

# **The State of Practices of Disability-Inclusive Development at Civil Society Organisations and Disabled People Organisations in Addis Ababa**

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## **Abstract**

The purpose of the present study was to explore the state of practices of disability-inclusive development at Civil Society Organizations (CSOs) and Disabled People Organizations (DPOs) in Addis Ababa. Qualitative case study design was employed to conduct the study. Ten CSOs and five DPOs were purposively selected for the study. They were selected due to their purported inclusive programs of social developments. All the sampled participants from the CSOs and four of the five DPOs participated in the study with detailed information about the practice of disability-inclusive development. The major result of the study revealed the prevalence of misunderstanding of disability and disability-inclusive development trends within CSOs. This was manifested by the poor status of CSOs' development programs. Policies and strategies were generic, exclusive of people with disability and the attempt at inclusive development was very discouraging. Such misunderstanding created lack of accessibility and service provisions for persons with disabilities. The CSOs did not create available partners with NGOs and Governmental Organizations for the move towards disability-inclusive development. The results also revealed that the central challenges for all people with disabilities were the existence of barriers in their environment. Among these attitudinal barriers was the one which created individual and institutional barriers in the move towards disability inclusive development. The participation of CSOs in

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disability inclusive development was not encouraging in addressing these barriers. None of the CSOs developed policy, specific strategy, plan, implementation guideline; neither did any of them allocate budget to move towards disability-inclusive development. Organizations are expected to include disability in their development endeavors, so that inclusive society can be created.

**Keywords:** Disability, inclusive, development, civil society, disability organization

## 1. Introduction

People with Disabilities (PwDs) are often left behind in development processes, such as education, starting from early childhood through tertiary level. There are many PwDs in the world who are left behind in this respect. Inclusive approach for sustainable human development that benefits all is much more neglected in developing countries. Not only is their personal right to education and development denied, but also are their social and economic contributions to the larger society. PwDs have high intellectual potentials to contribute to national development; but they are not given opportunities, they, rather, are marginalized. In relation to these problems, Antonio Guterres, UN Secretary-General, in his remarks to the 11<sup>th</sup> session of the Conference of State Parties to the Convention on the Rights of Persons with Disabilities, 12 June 2018 said:

Societies will never achieve the SDGs without the full participation of everyone, including people with disabilities. We cannot afford to ignore or marginalize the contributions of 1.5 billion people. Upholding the rights of PwD is a moral imperative. But it is not an act of charity. It is a recognition of rights and a practical necessity, if we are to build healthy, sustainable societies to the benefit of everyone – those with disabilities, and those without. Together, we can remove barriers and raise awareness, so that PwD can play a full part in every sphere of society, around the world. (UNDP 2018: 4).

This means, development efforts of any organization need to include and benefit PwD through providing education, encouraging employability, reducing poverty, promoting prosperity and enhancing stability. It is obvious that PwD are the most disadvantaged minority in the world. They are about 15 per cent of the global population (about one billion people), and 17.6

million are in Ethiopia, most of them with extended families including someone with a disability (WHO/World Bank 2011). Exclusion practices of this large number of PwD in Ethiopia undermine their potential/ability to contribute to poverty reduction and economic growth within their household, their community and the country. It is clear that it is not impairment, but the exclusion practices that have contributed to poverty aggravation for PwD (WHO/World Bank 2011). From the experiences of the author of this article, PwD-exclusive practices have a long history, affecting the life of PwD and the society at large. Till today, people have been discriminated due to their disabilities (Smart 2001).

The term disability is ambiguous as there is no single agreement on the meaning of the concept (Mitra 2006; Smart 2001). Defining disability is difficult because the concept is complex, dynamic, multidimensional and contested (WHO/World Bank 2011). It is conceptualized as episodic or long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder full and effective participation of PwD in society on an equal basis with others (UNCRPD 2006). Impairment is losing, or damages of, body part that may or may not create disability. Impairments may limit an individual's personal or social functioning in the absence of alternative channel of development that is expected to be provided and organized by the society. The absence of such societal provisions by itself is one of the disabling factors. The full inclusion of people with impairments in society can be inhibited by societal attitudinal barriers (such as stigma), physical environmental barriers (such as absence of stairs), and policy barriers (systemic barriers). These barriers all together can produce a disabling effect and inhibit disability-inclusive development. However, if these problems are addressed, impairment may not lead to disability, as Schulze (2010) stated:

An impairment on its own would not lead to disability, should there be a completely inclusive and comprehensively accessible environment, which includes addressing attitudinal barriers such as stereotypes, prejudices and other forms of paternalistic and patronizing treatments.

According to a number of studies, women with disabilities often experience double discrimination that can extend to all areas of life (Morgon Banks and Polack 2014; Ortoleva and Lewis 2012; WHO and World Bank 2011). Children with disabilities are also amongst the most marginalized and discriminated compared to children without disabilities in the world (HI and STC 2011; Trani et al. 2013; Trani and Cannings 2013). Furthermore, older PwD are disproportionately poor (Masset and White 2004). In addition to these, people who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments (WHO and World Bank 2011) and people with invisible disabilities often face significant discrimination (Yeo and Moore 2003). Hence, any development program needs to be inclusive to eradicate poverty and promote prosperity.

Inclusions promote effective developments through full participation of all members of a population and people with disabilities, where both are agents and beneficiaries of development. As underlined by Al Ju'beh (2015), disability inclusive development seeks to ensure the full participation of PwD as empowered self-advocates in development processes and emergency responses and it works to address the barriers which hinder their access and participation. Through identifying and removing barriers, PwD can participate and benefit from the developments. Genuine inclusion of PwD allows them to actively participate in development processes and eliminates dependency syndrome. In that way, inclusion leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country's economic growth. All stages of development processes of any organization should be inclusive through creating equal access to education, health care services, work and employment, and social protection, among others.

Inclusion is a recent concern for PwD to be treated equally with all other persons without disabilities. About three decades ago, the very hot global agenda was about disability discrimination and exclusion. PwD were excluded from education and/or training, accessibility, employment and/or income generation, medical care and participation in social activities, such as family life, culture, recreation and sport, and religion (UNDP 2018).

Before this time, there were attempts to raise awareness, provide medical care, rehabilitate PwD and provide some limited support services. These developments of conceptual and theoretical foundations paved the ground to think further about disability inclusive development. As a result of such thinking, the disability issues were transformed from medical model to social and human rights models. This positive mental set up was an opportunity as well as a challenge for those involved in the inclusive development process.

As a result of historical multiple cumulative efforts, disability-inclusive development is now gaining momentum in global mainstream narratives for sustainable development. PwD are now recognized as an important population group to be included in global development agenda to tackle poverty and inequality. Recognizing the right of PwD is an encouraging step, but this is not enough. There are needs for specific information and research, policy making and planning, specific legislations, economic policies and international cooperation. This further requires coordination of efforts of various institutions such as Civil Society Organizations (CSOs) and Disabled People Organizations (DPOs) working towards inclusive development. Furthermore, there is also a need for building capacities of organization of PwD or empowerment of DPOs and the strengthening of CSOs. Besides, conducting, monitoring and evaluation of disability programs in the implementation of policies and directives are among the crucial parts of the inclusive process. Identifying challenges in implementation of inclusive philosophy, reviewing laws and policies, their practices, monitoring and evaluation of ongoing practices and processes are also very important.

Nowadays, globally there are positive steps in the move towards inclusive development, such as the UN conventions; but there are practical challenges in implementing disability-inclusive development, though there is high pressure from PwD themselves (DPOs), international organizations and CSOs against exclusion on the basis of disability. Due to the international conventions, disability laws, mottos that disregard the trends of exclusion and the pressures coming from people with disabilities, the Ethiopian government shows willingness to implement inclusion in education and

other social services (MoE 2016; 2012; 2006; MOLSA 1999; 2009). As disclosed by UNESCO (2007), this goodwill is challenged by a number of problems, such as the awareness level in relation to the concept and practice of disability-inclusive development is dynamic and a challenge for many people and the socioeconomic situations of a given country. The resource constraints facing low socio-economic countries of Asia and sub-Saharan Africa limit the coverage and quality of education provision.

The present study considered the frame of an individual and social milieu or bio-psychosocial model (WHO and WB 2011), where the right model was a sub component and the emphasis of this article. This bio-psychosocial model emphasizes disability as the result of the nature of impairment, the individual characteristics and coping mechanisms and environmental factors (social and physical environments). The biological nature, the children's daily school and home life, can be seen from three perspectives: a societal, an institutional and a person's perspective. The societal perspective is a macro perspective that gives conditions for the practices that persons can participate in, institutional activities. From a societal perspective, institutions are viewed as important for an individual's holistic development. At the macro level, the policy issued determines how individuals with disabilities participate, learn, develop and change in a given social setting. It is the legal frameworks of the social and cultural-material conditions that is issued by the society at macro level to create educational and employment accessibility for persons with disabilities (Daniels and Hedegaard 2011).

The legal framework that is available in Ethiopia is very important for the actions to take place in education and employment for PwD. The Government of Ethiopia has developed a number of piecemeal legislations and ratified many international conventions pertaining to disability-inclusive development. For example, it has signed the 1948 Universal Declaration of Human Rights, the 1989 Convention on the Rights of the Child, the June 1994 Salamanca Statement on Inclusive Education and also ratified the 2006 United Nation Convention on the Right of Persons with Disability (UNCRPD 2006). Though all these conventions are ratified and local laws and policies are issued, they are not appropriately implemented. One of the

reasons for not implementing the legislations can be the unfavorable attitude that emanated from lack of understanding the concept of disability and disability-inclusive development.

As it has been discussed above, UNCRPD defines disability as, "... an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others". This is to say disability is the relationship between a person's impairment and his environment. According to UNCRPD, the general principles of the Convention, which are laid out in Article 3, are the following: a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; b) Non-discrimination; c) Full and effective participation and inclusion in society; d) Respect for difference and acceptance of PwD as part of human diversity and humanity; e) Equality of opportunity; f) Accessibility; g) Equality between men and women; h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities (UNCRPD 2006).

In Ethiopia, there are legal documents that help to enhance disability-inclusive development. These include the Constitution of the Federal Democratic of Ethiopia (1995), The FDRE Education Policy (1994), Special Needs/Inclusive Education Strategy and ten years Master plan (MoE 2006; 2016), the FDRE Higher Education Proclamation No. 650/2009; the Federal Civil Servant Proclamation (515/2007), which provides for special preference in the recruitment, promotion and deployment of qualified candidates with disabilities; the FDRE Ministry of Labour and Social Affairs. The list also includes the Developmental Social Welfare Policy issued in 1997, ILOs framework that helps to safeguard the rights of people with disabilities and to promote opportunities for their vocational rehabilitation (ILO 1998).

In Ethiopia, disability-inclusive development in education and other social services is not equally accessible for marginalized people (Alemayehu 2019) while DPOs and CSOs should fully participate in the process of

disability inclusive development. So far, DPOs and CSOs have attempted to work towards the advancement of disability-inclusive development; but their contributions and the outcomes are not well known. This study systematically explored the nature and extent of disability-inclusive development, in terms of awareness raising, education provision, skills training, health care, creating accessibility (environment, technology and communication), employment; removing barriers that hinder this development and the role of CSOs and DPOs in enhancing the developments. The general objective of the present study was to assess the state of disability-inclusive development in CSOs and DPOs that intends to improve their access to all social services, thereby contributing to the poverty reduction strategy of the government of Ethiopia. More specifically, the study intended to:

- explore CSO staffs' understanding of disability and disability-inclusive development;
- identify and examine partners involved in disability-inclusive development, and major programs, policy and strategy, and services of sampled CSOs and DPOs;
- synthesize the major challenges facing, and lessons learned from, disability-inclusive development efforts of CSOs and DPOs.

## **2. Research Methods**

The intention of this study was to collect empirical data specific to inclusive development in some selected CSOs and DPOs. In order to meet this, a qualitative case study design was employed.

From the lists of CSOs and DPOs, 15 organizations were selected purposively based on their accessibility, age of CSOs and their focus area of developments. A list of 14 CSOs was obtained from Technical Assistance Unit (TAU) for European Union (EU) Civil Society Fund II (EU-CSFII). From this list, 10 CSOs were selected and concerned staff were recruited to participate in the study. CSOs that worked on social developments were included and those which were established recently were excluded. Furthermore, all the available five national DPOs were considered in this study.



Data was collected using open-ended questions that contained fourteen items for CSOs and ten items for DPOs. The questions were related to the organizational programs, policies, strategies, understanding of disability and disability inclusive development, organization of the government policies, cooperation and the like, for both CSOs and DPOs. All the questions were sent to the sample organizations and responses received through email.

All CSOs and four of the five DPOs returned the filled-in questionnaire through email. Only one DPO, an Association, did not respond for unknown reasons.

Data obtained from the participants were organized and analyzed thematically. The analysis included the major factors affecting disability-inclusive development and suggestions to improve inclusive-development for persons with disabilities. Data were reduced, clustered and categorized thematically for analysis. The major themes of the analysis included understanding disability and disability-inclusive development; major programs; policy and strategy; partners; and accessibility created by CSOs and DPOs to disability-inclusive development.

Primarily, informed consent was established and all the participants contributed with their willingness. The names of the CSOs and DPOs was kept anonymous.

### **3. Findings and Discussion**

The results are presented along the major themes mentioned above.

#### **3.1. Understanding disability and disability-inclusive development**

Understanding disability and disability-inclusive development is fundamental knowledge for issuing policy, strategy and their implementation. Participants from six CSOs understood disability from the perspective of medical thinking. For example, they defined disability as individual problems: *“Disability is an impairment that is physical, mental, developmental, intellectual, sensory, or a combination of these and affecting a person’s life activity”*. On the other hand, four CSOs considered disability as a socio-biological phenomenon. This means, disability is the result of

impairment and environment (social and physical environment). Contrary to this, eight of the CSOs understood disability-inclusive development nearly correctly in a general sense as: *“Equality, non-discrimination, full participation in all walks of life”*.

Such understanding helps to implement government policies and plans. However, there was little or no attempt to mainstream or integrate disability. The participants from six CSOs responded that they attempted to implement policy through mainstreaming; whereas, four of them did not implement policies. Besides, the four sampled DPOs also disclosed that they understood disability and disability-inclusive development as the process of inclusion of PwD in social, economic and political issues, and participation in planning, monitoring and evaluating of all developmental agendas. The findings showed that there was no similar understanding on disability-inclusive development.

Understanding disability and how to work towards inclusive development in the right way is very important. Some people understand disability as object of pity. For example, the charity model of disability focuses on the individual, and tends to view PwD as passive victims, objects of pity, who need care, and whose impairment is their main identifier (Al Ju’beh 2015). This thinking is a barrier for inclusive development. Similarly, the biomedical thinking, which the participants of this study believed in, is also a barrier for inclusive development. Because, as criticized by many authors, the medical (or biomedical) model of disability considers disability as a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation (Mitra 2006). It assumes that addressing the medical sickness will solve the problem that disability needs to be fixed or cured (Smart 2001; Al Ju’beh 2015). This model ignores the important roles and influences of environmental and social barriers. Both charity and medical models believe all tragedies are within the individual person with impairment (Oliver 1996). This trend does not help in issuing policy, develop strategy, plan and work towards inclusive development. It facilitates the society to stay with stereotype negative thinking and ignore the appropriate developments for persons with disability and the society at large.

The thinking that people with disability deserve pity and sympathy is connected to religious feelings and beliefs and to medical views. This is a perception experienced by people through the history of human beings. It seems that there are similar perceptions in Ethiopia as well. This shows that the perception of people has been negative in Ethiopia too, as pointed out by Tirussew (2005)

Contrary to the charity and medical model, social model thinking considers disability as a result of social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental and institutional barriers (Oliver 1996; Mitra 2006). If the societal attitudes and policies issued, practices are changed and barriers removed, the participation of PwD can be increased (DFID 2000; Al Ju'beh 2015). In addition to the social model, the human right model believes in changing the unjust systems and practices in the society. For example, the United Nations Convention on the Rights of PwD (UNCRPD) is the main reference need to be considered and used by PwD as the central actors in their own lives as decision makers, citizens and rights holders (Al Ju'beh 2015). Of course, the advantages and disadvantages of the medical and social thinking in relation to persons with disabilities should be considered. They have advantages and disadvantages by themselves. It is important to use those models integrating important elements of these thinking; because disability should be seen as neither purely medical nor purely social, as PwD can experience problems arising from the interaction of their health condition with the environment (WHO and World Bank 2011). These views of disability are arising from the negative interaction between health conditions and the context, including environmental factors (products and technology; the natural and built environment; support and relationships; attitudes; services; systems; and policies) and personal factors (e.g. age, sex, motivation and self-esteem) (WHO and World Bank 2011).

The result of the present study indicated that disability-inclusive development programs were not well considered in CSOs' policies and not addressed in their implementation except in few of them. No policy, strategy, or guideline has been developed that helps them to work towards disability-inclusive development. All these exclusions might be due to lack

of clear understanding of disability and disability-inclusive developments, conceptually. In the absence of such understanding, there is also no monitoring and evaluation strategy, since they have no serious consideration for persons with disabilities. CSOs may understand disability as a deprivation due to their poor capabilities and/or limited functions in their daily life. Because CSOs relates these weaknesses with the interaction of an individual's personal characteristics (e.g., impairment, age, race, gender); the individual's resources (assets, income); and individual's environment (physical, social, economic, political) (Mitra 2006; Trani and Loeb 2012). If CSOs clearly understand their capabilities, they need to have policy, strategy and plan that help them to work towards disability-inclusive development.

### **3.2. Main programs of the study CSOs and DPOs**

The CSOs and DPOs were established to serve various purposes. The major programs of the CSOs in this study included legal services, capacity building (education and training), empowerment, rehabilitation, research, advocacy, economic development, access to credit for business, agriculture, creating accessibility for health care, psychosocial development and other development endeavors of human affairs. These programs were found to be good opportunities to implement disability-inclusive development programs. Using their organizational structure and programs, it would be possible for CSOs to promote prosperity, reduce poverty, enhance stability for PwD. Unfortunately, only few of them showed the commitment to expand opportunities for PwD in promoting economic growth and reducing poverty. It seems that the CSOs are yet to recognize the fact that the nation would be affected if PwDs are left behind in development programs. In this study, the CSO programs, except those of one, were very generic and did not show the inclusion of persons with disabilities. Not recognizing the non-discrimination principle of Article 5 of UNCRPD (2006) seems unintentional discrimination. Unintentional discrimination usually emanated from lack of knowledge about the right of PwDs. For CSOs, excluding disability issues from their programs and activities means failing to consider PwD and this, in turn, limits the ability of PwD to fully enjoy their rights.

According to the responses of participants from the four DPOs, they are established to organize and lead disability movements, advocating for equal treatment in all aspects of life. They are expected to identify the challenges of PwD, so that they participate in any development opportunity through partnership and networking with CSOs and other stakeholders. As revealed by the DPOs, they noticeably participated in national and local endeavors intended for economic, educational, physical and psychosocial empowerment of PwD and advocacy activities. All the sampled DPOs stated that they worked and advocated for inclusive development. For example, one of the DPOs had wider activities for people with visual impairments. This included inclusive education, braille embossing, training opportunities on ICT, orientation and mobility, independent living skills, psychosocial counseling, tutorial support, vocational skills and entrepreneurship training opportunities, audio-braille library, audio books production/recording studio, income generation, livelihood promotion programs, music training center, HIV AIDS, reproductive health and education. All DPOs indicated that they had serious scarcity of resources for their move towards disability-inclusive development. In general, this study showed that DPOs advocated for rights of PwD; whereas, CSOs gave little attention to the inclusive development of PwD.

Hence, CSOs established for such aspects of human development should always consider disability inclusion in all their development agenda. Furthermore, CSO programs should also specifically comprise specific conditions such as women, children, older people, and other groups with disabilities.

### **3.3. Policies and strategies of the CSOs**

The participants from the sampled CSOs were also asked whether they included disability inclusive development in their policies and strategies. Results indicated that almost all of the CSOs had generic visions and policies to serve human beings. For example, the participants from eight of the CSOs responded that the CSOs did not have specific disability-inclusive development policies and strategies; whereas, those from two CSOs indicated that those organisations attempted to be inclusive in some

aspects of life. Those attempts were, however, not supported with documents. The participants refused to attach the policy and strategy documents of those organisations and neither did they explain why they did so. Hence, the researcher inferred that all the CSOs had no disability-inclusive development vision, policy and strategy. In the absence of such policies and strategies, it would be unlikely to expect actions to have been implemented. Moreover, reports could not be produced on disability-inclusive development efforts. However, two of the CSOs reported that they served 230 PwDs but seven of the CSOs did not have a list of beneficiaries, probably because they had no disability-inclusive development policies and programs. But two of the CSOs that attempted inclusion, listed that the beneficiaries included deaf people and those with partial hearing impairment, the blind or those with low vision, and people who suffered from cerebral palsy, post-polio paralysis, hydrocephalus, spinal-bifida, amputation, intellectual disability, epilepsy and autism.

It was also found that all the CSOs but one did not include in their reports issues related to disability-inclusive development. The participant from the one that was noted as to have reported said:

Reports are requirements in any organization. ...Services related to PwDs, HIV/AIDs victims, old persons and other disadvantaged persons are always included in the reports. Reports are accessible through online, print media, conferences and meetings and other events.

Policy development is equally required for strategic and development plans for all humans, and should be based on evidence, i.e. need assessment or research, which help to better recognize the challenges and opportunities for PwD and improve disability-inclusive development practices. Absence of data may lead to misjudging the number of PwD, and CSOs might not be encouraged in issuing policy and developing strategy. Due to lack of specific data, CSOs might undermine specific action on disability-inclusive development, including policy response, planning and sufficient resource allocation. However, lack of data should not inhibit disability inclusive development efforts.

The 2030 Agenda for Sustainable Development requires all efforts to be disability-inclusive and pledges to leave no one behind. It notes that more than 80% of PwD live in poverty, which puts PwD at the center of poverty eradication efforts throughout the agenda (Lockwood, 2015). The situation demands working towards disability-inclusive development through education, growth and employment. This process helps in reducing inequality, creating safe and inclusive human settlements. In this regard, one would expect data collection and monitoring of the endeavors to be part of the goal of CSOs to ensure sustainable development in collaboration with DPOs.

All the study participants from the DPOs responded that they had vision and mission stated on their respective constitution that helped them to aspire to see a just society, where all PwD are effectively included on equal basis with others. However, the results of the study indicated that the sampled CSOs contributed little for the realization of DPO goals. Implementation of the Sustainable Development Goals (SDGs) requires specific policy of CSOs, aligned with UNCRPD and national DPO plans, to achieve the full inclusion and participation of PwD in development. Examples of disability-specific policies include provision of vocational training programs (ILO 1998), promoting access to employment (ILO, 2004), supporting the capacity development of DPOs, and providing assistive technologies such as wheelchairs and hearing aids to increase the independence of persons with disabilities. Most importantly, the policy issued by CSOs should encourage twin-track approaches to disability.

The twin-track approach (DfID 2000) combines mainstreaming the needs of PwD with disability-specific projects in order to achieve the full inclusion and participation of PwD (DFID 2000; DESA 2011; Al Ju'beh 2015). The twin-track approach is the most commonly referenced approach by UN agencies, bilateral development agencies and NGOs for including PwD in development and humanitarian response programs (Al Ju'beh 2015). Primarily, the policy of CSOs should mainstream disability, considering them in all their active programs. On the other hand, mainstreaming is simultaneously a method, a policy and a tool for achieving social inclusion, which involves the practical pursuit of non-discrimination and equality of

opportunity (DESA 2011). Mainstreaming disability is about recognizing PwD as rights-holding equal members of society, who must be actively engaged in the development process, irrespective of their impairment or other statuses, such as race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth or age (DESA 2011). Policy development should start from the analysis of barriers, and then conduct planning carefully (Coe and Wapling 2012).

On the other hand, according to ILO, disability-specific approach needs to be in CSOs policy and programs to address the situation of PwD through specific provisions, for example, providing vocational training programs to PwD, promoting access to employment, supporting the capacity development efforts of organizations of PwD, providing assistive technologies such as computers with appropriate programs and adapted keyboards, wheelchairs, hearing aids...etc., to increase the independence of PwD (ILO 1998; ILO 2004). In both mainstream and disability-specific approaches, CSOs should work with numbers of local, regional and international partners, particularly with DPOs, so that PwD can fully participate in all development sectors.

### **3.4. Partners in disability-inclusive development**

Responses to the question on the number of partner CSOs created in the move towards disability-inclusive development (DID) showed that out of the ten CSOs that responded to the question, nine did not create such partners. However, one of the CSOs had partnered with nine DPOs, 9 governmental organisation (GOs), 12 non-governmental organisations (NGOs), and 5 international cooperation partners. Another CSO was in the process of creating partnership with one and signed memorandum of understanding with another. They have created this collaborative partnership to be the voice for older people and people with disabilities.

Otherwise, the study revealed that the cooperation of CSOs with GOs and local DPOs to realize disability-inclusive development is not encouraging. They had limited partner organizations that did not help them move towards disability-inclusive development. Cooperating with partners is very important for human, material and financial input towards disability-



inclusive development. This might be one of the reasons for the CSOs for not allocating budget for DID, except one, which expended more than one million Birr. It is only this CSO that had practical working relationships with DPOs and GOs in terms of employment, health care, skills training, educational opportunities, credit scheme for small-scale businesses, and representation and counseling services for persons with disabilities.

DPOs strongly believed that disability-inclusive development was possible and successful through the involvement and cooperation of all stakeholders. They disclosed that they collaborated in disability-inclusive projects with various development partners such as International Labour Organization (ILO), Christopher Blind Mission (CBM), Light for the World, Irish Aid, the Government of Finland, etc., and they were closely working with relevant government institutions such as the FDRE Ministry of Education, Ministry of Labor and Social Affairs, Ministry of Health and Ministry of Women and Child Affairs. Such collaboration put pressure on both GO and NGO institutions to include the issue of disability in their respective service-delivery through dialogue and to build their capacity. However, the success of this cooperative engagement was still limited, irrespective of the improvement of the awareness of those CSOs and other stakeholders on disability-inclusive development.

Full and active participation of PwD and broad-based multi-stakeholder's partnership for advancing inclusive and accessible development is very crucial. Establishing partnerships for cooperation between DPOs and CSOs should be strategically planned for creating conducive situations for DPOs in getting access to microfinance, promoting reasonable accommodation by adapting methodologies, product design, and accessibility, or simply by supporting PwD to submit their loan applications (Leymat 2012). Sensitization of people working in microfinance and developing savings schemes help PwD so that they can get access to microfinance (Groce et al. 2011; Leymat 2012). DPOs have vital role in effective disability-inclusive development; but, without creating partners with CSOs and GOs, this cannot be successfully achieved. Partners have a number of roles to play. They advocate for and support partner government-led reforms to legislation, policy, budgeting, service delivery and data collection. They are

also expected to encourage becoming more disability-inclusive, providing access to technical assistance, promoting knowledge sharing, and advocating for disability inclusion in humanitarian frameworks. In general, partners should develop strategic partnerships with multilateral organizations to strengthen and promote the implementation of disability-inclusive development policies and programs.

### **3.5. Accessibilities and services**

In relation to accessibility, only two CSOs responded that they created accessibility for more than 800 people with disabilities. But, they did not list the types of accessibility, such as whether the accessibilities were in relation to environment, technology or communication. Almost all sampled CSOs did not provide other services except few, who claimed that they provided some legal aid. One of the CSOs provided advocacy, education, employment, health care and small-scale business. The other one worked on evidence-based advocacy for inclusion of older people in national development policies and programs. Moreover, the protection of older people's rights and entitlement was the core intervention area and strategy of the organization. It also was committed to policy-influencing and awareness-raising campaigns and created dialogue forums. Furthermore, this CSO conducted face-to-face lobby and well-organized advocacy with policy developers, decision makers and the general public. It mainly emphasized on older people for better accessibility of universal and national policy frameworks, development programs and community initiatives. In all these processes, advocacy on disability and older people's rights and needs were raised together.

Accessibility, which is both a general principle and stand-alone article (Article 9) of the UNCRPD, is both an end in itself and a prerequisite for the realization of disability-inclusive development and the enjoyment of all rights. The CRPD requires state parties to take measures to identify and eliminate barriers to accessibility, including those relating to physical environments, transportation, and information and communications (UNCRPD 2006). Lack of accessibility to the physical environment, information and public services prevents PwD from living independently

and participating fully in all aspects of life (DESA 2013; Al Ju'beh 2015). It also prevents PwD, especially those who are living in rural areas, from accessing healthcare and employment (Morgon Banks and Polack 2014; WHO and World Bank 2011).

The Ethiopian Building Proclamation (Proclamation No. 624/2009) (FDRE 2009) responds to the accessibility requirements to be integrated into all aspects of the planning and design of buildings. However, practically, significant number of the ongoing constructions are still not inclusive for persons with disabilities, particularly for those with physical or visual impairments. Without accessible transport, assistive devices and accessible buildings, PwD are more likely to be excluded from services and social contact (WHO and World Bank 2011). This is where CSOs can plan and work for the move towards inclusive development.

### **3.6. Major challenges**

In this study, the major challenges from both CSOs and DPOs were identified. The study revealed that creating social services for disability-inclusive development by the CSOs was very limited and not encouraging. The sampled CSOs did not have policies and strategies and the majority did not, apparently, sense challenges of disability-inclusive development. This may be why the participants from eight of them failed to list the challenges. Two of the CSOs, which attempted the move towards inclusive development, listed the challenges from the government, the parents of the disabled, the disabled themselves, and the culture. The society's perception that considered disability as inefficiency, incapability for education, skill development, and employment hindered inclusive development. The unfavourable attitude of health professionals, as perceived by PwD and, sometimes, their perception as being discriminated for health care were among the challenges mentioned by CSOs. Lack of conduciveness of buildings and economic challenges that were barriers in funding project activities for delivering services for PwD were disclosed by CSOs as the major challenges.

On the other hand, DPOs disclosed the major challenges to be limited awareness or ignorance of employers about the potential and capacity of

PwDs, which, consequently, exclude PwDs from employment. There are limited access to health care, due to lack of positive perception about special needs of PwDs among healthcare professionals and practitioners, and lack of inadequate educational and vocational training opportunities for PwD. Furthermore, non-availability of prospects for PwD to access loan from microfinance institutions, inaccessibility of infrastructure, communication barrier and lack of monitoring and evaluation of their progresses were found to be among the major challenges.

Many studies indicated that inequality was not an inherent limitation of PwD. It was, rather, a result of societal barriers (Heymann et al. 2014; Morgon Banks and Polack 2014; Groce and Kett 2014; Groce and Bakhshi 2011; Bruijn et al. 2012; WHO and World Bank 2011). The barriers include attitudinal, environmental, and institutional blockades; lack of participation; inadequate data, statistics and evidence on what works; and inaccurate concerns over cost/difficulty of disability inclusion.

Attitudinal barriers are among the greatest obstacles to achieving equality of opportunity and social inclusion in all aspects of life and are manifested in the form of stigmatization and discrimination (Wapling and Downie 2012; UNICEF 2013; Heymann et al., 2014; Bruijn et al. 2012). This again results in disregarding dignity and potential of PwD in achieving equality of opportunity and social inclusion. Negative attitudes create a disabling environment across all domains (WHO and World Bank 2011). Such attitudes may inhibit CSOs to include the disability issues in their development activities. In this study, the CSOs studied had high negligence of disability-inclusive development; since most of them attempted to practice little or no disability-inclusive activities. Societies in Ethiopia have developed misconceptions, stereotypes and folklore linking disability to punishment for past sins, misfortune or witchcraft and this might have influenced CSOs to disregard disability-inclusive development. This attitudinal barrier creates other barriers such as inaccessible environment and communication system, which, in turn, create barriers to participation and inclusion (WHO and World Bank 2011). Inaccessible communication systems prevent access to information, knowledge and opportunities to participate (PPUA Penca 2013; WHO and World Bank 2011). Lack of

services or problems with service delivery also restrict participation of PwD (WHO and World Bank 2011).

Another challenge is the institutional barriers that hinder CSOs from developing laws, policies, strategies or practices to fight against discrimination of PwD (Wapling and Downie 2012; WHO and World Bank 2011). Such discrimination may not be intended but systems can indirectly exclude PwD by not taking their needs into account. Another challenge of the CSOs was inadequate data and statistics as indicated by the sampled CSOs. The lack of rigorous and comparable data and statistics on disability, combined with lack of evidence on programs that work, often impedes understanding and action on disability inclusion (WHO and World Bank, 2011). In general, awareness raising in all CSOs and DPOs is crucial to move towards disability-inclusive development.

### **3.7. Lessons learned**

In this study, the organizational strength of one of the CSOs in planning and implementing disability-inclusive development was observed to be paramount and relatively exemplary to other CSOs involved in this study, to follow or better plan and perform. In this regard, another CSO presented that implementing disability-inclusive development in all aspects of life was very encouraging. This CSO included the disability development in education, credit, health and sanitation.

Another lesson learned in relation to DPOs was that they were involved in creating positive awareness, such as capacity building, within communities and executive bodies of both CSOs and GOs about inclusive development in terms of the basic and special needs of PwD. They were also involved in educational empowerment of children/youth with disabilities using the regular school system and the services of special schools. They were working in promoting the employability of persons with disabilities, at all levels of employment opportunities. They helped PwD to be engaged in self-employment through receiving startup capital and entrepreneurial or vocational training which is also a program of ILO (ILO 1998; 2004); facilitating and supporting PwD to get access to health care such as family planning, reproductive health and HIV AIDS related services and physical

empowerment of PwDs. Though there are tremendous efforts here and there, the challenges faced by Ethiopian PwD are not yet well studied.

## **4. Conclusion and Recommendation**

### **4.6. Conclusion**

Generally, the participation of CSOs in disability-inclusive development is not encouraging. None of the CSOs developed policy, specific strategy, plans, guidelines and budget relating to DID. All these together imply that most of the sampled CSOs had no practice in disability-inclusive development. Such negligence affects not only persons with disabilities, but also the parents, the community and the society at large. Planning disability-inclusive development in education, employment and all other sectors is crucial. Inclusion in education should be the first phase towards increasing participation and fighting for social justice for people with disabilities. Inclusive education provides individuals with disabilities, skills, experience and empowerment that help them to vocalize for themselves and for others' right.

The inclusion of PwD in work or employment can lead to greater economic self-sufficiency, which decreases demands on social assistance. Employees with disabilities can be just as productive as other workers and their inclusion may even increase productivity. Increasing labor force participation of PwDs decreases any kind of dependency syndrome, increase culture of work, nation's productivity and also serve as a potential tax base. In general, inclusive developments in all sectors encourage greater acceptance of diversity and the formation of more tolerant, equitable and cohesive societies; simply put, they create inclusive society.

### **4.7. Recommendations**

Investing in inclusive development efforts brings positive gains to persons with disabilities, their families and to society at large. Hence, CSOs have important roles to play in fostering disability-inclusive development. Thus, CSOs should make disability inclusion an important crosscutting thematic issue for all their development endeavors. They need to develop mainstream policy, strategic plan, allocate budget, develop specific guideline and

organize resources that lead to disability-inclusive development. CSOs should also invest in creating respect for the inherent dignity and creating physical and social accessibility for disability. They must create non-discriminatory environment and equality of opportunities in education and training, health care, employment, credit for small-scale businesses, poverty eradication, create full and encourage active participation of PwD in all spheres of life, so that finally inclusive society can be created. Achieving this is possible when CSOs and other concerned bodies develop policy and strategic plans that may focus on the following:

**1. Raising societal awareness and changing attitudes/behaviors:**

Changing undesirable attitudes of the society towards PwD must be the key focus of the plan and the first step in moving towards inclusive development; with the motto of *“Nothing about us without all of us!”* involve PwD in awareness creation; because, it is important to recognize the diverse practical experiences of PwD by the community and such recognition helps to increase the understanding of the social model and the different barriers PwD are facing.

**2. Create accessibility:** Physical, communication, policy and attitudinal barriers should be both identified and addressed with reasonable accommodation, which refers to necessary and appropriate modification and adjustments to ensure inclusion of persons with disabilities. This helps them to create enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. CSOs should be committed in structural modifications to facilities; use of equipment with universal design features; communication in appropriate media and alternative models of service delivery for persons with all types of disabilities. If put in place, these can be enablers of an improved, participatory economic and social environment, not only for persons with disabilities, but also for all members of society.

**3. Include all:** Innovative and proven practices for disability inclusion in development and humanitarian works must be participatory, actively and meaningfully involving all people with disability in all matters concerning them in the process of forming policies, strategies and

programs. All people with various types of impairment, particularly those who are the most marginalized groups of persons with disabilities, such as psychosocial disabilities and persons with intellectual disabilities must be fully included and benefitted from all the provisions of the social systems.

- 4. Working with DPOs:** With the principle of *“Nothing about us without all of us”*, CSOs should provide services to people with disabilities, rather than imposing provisions on them. CSOs should consider helping to address DPOs’ capacity gaps, which is very large in Ethiopia. Supporting capacity building and advocacy of DPOs should always be among the agenda of CSOs. In this process, it is advisable to involve well-educated persons with disability in leadership positions. In doing this, it is always advisable to apply twin-track intervention approaches: mainstreaming and disability-specific approaches, side by side.
- 5. Involving in research:** Making all evidence based interventions from scientific research must be a center of focus for all CSOs and DPOs. In this effort, PwD can, and should be encouraged to, participate and help in research activities.
- 6. Implementing the UNCRPD:** CSOs are expected to implement the UNCRPD which aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities; and to promote respect for their inherent dignity. Within this rights-based approach, CSOs are expected to promote barrier removal activities and implement inclusion in all sectors including health, rehabilitation, assistance and support, environments, education and employment. CSOs should reinforce the rights for persons with disabilities, through creating minimum standards in accessibility, and ensuring participation, which need to be issued as legislation in all social sectors.
- 7. Working on community-based inclusive development:** Implementing community-based inclusive development through the combined efforts of people with disabilities, their families, CSOs, DPOs, local communities, government and other non-governmental organizations, must be made



mandatory. These bodies should come together and develop strategies for rehabilitation, equalization of opportunities, poverty reduction, and the social inclusion of people with disabilities. Of course, PwD should stand as pioneers in promoting and protecting their right to assume leadership positions for their own affairs and for community development at large.

**8. Organizational transformation:** CSOs should transform their organizations in terms of principle, vision, policy, strategy, capacity building and resource allocation and give priorities to disability-inclusive development. Securing commitments and setting concrete organizational targets for disability inclusion; designing inclusive budgets; and creating collaboration with local, national and international organizations is very important for successful disability inclusion.

**9. Donors:** It is advisable for donors to make disability inclusive development part of evaluation criteria of grant proposals of CSOs.

**10. DPOS:** DPOs should create strong national unity among themselves, work with CSOs, collaborate with international organizations and government institutions, to address the needs of their members, and of course, all persons with any type of disability.

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## Annexes

### Annex 1: Questionnaires for CSOs

Dear colleagues,

I have agreed to work as consultant with Technical Assistance Unit (TAU) for EU Civil Society Fund II (EU-CSFII), to collect and analysis data on the activities of CSOs' in relation to Disability Inclusive Development (DID). The purpose of the study will be assessing the state of Disability Inclusive Development and improve their access to all social services, thereby contributing to the poverty reduction strategy. Hence, I appreciate, if you help me in responding to the open ended and structured questions provided in part I and Part II, Below. I Thank you so much, in advance, for your kindness cooperation and quick reply. I am also thankful to you with the hope that you will return the questionnaire in about three days, through my email address.

**Key:** DID= Disability Inclusive Development  
 DPOs= Disabled Peoples' Organizations  
 CSOs = Civil Society Organizations  
 GOs = Government Organizations

Alemayehu Teklemariam, PhD

Associate Professor in Special Needs Education

#### Part I. Basic background

	Items	Response	Remark
1	Name of the organization		
2	Year of establishment		
3	The major programs of your CSO (Briefly)		
4	Vision and policy of the CSO in relation to Disability inclusive development (DID) if any		Attach soft copy
5	Strategies if any in relation to DID		
6	Number of persons with disability receiving services _____	Male _____ Female _____ Total _____	
7	Amount of Budget allocated for Disability Inclusive Development (budgeting if any)		Attach soft copy
8	Number of partners in the move towards Disability inclusive development (DID)		Attach the list
9	International cooperation in relation to DID and the outcomes		Attach the list of organizations

## Part II. CSO's Consideration of Disability Inclusive Development

	Questions	Responses
1	How your organization understand disability?	
2	What do you understand by Disability Inclusive Development?	
3	How do you operationalize government policies and plans	
	• Mainstreaming (how?)	
	• Need assessment	
	• Setting priority area	
	• Plans (strategic planning, short term plan)	
	• Awareness raising	
4	Your Cooperation with DPOs and GOVs (please list the names of DPOs and GOVs) in relation to DID	
	Describe the purpose of the relationships with DPOs and other GOVs	
5	To what extent Disability issues are considered in your policies and programs? What are the manifestation?	
6	In what specific strategies you considered disability development? What are the criteria?	
7	Have you developed Guideline in relation to DID?	
8	What accessibility has been created so far? For how many people?	Male___ Female__
	• Environmental	
	• Technological	
	• Communication	
9	What services are provided for persons with disability to enhance inclusive development? If not, why?	
	• Advocacy	
	• Education	
	• Employment	
	• Health care	
	• Small scale business	

	<ul style="list-style-type: none"> <li>• Others if any</li> </ul>	
10	What types of disabilities are benefitted from your programs? Please list them	
11	What are the major challenges in creating social services for disability inclusive development?	
	<ul style="list-style-type: none"> <li>• Employment,</li> </ul>	
	<ul style="list-style-type: none"> <li>• Health care,</li> </ul>	
	<ul style="list-style-type: none"> <li>• Skills training,</li> </ul>	
	<ul style="list-style-type: none"> <li>• Educational opportunities,</li> </ul>	
	<ul style="list-style-type: none"> <li>• Credit for small scale business</li> </ul>	
	<ul style="list-style-type: none"> <li>• Representation</li> </ul>	
	<ul style="list-style-type: none"> <li>• Counselling services</li> </ul>	
	<ul style="list-style-type: none"> <li>• Others, if any</li> </ul>	
12	What Working relationships you have established with DPOs and GOVs?	
13	What monitoring and evaluation schemes you have developed for DID?	
	Do you have database for DID?	
	How you access the data base to people	
	How you develop report and make accessible? For example, online	
14	Any activities your organization conducted in relation to DID	



## Annex 2

### Questionnaire for DPOs

Dear colleagues,

I have agreed to work as consultant with Technical Assistance Unit (TAU) for EU Civil Society Fund II (EU-CSFII), to collect and analysis data on the activities of CSOs' in relation to Disability Inclusive Development (DID). The purpose of the present study will be assessing the state of Disability Inclusive Development andimprovetheir access to all social services, thereby contributing to the poverty reduction strategy. Hence, I appreciate, if you help me in responding to the structured questions provided in part I and Part II, Below. I Thank you so much, in advance, for your kindness cooperation and quick reply. I am also thankful to you for returning the questionnaire in about three days, through my email address.

**Key:** **DID** = Disability Inclusive Development

**DPOs** = Disabled Peoples' Organizations

**CSOs** = Civil Society Organizations

**GOs** = Government Organizations

Alemayehu Teklemariam, PhD

Associate Professor in Special Needs Education

### Part I. Basic background

	Items	Response	Remark
1	Name of the organization		
2	Year of establishment		
3	Number of Members	Male_____ Female_____ Total_____	
3	The major programs of your DPO (Briefly)		
4	Vision and policy of the DPO in relation to Disability inclusive development (DID), if any		Attach soft copy
5	Strategies if any in relation to DID		
6	Number of persons with disability receiving services for DID_____	Male_____ Female_____ Total_____	

7	Amount of Budget allocated for DID (budgeting if any)		Attach soft copy
8	Number of local partners in the move towards Disability Inclusive Development		Attach the list
9	International cooperation in relation to DID and the outcome		Attach the list of organizations

## Part II. Main parts

1. Why DID are not achieved the way it should be? What are the major challenges?

What should be done to enhance DID?

	Questions	Response
1	Is there Disability Inclusive Development? How? If	
2	What do you understand by Disability Inclusive development?	
3	Your working cooperation with CSOs and GOs (please list the names of CSOs and GOs) in relation to DID	
	Describe the purpose of the relationships with CSOs and other GOs	
4	To what extent you are satisfied with CSOs and GOs to move DID forward for example media	
5	Have you developed Guideline in relation to DID?	
6	What services are provided for persons with disability to enhance inclusive development? If not, why?	
	• Advocacy	
	• Education	
	• Employment	
	• Health care	
	• Small scale business	
	• Others if any	
7	What are the successes or lessons learned from DID?	
8	What are the major challenges in creating social services for disability inclusive development?	
	• Employment,	
	• Health care,	
	• Skills training,	

	<ul style="list-style-type: none"> <li>• Educational opportunities,</li> </ul>	
	<ul style="list-style-type: none"> <li>• Credit for small scale business</li> </ul>	
	<ul style="list-style-type: none"> <li>• Representation</li> </ul>	
	<ul style="list-style-type: none"> <li>• Counselling services</li> </ul>	
	<ul style="list-style-type: none"> <li>• Others, if any</li> </ul>	
9	What monitoring and evaluation schemes you have developed for DID?	
	Do you have database for DID?	
	How you access the data base to people	
	How you develop report and make accessible? For example, online	
10	Any other activities your organization conducted in relation to DID	