?
- 6** What share of national development programs supported under the SDG processes have included persons with disabilities in objectives, indicators, budgets and monitoring reports – explicitly? Are there any common features of those that have managed to be inclusive? What share of programs have engaged/consulted with OPDs? Supported capacity development of OPDs?
- 7** What is the available information and analysis on the current harmonisation of legislation with the CRPD? Are there national plans/strategies in place to address legal harmonisation? Are there stand-out issues relating to legal harmonisation (e.g. existing discriminatory laws or laws that create segregated systems and services for persons with disabilities, such as residential institutions, segregated education or employment outside the mainstream labour force)?

- 8 International cooperation and humanitarian action:** How are UN agencies addressing disability inclusion in SDG planning processes? How is disability incorporated into international cooperation country plans and strategies (e.g. UN Common Country Analysis and plans, etc.), processes and reporting? Are there disability specific objectives and indicators? To what extent do other bilateral agencies and donors promote and engage in disability rights?

COVID-19

- 1** Were any legislative reforms undertaken as a result of the COVID-19 crisis? If so, did they ensure that rights of persons with disabilities were respected and included, and did they align with the CRPD principles and relevant articles? Have there been any reports, including from OPDs, on discrimination of persons with disabilities in access to health, education, vaccination, recovery and support measures, employment and livelihood support and cash assistance or social protection during the COVID-19 crisis and recovery?
- 2** Have any legal or policy measures introduced during the crisis led to unintentional or disproportionate effects on persons with disabilities?



Possible sources of data

- CRPD Committee reporting, concluding observations; civil society reporting to the CRPD Committee
- Other human rights treaty reporting (CEDAW, CRC, etc.)
- National Human Rights Commissions (reporting and as key informants where appropriate)
- Human Rights Monitor organisations (e.g. Human Rights Watch)
- UNICEF Situational Analysis on Children with Disabilities, and other similar reports
- Legislative reviews on CRPD compliance that may have already been conducted
- Key informant interviews and focus group discussions



Further information and resources

Introduction to the CRPD:

- [Convention on the Rights of Persons with Disabilities](#) – full text of the convention
- OHCHR, [Training Package on the Convention on the Rights of Persons with Disabilities](#) – comprehensive training package, including summary of key concepts such as non-discrimination, reasonable accommodation, etc.
- Special Rapporteur on the Rights of Persons with Disabilities, [Report on the rights of persons with disabilities](#) – summary of key components of disability-inclusive policies and implementation arrangements

Non-discrimination and reasonable accommodation:

- Committee on the Rights of Persons with Disabilities, [General Comment No 6 on Equality and Non-discrimination](#)
- Committee on the Rights of Persons with Disabilities, [General Comment No 3 on Women and Girls with Disabilities](#)
- EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD: [Article 5 - Illustrative indicators on equality on non-discrimination](#)
- IDA, [Guidance on CRPD parallel reporting](#) – entails key questions to assess progress with CRPD enforcement
- IDA, [Compilation of CRPD Committee Concluding Observations](#) – by article or by country

Legal harmonisation:

- OHCHR, [Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities](#) – refer to Chapter 5: National legislation and the Convention
- EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD: [Articles 1 to 4 - Illustrative indicators on the purpose, definitions, principles and general obligations](#) – includes indicators relating to legal harmonisation and national institutional/policy frameworks

3. Accessibility

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

Guiding questions

- 1 What legislative, policy and programming measures are in place **to ensure accessibility** of the physical environment, transportation, services, information and communications, including ICTs and other facilities and services open or provided to the public? E.g., have national accessibility standards and implementing regulations been adopted, and what are the application and enforcement mechanisms for these? Are there any data demonstrating how standards are applied in practice?
- 2 How is accessibility mainstreamed into public procurement to ensure that new infrastructure, goods and services do not create additional barriers for persons with disabilities?
- 3 What measures are in place for accessibility of information and communications, including for telecommunications, media and related information services? For example, are there a sign language interpretation system, relay services, digital accessibility measures and/or live captioning capability? Do early warning systems for emergencies provide information and communication in alternative formats and are emergency call numbers accessible?
- 4 What formal data (enforcement of standards) and informal monitoring data (access audits by OPDs or NGOs) on accessibility are there?
- 5 What are the key gaps in accessibility presently in terms of accessibility according to ODPs? Is there a strong demand for accessibility (e.g. consider accessibility-related advocacy, monitoring and accountability work)?

COVID-19

- 1** What accessibility measures supported equality of persons with disabilities during the crisis?
- 2** How is accessibility barriers (of ICT, transportation, physical environment, health and prevention measures) leading to disproportionate impacts on different groups of persons with disabilities (persons with different impairment types, genders, age, rural/urban etc.) throughout the ongoing crisis?
- 3** How are accessibility measures being prioritised in COVID-19 recovery planning and programs?



Possible sources of data

- **Accessibility measures:** Consider legislation, national accessibility plans/strategies, implementing regulations, and public procurement guidance. Specifically consider accessibility measures/plans within health (including health promotion/information), education systems, and information including mass media, communications, telecommunications, and emergency information (at central to local levels).
- Consider accessibility audit reporting, CRPD and SDG reporting

COVID-19 and sources of data:

- [Disability Rights Monitor](#) on COVID-19
- OPD-led and other COVID-19 needs assessments, surveys, etc.



Further information and resources

Committee on the Rights of Persons with Disabilities, [General Comment No 2 on Accessibility](#)

Special Rapporteur on the Rights of Persons with Disabilities, [Report on the rights of persons with disabilities](#) – refer to Section III(B)

WHO/World Bank, [World Report on Disability](#) – refer to Chapter 6: Enabling environments

EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD:

→ [Article 9 – Illustrative indicators on accessibility](#)

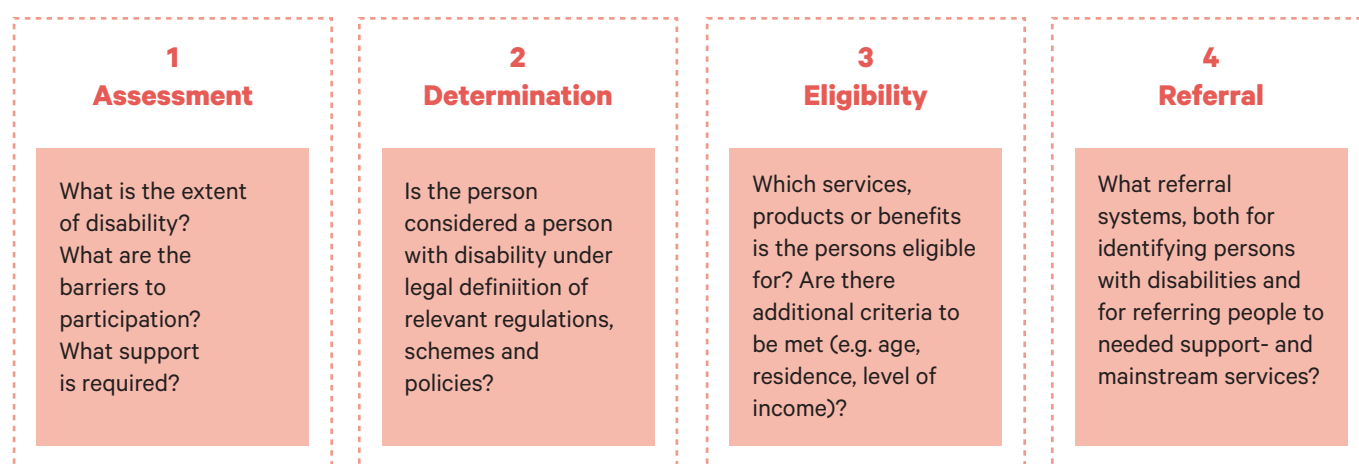
→ [Article 20 - Illustrative indicators on the right to personal mobility of persons with disabilities](#) – includes indicators relating to transport and vehicles

→ [Article 21 - Illustrative indicators on freedom of expression and opinion, and access to information](#) – includes indicators relating to access to information and alternative modes of communication

4. Inclusive service delivery

4.1 Disability assessment and referral systems

Disability assessment and determination are critical processes to analyse, as they are used to determine eligibility and referral to disability-related social protection, health insurance, publicly funded rehabilitation, support services and assistive devices and technology. Disability assessment refers to the process of collecting information about an individual, and determination refers to the official decision (using the assessment findings) about whether someone is classed as having a disability, and often to what degree. In some countries this can become an official status, symbolised by a disability card/similar, which can provide access to various services and fee waivers, etc. There are often additional and different processes to **determine eligibility** for different types of social protection, insurance, health and support services.

Figure 4: Key processes in disability assessment and determination linked to service eligibility

Data collected through assessment and determination can also be compiled into a national database or registry, and used to inform policymaking, service planning and budgeting; however, in many countries a coordinated system for this has not yet been established. There are different approaches to assessing and determining disability (and eligibility to products, services and benefits) and these can be impacted by: what the determination is used for, the prevailing understanding of disability in the country (e.g. is it seen from a medical or human rights perspective?) and the resources and systems available to carry out assessment and determination as well as what services are actually available in the country. For example, many social protection systems conflate disability with ‘incapacity to work’ – in which cases assessment and determination linked to these services may be medical in nature. A contrasting approach understands social protection as a mechanism to support social integration, access to basic services and access to decent and productive work as an end goal – in which cases assessment may focus on what support is required to ensure participation and inclusion.

In many cases, persons with disabilities report barriers to the assessment process itself, which can limit access to support. Analysis of assessment and determination processes is critical to knowing prevailing approaches to disability and the mechanisms by which persons with disabilities access critical services, social protection and support.

Guiding questions

- 1 What referral systems are in place to identify persons with impairment and refer to a disability assessment service? Is there an early identification and intervention mechanism available? If so, how effective and accessible is it and is it functioning across the country, including in rural areas? If not, what are the main challenges and barriers?
- 2 Is there one entity responsible to assess disability or several? What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?

- 3** What are the steps and documentation requirements of the disability assessment process? Noting there may be different assessment processes for different benefits/services, for each assessment process document whether the assessment focuses on:

 - Health conditions and the level and severity of impairment associated with them (impairment/medical approach)
 - The extent to which people's functions or daily living activities are restricted by health conditions and impairments, e.g. walking, lifting, standing, hearing, seeing, communicating, concentrating, etc. (functional limitations approach)
 - Support requirements to participate in daily activities
 - The social and environmental factors which also affect people's capacity to undertake activities of daily life and participation (including work and education).
- 4** Where is the information from assessments and determination processes stored – e.g. is there a national/state registry or data base etc.? Is there any legislation or policy to ensure the privacy of such information? Is this information used for policy or service development planning and budgeting?
- 5** Is disability assessment and determination associated with a disability card/registration? If so, what does the status provide access to – or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and levels of government?
- 6** Are the assessment and determination processes fully accessible and affordable for all (in terms of services, information and assessment processes for all types of disabilities)?
- 7** Is disability assessment and determination used in some ways that can potentially restrict the rights of persons with disabilities (e.g. exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of rights to adoption, etc.)?
- 8** Is there one entity responsible to assess disability or several? What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?

9	What are the experiences of persons with disabilities with the assessment process? Identify any barriers for different groups of persons with disabilities in accessing assessment (e.g. distance to assessment centre and related costs, costs of medical tests, stigma and discrimination, inaccessibility of assessment centre, communication inaccessibility, lack of support, etc., taking into account perspectives of different impairment groups, gender, age and geographic location).
10	Is there a functioning, accessible complaints mechanism available to persons with disabilities?
COVID-19 and disability assessment	
1	How were existing disability assessment and determination systems, processes and databases as well as referral systems used to provide fast and effective support to persons with disabilities and their families during the COVID-19 crisis and recovery?
2	What were the strengths and challenges of this (e.g. provided a mechanism to channel cash assistance to large number of persons with disabilities, or database of assessment not able to be used to support persons with disabilities due to system issues or incomplete data)?



Possible sources of data

- Previous research (e.g. <https://www.developmentpathways.co.uk/publications/leaving-no-one-behind-building-inclusive-social-protection-systems-for-persons-with-disabilities/>)
- Policy and procedural documents, e.g. Standard Operating Procedures
- Online information
- Key informant interviews
- Focus group discussions



Further information and resources

World Bank, [Assessing Disability in Working Age Population](#)

Development Pathways, [Leaving No-one Behind: Building Inclusive Social Protection Systems for Persons with Disabilities](#) – refer to Section 6.2.1 for short summary of assessment approaches

Webinar on [Disability identification, assessment, and determination in social protection systems: barriers to access and gateways to support](#) organised by DFAT in partnership with the UNPRPD Covid-19 joint program

Waddington, L., & Priestley, M. (2020). [A human rights approach to disability assessment](#). Journal of International and Comparative Social Policy, 1-15.

Special Rapporteur on the Rights of Persons with Disabilities, [The Right of Persons with Disabilities to Social Protection](#)<https://undocs.org/en/A/70/297>

4.2 Disability support services

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

Former Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas

Disability support services and assistive devices, like accessibility, are a critical pre-condition for persons with disabilities to participate fully in society and to facilitate access to mainstream services. An understanding of what is or is not available and to whom, including from the perspectives of persons with disabilities, is critical for understanding the level of participation and equality of outcomes of persons with disabilities. Disability support services can encompass:

- In-home/residential and community support, including personal assistance
- Non-coercive support for persons experiencing psychological distress
- Services focused on assistive devices and technology provision and training

- Supported decision-making
- Communications support, such as sign language interpretation

In many countries, not all forms of support services are available.

In undertaking this analysis, consider government-funded and regulated support services as well as non-government and private sector programs that may also be providing support, such as community-based inclusive development (CBID) programs run by NGOs. While typically very limited in scope and coverage, these often fill gaps in services and can provide useful models and evidence for government for policy design.

Guiding questions

- 1** What is the policy context for provision of disability support services? Is there relevant legislation, including in sectors such as education, health etc, and/or a national policy/action plan to increase the access, availability and diversity of support allowances and services? How are services regulated (e.g. needs assessment, training of service providers, monitoring, accountability, certification, quality and coordination), and by whom?
- 2** Which types of disability support services are available, and to whom? What services are missing (consider gender, age, impairment groups and particularly under-represented persons with disabilities, and geographic distribution)? How are the services funded and provided? Provide a brief assessment of affordability of each type of support service.
- 3** How many persons, including professionals, have been certified to provide support services per 1000 persons with disabilities (disaggregated by type of certification and/or service/profession)? How are they geographically distributed (e.g. concentrated in urban areas)?
- 4** How are disability-support services sensitive to gender, age and the most marginalised, including through consideration of protection issues?
- 5** What is the number and proportion (relative to the total population) of persons with disabilities currently residing in institutionalised care services (e.g. psychiatric inpatient settings, residences for persons with intellectual disabilities, etc., ranging from large scale facilities to group homes), disaggregated by sex, age, disability, and type of institution/facility?
- 6** Where residential and segregated institutionalised services exist, is there a plan and timeline to transition to community-based support (as per the CRPD)?

	<p>7 What is the proportion of government budget spent on institutionalised care vs community-based support for persons with disabilities?</p>
	<p>8 Have OPDs been consulted and engaged in the design and implementation of service measures and programs? What are the perspectives of persons with disabilities, including from under-represented groups, on their access to disability support services?</p>
	<p>COVID-19 and disability support services</p>
	<p>1 How were support services impacted and/or disrupted by COVID-19? How did that impact on persons with disabilities?</p>
	<p>2 What were the experiences of persons, including persons with disabilities, living in institutions in the COVID-19 pandemic?</p>
	<p>3 What is the proportion of deaths of persons with disabilities living in residential or care institutions, compared to overall COVID-19 deaths?</p>



Further information and resources

Special Rapporteur on the Rights of Persons with Disabilities, [Report on Disability Inclusive Policy](#) – refer to Section III(C)

Special Rapporteur on the Rights of Persons with Disabilities, [Report on Rights Based Support](#)

WHO, [World Report on Disability](#) – refer to Chapter 5: Assistance and support

K4D Helpdesk, [Assistive technologies in developing countries](#)

WHO, [Disability considerations during the COVID-19 outbreak](#)

CBM Australia & Nossal Institute for Global Health, [Experiences of people with disabilities in COVID-19: A summary of current evidence](#)

EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD:

→ [Article 19 - Illustrative indicators on living independently and being included in the community](#) – includes indicators relating to independent living and support services

→ [Article 20 - Illustrative indicators on the right to personal mobility of persons with disabilities](#) – includes indicators relating to assistive devices

→ [Article 26 - Illustrative indicators on habilitation and rehabilitation](#)

4.3 Mainstream services

Persons with disabilities require and have the right to the same basic services as persons without disabilities, such as education, vocational training, health, to justice, emergency services, social protection, recreational services, etc. It therefore fundamental these services are inclusive and link with disability support services where necessary. For example, access to Sign Language interpreters to appear in court, access to community-based support mechanism to evacuate in an emergency, or access to an appropriate wheelchair and advice on how to use the wheelchair in order to attend school.

While the core part of the situational analysis does not go into details in analyzing services as part of wider sectors, it is important to get an overview of the policy environment and the outcome inequalities persons with disabilities might face in these areas. This will support the understanding from the analysis of pre-conditions as to what gaps are identified that can inform programming. To support the analysis, a sample of the OHCHR SDG-CRPD indicators³ are proposed as a guide to assess evidence, knowing that in many countries these data are yet to be collected at a national level. This information will help shape the program design.

Guiding questions

Social protection (including social assistance and social services)

- 1** Identify the relevant legislation, policies and regulations on social assistance programs, such as cash transfer, in kind support, or concessions (fee waivers, discount, exemptions, and public works). Any obvious gaps?
- 2** How is disability incorporated into national laws, plan/policies to prevent, detect and end violence and abuse including sexual and gender-based violence? How do these address the particular needs of women, children and older persons and persons with all types of impairment, especially underrepresented groups (in private and public settings)?
- 3** What evidence is available on the inequalities in poverty and income faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators):
 - A 28.22** Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (SDG indicator 1.1.1) and disability.
 - B 28.23** Proportion of persons with disabilities living below the US\$1.90 per day international poverty line compared to the proportion of the overall population, by sex and age.

	C 28.24 Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.
	D 28.25 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.
	E 28.26 Proportion of people living below 50 per cent of median income, by age, sex, and persons with disabilities (SDG indicator 10.2.1).
Health legislation and policies	
1	What is the policy context for persons with disabilities within the health system?
A	Do general health policies (including promotion, prevention and rehabilitation), strategies, plans and legislation include persons with disabilities and address specific barriers they might face?
B	Do they consider all impairment groups, and persons with disabilities at different life stages and sex/genders?
2	What evidence is available on the inequalities in health faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators ⁴):
A	25.21 Maternal mortality ratio (SDG indicator 3.1.1) disaggregated by age and disability of the person.
B	25.23 Number of new HIV infections per 1,000 uninfected population, by sex, age and key population (SDG indicator 3.3.1) and disability.
C	25.27 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight) (SDG indicator 2.2.2) and by sex, age and disability.
D	25.24 Tuberculosis, malaria and hepatitis B incidence per 1,000 population (SDG indicators 3.3.2, 3.3.3, and 3.3.4) among population of persons with disabilities compared to others.

- E 26.11** Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator),[i] disaggregated by sex, age, disability, type and sector of service, and geographical location.

Education legislation and policies

- 1** Is there a legal and policy framework that defines inclusive education, including for learners with disabilities? Does the inclusive education policy call for one mainstream education system to be inclusive of all learners or does it create a separate or subcomponent of the education system for learners with disabilities (or certain groups of learners with disabilities)? Is there a strategy with indicators and budget?
- 2** Does the Ministry of Education regulate and oversee all schools whether private or public (in some contexts, segregated schools for learners with disabilities are under the purview of Ministry of Social Welfare)?
- 3** What evidence is available on the inequalities in education faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators):
 - A 24.27** Rates of children with disabilities out of school, rate of enrolment, attendance, promotion by grade, completion, and drop out in mainstream primary, secondary, tertiary educational institutions, vocational training, lifelong learning courses, as compared to others, disaggregated by sex, age, disability.
 - B 24.28** Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG indicator 4.1.1), age and disability.

Employment and livelihood legislation and policies

- 1** If there is a national disability rights law, policy and/or strategy, what are the main provisions for employment? Do they include protection from discrimination on the ground of disability and reference to denial of reasonable accommodation as a form of discrimination?
- 2** Are there affirmative action measures included to support the access of persons with disabilities to employment (i.e. quota or other incentives)? What kind of specific, targeted restrictions are in place that limit the opportunities of a person with a particular disability to take a job?

	3	What are the references to persons with disabilities in the labour codes and general legislation around employment or other livelihood measures?
	4	What evidence is available on the inequalities in decent work and income faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators):
	A.	Percentage of persons with disabilities employed as compared to other persons and to overall employment rate, disaggregated by type of employment (public, private, self-employed), age, sex and disability
	B.	27.25 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities (SDG indicator 8.5.1).
Disaster risks and emergency management		
	1	Does relevant legislation pertaining to the planning and provision of services in situations of risk and emergencies (including climate-related hazards, conflict and other emergencies) explicitly reference persons with disabilities? What measures are in place to ensure accessibility of environments, communications, information and services at all phases: prevention and preparedness, identification, response, recovery, reconstruction, relocation and reconciliation?
	2	What evidence is available on the inequalities in protection from risks and accessing emergency response and relief faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators):
	A	11.23 Number of deaths, missing persons and persons affected by disaster per 100,000 people (SDG indicator 1.5.1), disaggregated by sex, age and disability.
	B	11.24 Proportion of aid recipients with disabilities, compared to the proportion of persons with disabilities in the population, by sex, age and disability.
	C	11.26 Proportion of persons with disabilities who had access to safe and dignified housing in response to a natural disaster or humanitarian emergency and proportion they represent of the total of beneficiaries, disaggregated by sex, age and disability, geographical location and nature of emergency.

Access to justice

- 1** How are persons with disabilities restricted when trying to access to justice? Assess if laws and policies prevent them from appearing in court or performing as witnesses due to restrictions to their legal capacity, discriminatory attitudes that they cannot be credible witnesses on the basis of their disability, or failure to prosecute cases of rights violations—particularly for women with disabilities—, and if there are accessibility restrictions – both physical and communicational.
- 2** How are persons with disabilities denied or restricted in their exercise of legal capacity? For example, is there total/partial guardianship/curatorship for adults with disabilities or other third-party representation which was not granted with their consent? Any limitations in inheritance rights or right to own property or assets?
- A 13.19** Proportion of crimes against persons with disabilities brought before judicial authorities out of total number of crimes, disaggregated by sex, age and disability of the victim.
- B 13.20** Number and proportion of persons with disabilities who access victim support services, as compared to others, disaggregated by sex, age, disability and kind of service.

Participation in public and political life

- 1** Are there any provisions within the constitution, electoral or civil legislation or regulations which restrict the rights of persons with disabilities to vote, be elected/hold office and perform public functions on the basis of disability?
- 2** Are there any provisions within the constitution, legislation or regulations which restrict the right of freedom of association on the basis of disability, including among persons with disabilities that are deprived of legal capacity, and restrictions in the right to public assembly?
- 3** What evidence is available on the inequalities in the participation in public and political life faced by persons with disabilities? E.g., voter turnout of last election disaggregated by sex, age, disability and electoral district for national, regional and local elections.

5. CRPD-compliant budgeting and financial management

Analysing the extent to which a country's domestic and international resources foster inclusion of persons with disabilities is critical to understand the level of prioritisation of the issue and the untapped resources that can be mobilised and to support adequate policy and budget planning. CRPD-compliant budget analysis provides a unique perspective on the policy efforts made to translate the commitments to disability inclusion and the rights of persons with disabilities (legislation and policies) into action. Combined with in-depth national statistical data analysis, it gives clear indication of the gaps between resources invested and the scale of the barriers and issues faced by persons with disabilities.

Change in outcomes (level of education, mortality rates) takes time, and thus resources must be harnessed as early as possible to drive towards changes felt 'on the ground'. Budget analysis is critical for adequate monitoring of efforts to implement the SDGs and CRPD and anticipation of likely success.

For many low- and middle-income countries, there are significant fiscal constraints, magnified by the COVID-19 crisis, which undermine progress. This makes it even more critical that all available resources foster inclusion and that resources are prioritised to make the greatest impact. While the purpose of this analysis is to have an overview, a budget analysis⁵ that is aligned with the CRPD can allow informed debates on equitable and progressive increase allocation of resources, helping to level the playing field between government and OPDs and facilitate engagement of most marginalised groups. In the frame of COVID-19 recovery, it is a critical element to mitigate the risk of austerity measures.

Many countries will have only limited data available for analysis, but, recognising that national budgets and spending are core components of CRPD implementation, identifying a lack of data is itself an important finding.

The overall basic questions are:

- How large share of government (sectorial) and donor/UN budgets are allocated for disability specific and disability inclusive programs respectively?
- How large share of government (sectorial) and donor/UN programs have explicit goals, measures, indicators and monitoring data related to persons with disabilities?
- Do budget and procurement processes foster participation of persons with disabilities?
- What is the balance between domestic and international resources allocated to disability inclusion?
- To what extent do persons with disabilities benefit from programs that focus on economic development and livelihoods?

5 Clarification needed: Inclusive, Disability Responsive or CRPD compliant budgeting? Centre for Inclusive Policy

Guiding questions

- 1** What percentage of the overall budget allocations over the last 5 years have been allocated to the inclusion of persons with disabilities? What are these as a proportion of overall GDP or sector budgets? Consider the budget earmarked for disability across ministries /initiatives, such as health, education, social services, justice, etc., as well as spending specifically targeting persons with disabilities.
- 2** What percentage of budgets of ongoing national development and humanitarian programs funded by international development partners, including the UN, have explicit goals, measures, indicators and monitoring data related to persons with disabilities – as the main focus and as an inclusive focus respectively?
- 3** Analyse which public expenditures clearly contribute to inclusion (e.g. supported employment in the open labour market, community-based support services) and those that may undermine it or that are not aligned with the CRPD (e.g. support for segregated solutions). Referring to the legal framework:
 - A** Are there elements in education, employment, health or social protection legislation that are not aligned with the principles of the CRPD and are still funded?
 - B** Are there elements that promote inclusion that are not yet funded (e.g., sign language interpretation in justice sector, accessibility requirements in education, ICT accessibility, or personal assistance schemes)? Should funding for these elements be advocated for?
 - C** Is there space for reallocation of funds from programs not aligned with the CRPD towards existing or new disability-inclusive ones? (e.g. reallocation of special education funding to inclusive education, reallocation of funding for long-term residential institutions to community-based support services.)?
- 4** Across each ministry and overall, what proportion of public disability spending is derived from ODA versus domestic funds? How does this compare to other sectors?
- 5** In order to allow comparison between countries as well as comparison within countries across time, present all results for sectoral budget allocation for persons with disabilities as a proportion of respective ministries'/public spenders' total budgets, total public expenditures and GDP (nominal budget allocation and nominal GDP).

	6 Public Financial Management System analysis is beyond the scope of this overview, but two proxy indicators for inclusion can be used:
	A Is there any compulsory earmarking of public entities' budgets for persons with disabilities?
	B What accessibility requirements are embedded in public procurement requirements (cross-reference findings from accessibility section)? Is there any social clause in public procurement promoting employment of persons with disabilities?
	C Is there any budget tracker/marker/code allowing disaggregation of budget data by gender or disability?
COVID-19 and budget	
1	What has been the key budgetary impact of COVID-19 thus far (e.g. what has been cut, what has been increased)? Has any of these budgetary revisions impacted on service provision for persons with disabilities?
2	If there have been budget cuts, has this been proportionate across social groups or have persons with disabilities taken a disproportionate cut?



Possible sources of data

- Past budget analyses (conducted with a disability-inclusion or CPRD lens)
- National budget papers
- Administrative data



Further information and resources

Center for Inclusive Policy, [Discussion paper: Why progress on inclusion demands action on budgets](#)

Center for Inclusive Policy, [The New Normal: Getting governments to spend more and better for inclusion of all persons with disabilities](#)

Background paper on human rights budgeting: <https://www.ohchr.org/Documents/Publications/RealizingHRTThroughGovernmentBudgets.pdf>

EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD: [Articles 1 to 4 - Illustrative indicators on the purpose, definitions, principles and general obligations of the CRPD](#) – refer to indicators 13-14

[Mapping of Norwegian Efforts to Include Persons with Disabilities in Development Assistance 2010-2019 \(norad.no\).](#)

6. Accountability and governance

6.1 Inclusive evidence and data gathering systems

Quantitative and qualitative data is essential for understanding the situation of persons with disabilities, the inequalities they experience and the barriers they face in participating on an equal basis. Data is also essential for reporting on progress and ensuring persons with disabilities are factored into budgetary, policy and programming decisions so that barriers and inequalities are addressed. Historically, disability data has been inadequate or missing, with little data collected, and data that is collected has been gathered using insufficient and widely varying collection methods. Thus, much of the data that exists is not directly comparable with data collected previously or from other countries.

The 2030 Agenda commits to improve this, and disability is included in many SDG targets and indicators. Understanding how to assess the quality of information available on persons with disabilities is important. Knowing what tools exist to support countries in collecting more robust data on persons with disabilities is also important. The Washington Group on Disability Statistics (WG) brings together international experts on data and disability to promote and coordinate international cooperation on statistics, focusing on the development of tools and disability measures to improve data collection in surveys and censuses. The aim of WG is to provide information on disability that is comparable throughout the world.

Guiding questions

- 1** To what extent are reliable and tested tools, such as those developed by the WG,⁶ used in the national census (e.g. Washington Group Short Set of Questions on disability), in disability-related and general surveys (e.g. WG Short or Extended set), and within all instruments used to generate the SDG indicators and disaggregate data by disability?
- 2** To what extent have national datasets been analysed from a disability perspective (e.g. advanced disaggregation of data by gender, age, location, census monograph, etc.)?
- 3** To what extent do national surveys across sectors generate data on disability (e.g. surveys on health, labour participation, maternal and child health, housing, poverty, etc.)? Is there disaggregated administrative data available, for example for national programs such as social protection and assistance, or labour data, or access to health and education?
- 4** How available and reliable is data on disability? Are reports and publications on statistics and research data relevant to the implementation and monitoring of the CRPD available to inform policymaking (including results of censuses and surveys)?
- 5** Are reports and data available to the public in accessible formats, and are the websites of relevant government entities accessible?
- 6** Does the available data on disability assess barriers to participation? Does the available data address multiple and interesting identities such as age, gender, sexuality, economic status, religion, etc.?
- 7** What are the data gaps and opportunities?

-
- 6** As commented in the Frequently Asked Questions on human rights indicators of the CRPD, no. 11, the [Washington Group sets of questions on Disability](#) constitute today readily available, internationally accepted and tested tools, supported by the CRPD Committee, to collect and disaggregate data by disability status, be it in national censuses ([short set](#)) or in other data collection exercises such as surveys and others ([extended set](#)). In connection to children and youth with disabilities, please consider the UNICEF/Washington Group Child Functioning Module. Disability-data collection methods and tools remain a matter of current technical debate and development and disaggregation “by disability” may require different methods, depending on the kind of information sought and the method deployed.

COVID-19 and data

- 1** To what extent are the data and information that monitor the delivery and outcomes of COVID-19 interventions and services disaggregated by disability?
- 2** To what extent have specific data points relating to persons with disabilities been included?

**Possible sources of data**

- National Statistics Offices
- CRPD state and shadow reporting
- UN Agencies reports
- Grey literature
- Administrative data
- Key informant interviews

**Further information and resources**

UN DESA, [UN Flagship Report on Disability and Sustainable Development Goals](#) – refer to Section II(N), pp. 276-284

Washington Group on Disability Statistics, [Disability Measurement and Monitoring using the Washington Group Disability Questions](#)

Washington Group on Disability Statistics, [Data Collection Tools Developed by the Washington Group on Disability Statistics and their Recommended Use](#)

Leonard Cheshire, [Disability Data Review: A collation and analysis of disability data from 40 countries](#) – provides snapshots of key national data from selected countries available for SDG monitoring

EU-OHCHR Bridging the Gap, Human Rights Indicators for the CRPD, [Article 31 - Illustrative indicators on statistics and data collection](#)

6.2 National accountability mechanisms

Adequate monitoring and accountability mechanisms are required to ensure continued attention to and progress in translating commitments into policy and practice. Accountability and complaints mechanisms also provide policymakers with valuable information to help assess public and UN policies and to identify gaps and areas requiring redress. Thus, it is important to assess what mechanisms are in place, how they are being used and what information they are providing. Critical to monitoring and accountability is the participation of persons with disabilities, through their representative organisations, in policymaking and decision-making that impacts upon persons with disabilities.



Guiding questions

- 1** What government or multi-stakeholder mechanisms are in place to monitor implementation of policies and plans relating to the rights of persons with disabilities? Is there a national focal point overseeing the implementation of the CRPD (see chapter on stakeholder analysis)? How have these contributed to change? Are OPDs engaged as members or stakeholders of such mechanisms, e.g. is there a national disability council in place?
- 2** What are the experiences of OPDs regarding monitoring policy implementation (use information gathered in the stakeholder analysis)?
- 3** To what extent is there an enabling environment for effective and constructive OPD monitoring of policymaking and programming? Has OPD monitoring or reporting translated into changes in policy or programming?
- 4** To what extent do OPDs use accountability mechanisms to progress their agendas? E.g. have OPDs participated in CRPD State or shadow reporting? How has this contributed to change?
- 5** Has the country completed CRPD State reporting? Is reporting regular, adequate and on time? What have been the major findings or changes as a result of this process?
- 6** How is disability represented within national development efforts and rights monitoring and reporting (e.g. SDG monitoring such as Voluntary National Reviews, Universal Periodic Reviews, National Development Frameworks, CEDAW reporting, CRC reporting etc.)?
- 7** What independent monitoring mechanisms are in place, such as National Human Rights Institutions, to provide ongoing accountability and receive complaints about the rights of persons with disabilities?

- 8** Are complaints mechanisms in administrative, civil and criminal processes accessible? Is procedural accommodation provided to allow all persons to access them?

COVID-19 and accountability and monitoring

- 1** How have OPDs been involved in COVID-19 impact analysis, planning, response and recovery decision making? Has participation been effective and meaningful?



Possible sources of data

- CRPD country reports
- Other country reports, such as Universal Periodic Reviews, Voluntary National Reviews, etc.
- Focus groups with OPDs
- National Human Rights Institution data and reports



Further information and resources

Office of the High Commissioner for Human Rights, [Foundations for inclusive sustainable development goals: Key concepts and structural requirements](#)

Committee on the Rights of Persons with Disabilities, [General Comment No. 7 on the participation with persons with disabilities in the implementation and monitoring of the Convention](#)

Special Rapporteur on the Rights of Persons with Disabilities, [Report on the rights of persons with disabilities to participate in decision-making](#)

Cote, A., [The unsteady path towards meaningful participation of Organisations of Persons with Disabilities in the implementation of the CRPD and SDGs: A pilot study by Bridging the Gap](#)

Office of the High Commissioner for Human Rights, [Thematic study on the structure and role of national mechanisms for the implementation and monitoring of the CRPD](#)

MULTI STAKEHOLDER PRELIMINARY AGREEMENT ON PRIORITIES AND PROGRAM OUTCOMES AND OUTPUTS

Based on the country analysis and the findings and recommendations agreed by the stakeholder group, the UNCT and partners should agree on priorities and program outcomes and outputs and complete the table below accordingly.

The table below should include a set of agreed priorities under each goal of the Call and expected outcomes and outputs of the program.

Identification of priorities

Based on the situational analysis findings participants should discuss and agree on:

- The main cross-sector challenges for advancing inclusion of persons with disabilities in essential policies, plans and implementation of programs
- A list of preconditions that require urgent attention
- Opportunities for influencing national SDG planning and implementation processes.

Based on the above the following table should be completed and a priority under each of the objectives should be agreed.

Priority under Goal 1 (85%-90% of total budget) Advance CRPD implementation at the country level by focusing on the essential preconditions for disability inclusion across sectors, translating these into concrete policies, programs, and/or services which lead to systemic changes through a cohesive, inter-sectoral approach (max 2)

Describe the priority and provide rationale of why this priority was selected.

Describe how the cross-cutting issues are being incorporated within the priority.

Priorities under Goal 2 (10%-15% of total budget): Improve and increase the implementation of disability inclusive SDGs at the country level by providing fundamental support to the UN's collective response to the SDGs – including UNCTs, governments, OPDs, and civil society – to address national priorities and gaps concerning inclusion of persons with disabilities in their national planning, to advance the SDGs (max 2)

Describe the priority and provide rationale of why this priority was selected.

Describe how the cross-cutting issues are being incorporated within the priority.

Formulation of program outcomes and outputs

Following the identification of priorities, the participants should structure the priority into joint program outcomes and outputs based on the UNPRPD log frame (below). At least one output should be formulated under each outcome. Cross cutting issues can be included transversally throughout outputs or they can be included through specific outputs.

Detailed logframe alongside with activities, budget and narrative will be developed only once the situational analysis and the proposed outcomes and outputs have been reviewed by the UNPRPD Technical Secretariat. While completing the table please note the following:

- Outcomes language is fixed. Countries will have to select among the list of outputs and will be asked to re formulate outputs including national relevant information.
- Please select at least one output for each outcome. A maximum of 9 outputs in total is allowed.

- Please note output 2.1 is mandatory.
- Please bear in mind that the budget for the objective 2 of the call (supporting inclusive SDGs) should amount maximum to the 10% -15% of the total budget.

UNPRPD Fund Outcomes	UNPRPD Fund Outputs	Y/N
Outcome 1: National Stakeholders have the knowledge and practical tools to effectively contribute the development and implementation of disability inclusive policies, systems	1.1 Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs.	
	<p>Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)</p> <p>Please indicate which stakeholders, what type of capacity, which policy, system or program.</p>	
	1.2 Knowledge products (e.g., tools and guidelines) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion	
	<p>Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)</p> <p>Please indicate which type of knowledge product, and for what precondition.</p>	
	1.3 Models of good practice, learning and exchange mechanisms are developed to share country level experiences, to increase understanding, and to inform innovative practices.	
	<p>Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)</p> <p>Please indicate what type of model of good practice learning or exchange mechanism.</p>	

UNPRPD Fund Outcomes	UNPRPD Fund Outputs	Y/N
Outcome 2. Gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs are addressed.	Output 2.1 – Legal frameworks and systems (i.e., laws, policies, plans, programs, services and administrative systems) addressing the preconditions for disability inclusion are newly developed, reviewed, or reformed, to be in line with CRPD standards.	
	<p>Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)</p> <p>Please indicate which legal framework and or system changes addressing which precondition.</p>	
	Output 2.2 – Multi stakeholder participation and contribution to the design, reform, and implementation of disability inclusive laws policies and systems is enhanced	
	<p>Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)</p> <p>Please describe what type of multistakeholder mechanism will be enhanced. For what? Which precondition?</p>	

UNPRPD Fund Outcomes	UNPRPD Fund Outputs	Y/N
Outcome 3: National development and humanitarian plans, budgets, programs and monitoring processes are disability inclusive.	3.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN development activities⁷ at the country level including in humanitarian settings.	
	Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)	
	Please indicate which instruments for planning and implementation.	
	Output 3.2 – National development assessments, plans, budgets, programs and monitoring mechanisms supported under the SDG processes are designed to advance disability inclusion.	
	Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)	
	Please indicate what assessments plans, budgets and mechanisms?	
	Output 3.3 –OPDs are supported to develop capacity and are systematically engaged in the national development coordination mechanisms and accountability frameworks, (gov/UN/Independent) around SDGs and in humanitarian coordination mechanisms.	
	Country tailored formulation of the output. Add as many outputs as needed. (maximum total outputs per logframe 9)	
	Please indicate which OPDs? What type of national co-ordination mechanisms and accountability framework.	

SAMPLE REPORT

OUTLINE

Acronyms and Abbreviations

Executive Summary

Background

Purpose of analysis

Introduction to disability in country x

Approach

Guiding principles

Methodology used

Scope and limitations

Findings (summarise key findings at the end of each section)

Stakeholder and coordination analysis

Equality and non-discrimination

Inclusive service delivery

Accessibility

CRPD-compliant programming and budgeting

Accountability and governance

(Optional findings on service sectors – select the relevant ones for your analysis)

Social protection

Health

Education

Employment and work

Disaster risk reduction and emergency response

Access to justice

Participation in political and public life

Analysis**Critical gaps and opportunities****Conclusions and key recommendations****Recommendations for further analysis/data collection****Recommendations for future programming contributions, e.g.:**

- Are there any critical ‘bottle necks’ in capacities or systems hindering progress towards inclusive SDGs, CRPD implementation and equality between persons with and without disabilities?
- What are critical priorities as assessed by persons with disabilities and their representative organisations?
- What are critical issues to be incorporated into COVID-19 recovery planning? Are there specific capacity gaps or needs for technical assistance and training that PRPD could support?
- What further analysis is required or recommended in order to progress disability inclusive programming in future?
- What are critical gaps and opportunities that PRPD programming could add value to?

GUIDANCE ON OPD

ENGAGEMENT WITHIN

THE COUNTRY

ANALYSIS PROCESS

1. Why partner with Organisations of Persons with Disabilities?

A rights-based approach involves active and informed participation of citizens in decisions that affect their everyday life, including persons with disabilities. Meaningful participation of persons with disabilities and their representative organisations is recognised in the CRPD as both a general obligation (article 4.3) and a cross cutting issue, obligating duty bearers to closely consult and actively involve persons with disabilities in the development, implementation and monitoring of policies and laws to implement the CRPD as well as involving them in decision-making processes on disability issues (article 33). This obligation applies at all levels (local, national, regional and international) and also applies to international cooperation, which should be inclusive of and accessible to persons with disabilities (article 32).

The **UN Disability Inclusion Strategy** (UNDIS) includes requirements to closely consult with OPDs on all disability-specific issues and broader issues (indicator 5). Despite these obligations, OPDs continue to frequently be excluded from policy making and programming development, including within international development. Exclusion exacerbates barriers to policy and programs and impacts international development efforts to reach persons with disabilities. It also means that OPDs are often less experienced in navigating national policy environments as well as international development systems and processes, which can result in lower engagement and less meaningful participation. To break this cycle, duty bearers should engage with OPDs using enabling approaches, aiming to facilitate good engagement and where appropriate strengthen capacity to effectively engage.

The PRPD Country Analysis process is designed to ground PRPD programming in local priorities. It allows for UN Country Teams (UNCT) to understand more deeply the local context in relation to the rights of persons with disabilities and to understand how to use PRPD programs to facilitate catalytic progress. Persons with disabilities and their representative organisations (OPDs) are pivotal to gaining this nuanced understanding and can provide unique insights and expertise. As the leading organisations working to progress the rights of persons with disabilities, PRPD programs should complement, amplify and support the work of OPDs. Collaborative analysis between OPDs and UNCTs allows the UN to develop a nuanced understanding of the local disability context, and develop and/or strengthen working relationships, and to understand the operational realities, strategies and priorities of organisations of persons with disabilities. This is important for informing the focus and design of PRPD programs which are built on partnership with persons with disabilities and their representative organisations.

Common experiences of participation and consultation: IDA Global Survey

The International Disability Alliance, (global alliance of OPDs) conducted a global survey from 2018-2020 to explore the experience of OPDs in relation to consultation and participation. The survey gathered perspectives from 573 OPD respondents from 165 countries across all regions. Particularly relevant findings include:

- Persons with disabilities still report insufficient participation in key policy, lawmaking and programming processes including participation in decision-making mechanisms. This is exacerbated in more marginalised groups including persons with psychosocial disabilities, intellectual disabilities, deaf persons, persons with deafblindness, women and indigenous persons with disabilities.
- There are a range of barriers to participating meaningfully, including inaccessible processes, communication, information and physical meeting spaces, and a lack of provision of reasonable accommodation. Discriminatory attitudes towards persons with disabilities also contribute.
- OPDs reported being less familiar and less involved in UN processes as compared to other key duty bearers such as governments and donors/funders.
- Organisational resourcing impacts on the ability to respond to requests for consultation. The volume, complexity and lack of coordination between requests and stakeholders exacerbate this.
- Some OPDs reported negative experiences when trying to participate, including exclusion caused by a lack of accessibility or reasonable accommodation, being co-opted by stakeholders and being used to legitimise a process without being enabled to sufficiently engage.

2. What are Organisations of Persons with Disabilities?

Organisations of persons with disabilities are led, directed and governed by persons with disabilities. A clear majority of their membership should be recruited among persons with disabilities themselves. The CRPD stresses the importance of OPDs as representative organisations and intermediary bodies between policy makers and persons with disabilities, who bring a unique perspective to speak on behalf of persons with disabilities. Organisations that do not meet these criteria but that work on disability inclusion are considered organisations ‘for’ persons with disabilities and consulting with them is not a requirement under the CRPD, although they can also be important partners for policy development.

There are a range of types of OPDs: umbrella federation which is made up of global, regional or national member organisations that generally represent different disability constituencies such as people who are blind, people who have physical disabilities, Deaf persons etc. at global, regional and national levels; cross-disability organisations (bringing together people with different disabilities); self-advocacy (commonly informal and representing persons with intellectual disabilities to advocate for themselves); organisations representing specific groups (e.g. representing people who are blind, Deaf and other groups, women and girls, children or youth with disabilities); and organisations including family members (when these groups of persons with disabilities want to be supported by their families as united networks or organisations). [For more information about OPDs and their role see CRPD Committee General Comment 7 \(2018\).](#)

Consulting with OPDs versus consulting with individuals

As representative organisations, OPDs have a unique capacity to reach out to persons with disabilities and a mandate from their members to speak on their behalf and are accountable to them for the views they share. A person with a disability that does not have a connection with a representative organisation can share a valuable personal experience but can only speak for himself/ herself. While the disability rights movement and its representative organisations have historically been excluded from development efforts and opportunities to build strong organisational capacities, it is essential that partners collaborate in ways that seek to strengthen rather than challenge or undermine OPD leadership, in order not to shift the onus on organisations that are actually representing rightsholders. Empowering partnership approaches are ways through which OPDs can develop capacities to become stronger counterparts and is core to the work of the PRPD.

Diversity of representation

Persons with disabilities are not a homogenous group. Persons have multiple identities and may experience multiple or intersecting types of discrimination based on more than one characteristic (such as age, disability, gender, social status, ethnicity, sexual orientation etc.) Some groups of persons with disabilities may experience heightened exclusion and discrimination within their context. Some groups may have stronger representation than others.

To ensure the analysis process is being informed by as many perspectives as possible it is important to reach out to a diverse range of groups and support the participation of more marginalised groups.

3. Putting engagement with OPDs into practice

The following section provide some ways of engaging with OPDs, tips and practice examples throughout the main stages of the country analysis process.

1. High level recommendations

- Organisations of persons with disabilities are more than a group to be ‘consulted’ in the country analysis process. They are a core partner to the process – as rightsholders they have and will be working on analysing and progressing the rights of persons with disabilities well beyond the PRPD analyses and programs.
- This means that communication with these groups needs to start early and they should be involved in deciding how the analysis will proceed, and their role in this.
- Set clear expectations for OPD engagement with analysis consultants and partners, including the need for accessible communication and reasonable accommodation, and make this a contract requirement.
- Organisations of persons with disabilities should be recognised for their expertise and important role and be resourced and funded to participate in the process. Organisations of persons with disabilities offer significant expertise and networks for the country analysis and should be remunerated for their contributions. Financial support is also required to cover the costs of engaging in the country analysis. This is especially important given OPDs are often poorly resourced to begin with. **A portion of country analysis funding should be reserved to fund OPD engagement.** Ideally funds should flow between the lead PRPD agency to organisations of persons with disabilities/consortia themselves. Another mechanism is for the consultant or consultant team to sub-contract organisations of persons with disabilities as part of the process. However, the PRPD lead agency should ensure there is adequate representation, appropriate roles and resourcing.

2. Identifying Organisations of Persons with Disabilities

How can you find Organisations of Persons with Disabilities (OPDs)?

- Depending on the systems in country, OPDs may be registered with the government, either specifically as OPDs or within broader civil society registration, and information can be sought from the relevant registry body/government department.
- Other disability stakeholders may also be able to refer you to OPDs – such as: Government Disability Focal Points, Disability Service Providers and Disability Focused NGOs. In some instances, a contact list or mapping of OPDs may be available.
- Cross Disability Umbrella bodies can refer you to other OPDs from their membership and networks.

- The Disability Rights Fund and the Disability Rights Advocacy Fund are a source of information about OPDs in countries where they operate and can provide contacts.
- The International Disability Alliance may also be able to link you with key groups who can also introduce you to local groups.
- Whilst some OPDs may not have a website presence, many have a social media presence that can be found by searching online platforms such as Facebook and Twitter or other national social media.
- When identifying OPDs keep in mind the key elements of OPDs described in the 'What are OPDs' section above, and don't confuse organisations 'for' persons with disabilities (e.g. NGOs, service providers) with OPDs – their roles and mandates are different.

How can you ensure diverse representation?

- UNCTs should seek out a broad range of groups which represent different population groups and perspectives. Groups do not have to be formal and registered to be consulted.
- This may include engaging with national umbrella bodies or cross disability organisations, as well as group specific organisations, i.e. disability specific organisations, women/youth organisations/chapters, indigenous networks of persons with disabilities, including less formal groups such as self-advocacy groups and looser networks.
- Keep in mind persons with psychosocial disabilities, deafblindness, intellectual/learning disabilities and women and girls with disabilities, as well as indigenous persons and those with diverse gender expressions and sexual orientations who may be less represented in cross-disability organisations.
- When certain constituencies are not represented, it is preferable to go through OPDs to ask for diverse representation than to 'handpick' individuals in a consultative role.
- When groups representing certain constituencies don't exist, or when these constituencies are not represented through a cross-disability umbrella federation, advice should be given by the disability rights movement.
- As a member of the PRPD Policy Board and Management Committee, IDA through its members (representing 1100 OPDs in the world) can play a role in facilitating contacts and outreach to specific groups.

3. Engagement within planning and design of analysis process

Communicate and plan with OPDs early and allow time for mutual learning

Many OPDs are poorly resourced, utilise volunteers and have small staffing. Communicate and start joint planning as early as possible to allow OPDs to prepare for involvement and shape timelines, and plan what their engagement might look like. Many OPDs report having limited exposure to the UN system – an orientation on the UN system, in accessible formats, the work of the UN agencies involved and how the UN coordinates at a country level, with government and other stakeholders may be useful to support this. Likewise, arranging for OPDs to brief UNCT staff on their situation; strategies and priorities may prove beneficial at this stage. Having a good understanding of one another sets the foundations for more productive partnerships over the longer term.

There are a variety of roles and ways OPDs can be part of the analysis process depending on their priorities and availability. Take the time to get to know OPDs and understand their priorities and availability and design roles that suit both parties.

Aim for meaningful participation

Avoid tokenism or mere consultation and aim for meaningful participation. This can be defined as:

“Meaningful participation is participation that respects, values and considers the unique role and perspective of OPDs as organisations representing the diversity of persons with disabilities, and enables their regular and effective engagement, by ensuring equal opportunities to contribute to decision-making.” IDA 2020 Global Survey Report. For more information see report summary [here](#).

This requires a good flow of information and feedback: including letting OPDs know how their feedback has been incorporated, from the planning of the analysis, through its implementation and through to program co-design.

Minimum requirements for OPD engagement

At minimum OPDs should be:

Formally involved in overall steering and accountability within the analysis process – such as being involved in a steering committee or advisory board. This group should be regularly updated and provide feedback on the process planned, data collection tools, and analysis. Participation should be funded.

Consulted and involved as key stakeholders in data collection; analysis and validation of findings; recommendation setting; dissemination; and future program planning.

There are a range of other ways OPDs could be involved, according to their priorities. Other roles include (but are not limited to):

OPDs could be a project partner and be responsible for certain aspects/sections of the analysis.

Having OPD nominated advisors/consultants involved within a consultant team to directly collect data, participate in analysis etc. Note that individual consultants, experts/advisors who have lived experience of disabilities bring valuable experience and expertise to consultant teams. However, as individuals they are not mandated to represent persons with disabilities more broadly, so this should not replace engagement with OPDs.

More detail on possible roles for each stage of the analysis are provided in the sections on data collection, analysis and recommendations, and dissemination below.

Accessibility and reasonable accommodation

Accessibility is the design of facilities, services, processes and information, transportation, communication and technology so that everyone can access and use them. Accessibility involves understanding and reducing barriers to participation.

Accessibility and reasonable accommodation is essential for supporting participation of persons with disabilities, including OPDs, **throughout** all analysis processes. This includes general communication, meetings and consultation.

Accessibility – what does this mean in practice?

- **Accessible documents:** any information about the analysis should be produced in accessible formats. For more information on what this means see [CBM Digital Accessibility Toolkit](#).
- **Accessible communication:** ensure everyone can communicate and get the same information, including for example by:
 - Presenting information in multiple formats – visual and auditory, in clear, large text
 - Using clear simple language
 - Providing sign language interpretation/live captioning where required (guided by participants)
 - Briefing interpreters ahead of time
 - Using accessible ICT platforms where relevant (online survey tools, interactive whiteboards etc.)

- **Accessible venues:** ensure venues chosen for meetings and workshops are accessible. For example, check there are:
 - Wide enough door ways for wheelchairs
 - Flat entrances or ramps/lifts that allow physical access for wheelchair users and others with mobility difficulties
 - Clear and accessible signage
 - Accessible bathrooms (ideally close to the meeting room)
 - Enough space in the meeting room for people to move around easily and without trip hazards
 - Adequate lighting to see communications and any sign language interpreters
 - Seats available for use
- **Accessible online meetings:**
 - Where possible, select an online platform for the meeting or event based on input from participants and their accessibility considerations. [Refer to the Overview on Accessibility of Video Conferencing Apps and Services.](#)
 - Note that even if an online platform has accessibility features, reasonable accommodation may still be required to ensure that peoples with disabilities can participate equally.

What is reasonable accommodation?

Sometimes even with best efforts to provide accessibility for all, some individuals may still face additional barriers to participation. Reasonable accommodation is an appropriate modification or adjustment needed to ensure that a specific person with disabilities can participate on an equal basis with others. Reasonable accommodation is often confused with accessibility, yet they are not one in the same. Accessibility is unconditional and applies to all groups of people and are implemented by duty bearers progressively. Reasonable accommodations apply to a specific person and are effective immediately.⁸ For example, a Deafblind person may need a tactile interpreter to provide tactile signs to ensure they can fully participate in a meeting.

These adjustments shouldn't cause undue burden for the duty bearer. Reasonable accommodation is important to facilitate participation – it overcomes barriers present due to inaccessible environments. Not providing reasonable accommodation constitutes discrimination under the CRPD.

8 Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/34/26: (2017), para 33.

Other examples include:

- Providing transport allowances or support to persons to attend country analysis meetings where public transportation is inaccessible.
- Choosing a meeting space on the ground floor when the elevator is not wheelchair accessible for a participant who is a wheelchair user.
- Enabling people to bring a support person or personal assistant to support their participation in a meeting/workshop/consultation.
- Providing information in a different format.

4. Data collection

Minimum requirements for OPD engagement:

OPDs should be engaged as key informants and key stakeholders in consultations.

Other ways OPDs could be involved, according to their priorities include (but are not limited to):

- Reviewing data collection tools and approaches to give feedback on their scope, CRPD compliance, accessibility and useability.
- Directly collecting primary data: different OPD groups can be involved in collecting data on different sections of the analysis as per their priorities, either in the lead or alongside other consultants. For example, some OPDs may have a particular focus on certain sectoral areas and may be well positioned to lead/contribute to analysis in these sections. Furthermore, OPDs may have already conducted policy and legislative reviews and could lead/contribute to this component.
- Supporting the compilation of secondary data: many OPDs will likely have some information, particularly on the policy situation already compiled, and also have access to other research and studies, both formal and non-formal.
- Conducting key informant interviews and focus group discussions. Depending on prior experience this could be done independently by the OPDs, done alongside a researcher or undertaken with a capacity development approach.
- Linking the consultant team to key informants and networks and helping to convene groups of persons with disabilities for data collection purposes.
- Providing advice on the accessibility and inclusion of data collection processes.

Tips for inclusion in data collection processes

- Plan early and design roles that suit both the process and the OPDs, drawing on strengths and complementing OPDs' priorities.
- Ensure data collection methods and processes are accessible to all and understandable to all, which may mean using multiple formats and having text available in Easy-to-Read formats. Provide reasonable accommodation where required and budget for this.
- Use accessible venues for meetings and accessible information and communication methods for consultations and consider who may require transport support, Sign Language interpretation, live captioning, personal assistance or other accommodations.
- When conducting online consultations, use accessible platforms.
- Where OPDs want to take on tasks that they are less familiar with, work within a capacity development approach and work together to maximise strengths.
- For some groups some additional pre-briefing or familiarisation with tools may enhance participation in the data collection activity. Build this in and support OPDs to run these kinds of pre-briefings where relevant, based on discussions with OPDs. For example: If using online tools for consultation or surveys, such as Zoom, Survey Monkey, Google, or interactive software like Menti, allow users to test these tools to check accessibility and ensure all are familiar with how to use the tools before starting data collection.
- If Deaf people inform you that they often find it difficult to input into consultations due to a slight lag in information flow due to the process of sign language interpretation, then it might be useful to conduct a specific briefing. This could include: briefing the interpreters to ensure there is a joint understanding of key topics and terminology to enhance their interpretation; meet earlier with Deaf participants and interpreters to discuss the topic of inquiry and questions that will be asked in order to give Deaf participants more lead time.

5. Analysis and formulation of recommendations

Minimum requirements for OPD engagement

OPDs should be involved in validating findings and formulating recommendations, through mechanisms such as validation workshops.

Other ways OPDs could be involved, according to their priorities include (but are not limited to):

- OPDs could be directly involved in analysing findings, such as participating in coding qualitative data etc. (OPD should always be involved in validating findings).
- Being part of the research team, or leading analysis of a topic area that they collected data on, using the same approaches as others in the team. This could be done in partnership or lead by the OPD depending on priorities and experience.
- Reviewing findings and recommendations. OPDs can work with groups of persons with disabilities to discuss findings and come up with recommendations to feed into broader processes and consultations.

Tips for inclusion in analysis and formulation of recommendations

- As per data collection processes, use accessible venues, information, communication and processes; plan and budget for reasonable accommodation.
- Provide findings ahead of time in accessible formats and/or in pre-briefing sessions, allowing OPDs to prepare for meetings where findings and recommendations will be discussed.
- In some cases, it can be helpful to offer a neutral facilitator to support OPDs to explore findings and come up with actionable recommendations to enable OPDs to attend broader consultations. This should only be done if desired by the OPDs. OPDs should use a trusted ally whom they trust for this purpose, such as a peer from a regional or international OPD, or a consultant they know and have worked with before. This may be helpful in cases where: there are disparate views on findings and what is the best way forward; where OPDs would like to provide program/policy specific recommendations but need more briefing on UN/other processes to make targeted recommendations.

6. Dissemination and use of findings

The analysis of findings should be used to co-design future PRPD programs based on emerging priorities from the analysis. Guidance on this will be covered in other PRPD materials.

The findings of the country analysis should support the progress of disability rights broadly at country level and be made available for that purpose, to support policy, advocacy and programming. OPDs can support the use of the findings and recommendations in the long term, particularly through advocacy and accountability work.

Tips for engagement in dissemination

When disseminating findings to the UN, government or other stakeholders, present information jointly

- Work with OPDs wherever possible.
- Ensure findings and recommendations are produced in accessible formats ready for OPDs to use with their various networks, including easy read formats.
- Plan and work with OPDs to consider if there are other channels and formats which might support dissemination and use of the findings. For example, would a short video help use the findings? Blogs, reports/policy briefs/papers on certain aspects? Conference presentations? Even if there isn't budget within this process to develop these, planning what could be useful can help both parties consider this in other funding and planning activities to maximise the value of the country analysis exercise.



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