

***ADDRESSING INEQUALITIES***

**The Heart of the Post-2015 Development Agenda and the Future We Want for All**

*Global Thematic Consultation*

**DISABILITY IN THE POST-2015 FRAMEWORK**

Lorraine Wapling, Disability Inclusive Development consultant

Sightsavers

November 2012

DISCLAIMER: The findings, interpretations and conclusions expressed in this paper are those of the authors and do not necessarily reflect the policies or views of UN Women, UNICEF or the United Nations.

## **Abstract**

Despite representing over one billion people worldwide, the economic and social potential of persons with disabilities to make significant contributions towards achieving global development targets has so far been lost. It is evident that the implied inclusion of persons with disabilities in the MDGs has not resulted in their inclusion in development activities, for example only an estimated 3-4% of persons with disabilities are believed to benefit from international aid programs (AusAID, 2011). Not only have persons with disabilities not benefited from much of the progress brought about by the MDGs but their living standards may have been declining in relative terms (UN, 2010).

This paper argues that the absence of specific reference to disability in the MDGs has resulted in the increased marginalisation of persons with disabilities and is contributing towards growing inequalities that are slowing progress at sub-national levels (UNDESA, 2012). Only by making specific reference to disability and including disability as a cross-cutting target with measurable indicators can the post-2015 framework redress the effects of discrimination and exclusion.

## **About Sightsavers:**

Sightsavers is an international charity which works with partners to eliminate avoidable blindness and promote equality of opportunity for disabled people in the developing world. Our vision is a world where nobody is blind from avoidable causes, and where people who are visually impaired participate equally in society. [www.sightsavers.org](http://www.sightsavers.org)

## **For correspondence, please contact:**

- Lorraine Wapling, consultant and lead author: [consultant@wapling.me.uk](mailto:consultant@wapling.me.uk)
- Marion Steff, Policy Advisor – Social Inclusion: [msteff@sightsavers.org](mailto:msteff@sightsavers.org)

## Learning from the current MDG framework

*"Sustainable, equitable progress in the agreed global development agenda cannot be achieved without the inclusion of persons with disabilities. If they are not included, progress in development will further their marginalization."*

UN Inter- Agency Support Group, 2011 p 13

The Millennium Development Goals (MDGs) provided the global development community with a clear, coherent and time bound set of targets which have enabled governments and civil society to work systematically towards progress. This work has resulted in significant advances and improvements around the world with reductions in extreme poverty (down from 2 billion to less than 1.4 billion), increases in primary school enrolment rates (from 58% to 76% in sub-Saharan Africa) and achievement of the target to halve the proportion of people without sustainable access to safe drinking water (UNDESA, 2012).

But what this hides, are growing inequalities. In 2007 for example the richest 61 million individuals had the same amount of income as the poorest 3.5 billion people (Ortiz & Cummins, 2011). Whilst progress towards targets has resulted in comparative gains for countries what is becoming clear is that this progress is being unequally shared at national level. All regions have evidence to show that MDG indicators are worse for disadvantaged groups within countries (Kabeer, 2010).

Evidence suggests that highly unequal societies tend to grow more slowly, are less successful in sustaining growth, and recover more slowly from economic crises (Berg & Ostry, 2011). High levels of inequality also reduce the impact of growth on reductions in poverty. Overall the human potential for improved production is hampered if large numbers remain excluded from education, health and sanitation, food and information technology.

By focusing on the easiest to reach groups in efforts to achieve targets, it now seems likely that the MDGs have diverted resources away from some of the poorest groups: most especially those disadvantaged by discrimination which includes persons with disabilities.

Redressing the effects of discrimination and exclusion are going to be very important if global progress is to be more equitably shared in post-2015 work. One of the ways in which this can be addressed is through a deliberate focus on inclusive development. The post-2015 framework could play a significant role in promoting more equitable development outcomes by ensuring that indicators of progress specifically target marginalised and vulnerable groups, such as persons with disabilities.

### **Disability inclusive development**

Disability inclusive development is an approach which seeks to ensure persons with disabilities are included in all mainstream programs or initiatives from the consultation process through to design, implementation and monitoring. It understands that persons with disabilities have a right to benefit from any program or initiative; that persons with disabilities should be identified amongst beneficiary groups and monitored for participation; and that barriers to their participation (such as those created by the environment, negative attitudes and discriminatory policies) should be identified and mitigated against in the program design. Anecdotal evidence is suggesting that where disability inclusive development has been promoted, a wider range of marginalised groups also benefit as program designs become more sensitive to the needs of beneficiaries at the point where they come into contact with activities and services. Making health clinics accessible to people with mobility and sensory impairments for example, also benefits older people, those with low levels of literacy and those who don't use the majority language.

### **Persons with disabilities and the MDGs**

*“Even in some countries that are closer to achieving the goal of universal primary education, children with disabilities represent the majority of those who are excluded.”*

The Millennium Development Report, 2010 p.18

There are over one billion persons with disabilities in our world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15% of the world's population (WHO, 2011). One household in every four contains a disabled member, which means that an estimated two billion people live with disability on a daily basis (OHCHR, 2007). Moreover, the prevalence of disability is growing due to population ageing and the global increases in chronic health conditions and non-communicable diseases (WHO, 2011).

People with disabilities share the same problems as the poor without disabilities but they experience poverty more intensely (WHO, 2011). Attitudinal and structural barriers limit their opportunities to escape poverty. A strong cycle of disability and chronic poverty exists – those who are poor are more likely to become disabled and those who are disabled are much more likely to be poor. They reinforce each other, contributing to increased vulnerability and exclusion (Mitra, Posarac, & Vick, 2011).

Even though persons with disabilities can experience high levels of chronic poverty and could make significant contributions to the economic and social development of their communities, they are not specifically mentioned in any of the eight MDGs, or the twenty one Targets, or the sixty Indicators. Neither are they in the Millennium Declaration. There have been assumptions made in the setting of these targets and goals that general development processes will improve

conditions for everyone. With the exception of MDG 3 (Promote gender equality and empower women) and gender disaggregated indicators there has been no incentive placed on development programs to address specifically disadvantaged groups or to tackle issues of social exclusion.

- *Poverty and disability*

Disability is more common among women, older people and poor households (*"Facts about Persons with Disabilities,"* 2012). People with a disability and their families are more likely to experience multi-dimensional poverty (Mitra et al, 2011) with fewer resilience options than their peers without disabilities (Groce, 2011). Across the globe working age persons with disabilities are more likely to be unemployed than persons without disabilities, be lower paid, have fewer promotion prospects and less job security. The ILO estimates that the cost of this exclusion in terms of a nation's lost productivity and increased welfare could be between 1 to 7% of GDP (Murray, 2012).

Lower income countries have a higher prevalence of disability than higher income countries - 80% of people with disabilities live in developing countries (*"Facts about Persons with Disabilities,"* 2012). Inadequate shelter, unhygienic living conditions, lack of sanitation and unclean drinking water combined with poor access to health facilities are all leading causes of disability. This means communities which have high levels of chronic poverty are also likely to have high rates of disability.

- *Education and children with disabilities*

An estimated one third of the world's out of school children live with a disability (UNESCO, 2010); primary school completion and literacy rates are consistently far below those of non-disabled people (Groce, & Bakhshi, 2010: WHO, 2011). In Bangladesh the cost of disability, due to forgone income from a lack of schooling and employment, both for people with disabilities and their caregivers, is estimated at US\$ 1.2 billion annually, or 1.7% of gross domestic product (WHO, 2011).

The 2010 MDG Report noted a strong link between disability and marginalisation in education. Despite overall increases in school participation over the past decade, children with disabilities continue to be left behind. Being disabled more than doubles the chance of never enrolling in school and in some countries it is a more significant factor in exclusion from education than gender. Having a parent with a disability who is poor, increases the likelihood of seven to sixteen year olds never having been to school by 25% in the Philippines and 13% in Uganda (UNESCO, 2010, p184).

Education for children with disabilities is essential for the alleviation of poverty and sustainable development. If children with disabilities are excluded from education it means their future economic prospects will be severely restricted. This contributes to a cycle of inter-generational poverty as they establish their own households. Children whose parents have disabilities are at increased risk of missing out on education themselves as they take on support responsibilities within the household. The impact of keeping children with disabilities at home and

economically inactive therefore contributes significantly to the impoverishment of persons with disabilities, their families and their communities (Filmer, 2010).

- *Gender equality and women with disabilities*

Women and girls with disabilities experience double discrimination, which means they face significantly more difficulties in both public and private spheres, such as barriers in access to adequate housing, health, education, vocational training and employment, and are more likely to be institutionalized (UN, 2008). The global literacy rate for women with disabilities for example is believed to be as low as 1% (*"Facts about Persons with Disabilities,"* 2012). They are also at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation (Kvam, & Braathen, 2006). Every minute more than 30 women are seriously injured or disabled during labour, but these 15-50 million women are rarely mentioned.

(<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPRH/0,,contentMDK:20286128~menuPK:632615~pagePK:148956~piPK:216618~theSitePK:376855,00.html>)

Many social protection programs designed to assist people with a disability, such as supplemental security income, disability insurance, workers' compensation and vocational rehabilitation, disadvantage women because of their relationship to labour market participation. They experience inequality in hiring, promotion rates, equal pay, access to training, retraining, credit and other productive resources, and they rarely participate in economic decision-making (O'Reilly, 2003). Not only do women receive fewer benefits than men, they also draw lower benefits. Moreover, despite their greater need, women with disabilities receive less from public income support programs (ILO, 2007).

- *Health, HIV and disability*

People with a disability experience the same range of health related problems as the general population but they may be at greater risk because they face barriers to prevention and treatment. There is growing evidence to show that in general, people with a disability experience poorer levels of health than their peers. Some of this is related to increased co-morbidity linked to specific impairments but significant amounts are due to a lack of access to appropriate information, preventative measures and treatment (WHO, 2011). People with a disability often find it more difficult to travel to/from health clinics and even once there have to struggle with inaccessible infrastructure and poor attitudes from staff.

In some Least Developed Countries, mortality for children with a disability can be as high as 60 – 80% even where the under-five mortality rate has been reduced to less than 20% (Eide, & Loeb, 2005). Inaccessible public health information can mean that people with a disability remain unaware of things like contraception and safer sex measures leaving them at greater risk of unwanted pregnancies and sexually transmitted diseases.

People with a disability are not routinely considered in sexual and reproductive health programs, often because of the attitude that people with a disability are not/should not be sexually active. Women with disabilities face particular challenges in accessing reproductive

health education, because they are often considered to be sexually inactive (Maxwell, Belses, & David, 2007).

Perhaps not surprisingly, the HIV infection rates amongst persons with disabilities are equal to or higher than the rest of the community as a result of insufficient access to appropriate HIV education, information, prevention and support services. In addition, a large percentage of persons with disabilities experience sexual violence (WHO, 2009).

- *Environmental sustainability and disability*

People with disabilities are among the “most vulnerable to natural and human-made hazards” and are disproportionately represented among “victims of disasters” (UN-HABITAT, 2007). They face both technical and social barriers that mitigate against their ability to regularly access clean water (Jones, & Reed, 2005) and they are among those most affected by some of the consequences of urban poverty, including limited access to assets. This reduces their ability to respond to risky events or to manage risk (e.g. through insurance); it is also unlikely that they will receive the necessary social services following disasters or other risky events (UN-HABITAT, 2007). A number of severe physical impairments such as blindness for example are caused by Neglected Tropical Diseases (NTDs) which have been linked to the poor hygiene, unsafe drinking water and poor sanitation conditions of chronically poor communities (Sightsavers, 2011).

## **A changing landscape**

The global context in which the original MDGs were created has changed. At the time, the concept of disability as a human rights and development issue was only just beginning to gain support. Although there were international commitments such as the World Program of Action (1982), and the subsequent Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993) it was only as recently as 1999 that the link between disability and poverty was formally recognised when the World Bank published its *Poverty and Disability* survey (1999).

One of the reasons why disability has not been included in the MDGs, and why it remains absent from most development programs, is because it has largely been conceptualised as an individual, specialised problem. If disability is considered at all, it is usually approached either as a medical issue with programs designed to reduce or prevent impairments; or as a welfare issue with programs created to support cash transfers, or providing ‘special’ support programs where long term welfare assistance is assumed as the primary way to respond to the needs of people with a disability.

Whilst some of these approaches have brought benefits to individuals and can have merits, the underlying assumptions behind them are based on perceptions that persons with disabilities are ultimately unproductive, dependent and only in need of ‘specialised’ services. These assumptions mean that most mainstream development agents do not consider disability to be relevant to their work.

A significant paradigm shift in the conceptualisation of disability has happened since the original MDGs were developed however, with a move away from regarding disability only as an individual impairment issue to one that is linked to barriers in society. It is the interplay between a person's impairment and environmental, institutional and attitudinal barriers that creates the disabling conditions that most persons with disabilities experience. Inclusion can be brought about by committing to identifying and reducing the barriers in combination, if necessary, with the provision of assistive devices and services.

- *The UN Convention on the Rights of Persons with Disabilities*

The most significant change to have affected the profile of disability inclusive development since 1999, has been the passing of the UN Convention on the Rights of Persons with Disabilities (CRPD). Adopted by the United Nations General Assembly in December 2006, the CRPD has, to date, been signed by 154 countries and ratified by 125 with numbers growing all the time. The purpose of this new human rights treaty is to promote dignity and equality for all persons with disabilities through the enjoyment of rights and fundamental freedoms. Significantly it is both a development and a human rights tool: it is the only human rights framework currently which has a specific article on international cooperation (see Article 32).

The CRPD is built on the principle that it is the interaction between the individual and their environment that leads to disability and outlines through a series of Articles what member States need to do in order to create a positive and enabling environment for persons with disabilities (Wapling, & Downie, 2012). All member States now have an obligation to begin implementing activities in support of the Articles and are required to report periodically on their progress.

**The CRPD doesn't frame new rights for people with disabilities but reaffirms existing ones in ways that make them easier to implement**

The active participation of people with disabilities and their representative organisations (Disabled People's Organisations: DPOs) in the drafting process makes the CRPD the most participatory human rights framework ever produced. As a result, the final Convention makes clear that persons with disabilities must be actively involved in all decision making processes. One of the outcomes of this has been an increase in the profile of DPOs as important development stakeholders and greater direct engagement with people with disabilities by governments and development agents.

Although there has yet to be any formal research on the impact of this Convention on the policies and practices of development agents, it is having a profound effect on improving awareness over persons with disabilities and is leading to an increase in the numbers of governments passing pro-disability legislation.

The other significant aspect of the CRPD is the inclusion of specific articles on development cooperation (Article 32) and humanitarian assistance (Article 11). There is now an obligation for States Parties to ensure that all development aid is "...inclusive of and accessible to, persons



with disabilities”(CRPD Article 32). This has resulted in more attention being paid to disability inclusive development amongst UN agencies and bilateral donors like AusAID for example.

- *The role of UN agencies in promoting disability inclusive development*

The UN is now playing a greater role in promoting disability inclusive development. In 2006 an Inter-Agency Support Group (IASG) was established to help promote compliance with the new CRPD principals within UN bodies. In 2010 it produced the first IASG strategy and plan of action to ensure that the policies and programs of the UN system are increasingly inclusive of persons with disabilities. This support group also established a UN Development Group (UNDG) task team in order to support country teams and other stakeholders to take forward the issue of disability inclusive development. In 2011 the UNDG published the first *Guidance note on integrating the rights of persons with disabilities in United Nations programming at the country level* in order to help encourage country teams to mainstream the rights of persons with disabilities into country level cooperation, country analysis, planning and monitoring systems.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) now has a mandate to promote and protect the rights of persons with disabilities (including promoting international cooperation to protect human rights). The UNDP has started to increase its activities linked to disability inclusion and is now responsible for the running of a new Multi-Donor Trust Fund focused on promoting the rights of persons with disabilities at national level. The Economic and Social Council for Asia and the Pacific (ESCAP) have been one of the most proactive bodies, leading the way on promoting disability rights in the region. It was through the efforts of ESCAP that the Biwako Millennium Framework was adopted in 2002 which outlined for the first time specific actions and strategies towards the creation of an inclusive, barrier-free and rights-based society for persons with disabilities.

Additionally, there are now several UN agencies that have dedicated units on disability including the WHO, UNICEF, ILO and UNESCO. These are leading to innovative plans and strategies which are raising the profile of disability and development. The WHO Disability and Rehabilitation (DAR) unit for example led the development of new Community Based Rehabilitation Guidelines (CBR), 2010, which have been instrumental in applying the principles of the CRPD to CBR and therefore bringing a more holistic and rights based approach to disability. It was also the WHO DAR with the World Bank who were responsible for publishing the first global assessment of the status of persons with disabilities, the World Report on Disability, 2011. In 2013 UNICEF will focus its State of the World’s Children report specifically on children and youth with disabilities – the first time this has ever been done.

The most recent advances have come with the publication in 2010 of the UN General Assembly: *Keeping the promise: realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond*. This report made it very clear that disability needs to be monitored within each of the goals and that plans and strategies should be developed which identify how development can be made more accessible. Significantly the recent Rio+20 Outcome Document, based on the discussions at the UN Conference on Sustainable Development earlier this year, specifically references disability five times.

- *Growing commitments amongst bilateral donors*

Bilateral donors are also increasingly developing strategies, plans and position papers on disability inclusive development. At the forefront of this work currently is AusAID, which has a specific strategy 'Development for All: Towards a disability inclusive Australian aid program' (2009-2014) and includes 'enhancing the lives of people with a disability' as one of ten strategic goals in its new Comprehensive Aid Policy Framework (AusAID, 2012). This agency is leading the way in demonstrating how disability inclusive development can be built into an aid program with a good mix of appropriate strategies, budgets, targets and activities.

Other agencies such as those in Austria, Finland, Germany, Ireland, Italy, Japan, New Zealand, Norway, Sweden, the United Kingdom, and the USA all have varying levels of stated commitment to disability inclusion, which focus on the adoption of some form of *twin-track* approach (which means using both disability inclusive programming alongside disability targeted actions). However, none of these agencies has yet to match the progress of AusAID, especially with regards to mainstream inclusion and are struggling to translate written commitments into accessible programming. A recent evaluation of Norad for example concluded that: "*Mainstreaming of disability is still rare in development cooperation.*" (Ingdal & Nilsson, 2012, p xix).

The coming into force of the CRPD in 2008 and the growing attention UN agencies and bilateral donors are now paying to persons with disabilities indicates that it is no longer possible to ignore disability as a development issue. The post-2015 frameworks have considerable potential now for improving aid effectiveness, reducing inequalities and creating better environments by setting disability inclusive development targets that are compliant with the principles of the CRPD.

Disability inclusive targets will help UN agencies and bilateral donors to meet their commitments towards people with disabilities by creating a positive environment in which inclusion is incentivised. It is therefore very important that agencies use this opportunity to champion disability in post-2015 discussions on the basis that without targets it will be increasingly difficult to achieve inclusive development.

### **Why disability inclusive development targets are needed**

*"No individual... must be denied the opportunity to benefit from development."*

United Nations Millennium Declaration, para. 6, 2000

- Specific targets will reinforce the fact that disability is a development issue by encouraging a rights based approach

A post-2015 framework that adopts a social/rights based approach to disability, in line with the CRPD, will ensure that disability is viewed as a development issue because the rights and needs

of persons with disabilities will be integrated into all sectors and all activities. Rather than perpetuating the tendency to regard disability as a specialist, stand alone (often health focused) issue disability specific targets will encourage all development sectors to consider how their interventions impact on persons with disabilities.

What is becoming very clear is that persons with disabilities do not routinely benefit from mainstream development programs, even if those programs are themselves focused on the most vulnerable (Ingdal & Nilsson, 2012). Although there has been some recent progress (especially in terms of development agencies willingness to discuss and debate how to promote inclusive and barrier-free development), most development agents still lack awareness over the needs of persons with disabilities and do not consider disability access in the design, implementation or monitoring of programs (UN, 2011).

Persons with disabilities are best served by improving access to mainstream services rather than trying to create specialised disability focused interventions. But their inclusion in mainstream programs is often missed because their participation is not anticipated or monitored. Specific, cross-cutting targets in the post-2015 framework will help reinforce the principle that persons with disabilities have a right to benefit from and participate in all development activities and incentivise development agents and governments to address the barriers which restrict their inclusion.

- Specific targets will incentivise programs to become more accessible

Cost is often cited as a reason for not being able to effectively include persons with disabilities in programs and services. However, this largely results from a lack of planning and a failure to consider the long term benefits of people with disabilities who are economically and socially integrated.

One of the reasons persons with disabilities don't benefit even from programs that target the most vulnerable, is because unlike other socially excluded groups there are some very practical issues which need to be overcome. Active participation does require that interventions consider the physical/sensory /cognitive and psycho-social needs of people with disabilities during planning, implementation and monitoring. Access costs need to be built in to all program budgets to ensure that people with disabilities are not being excluded on the basis of their impairment.

Overall, taken over the lifetime of an individual person with a disability and their family the actual costs of providing disability support (such as through the provision of assistive devices; sign language interpreters, guides, personal assistants, advocates; or rehabilitation services) becomes minimal: far outweighed by their contributions as economic, social and political participants in development.

Identifying the access costs at point of service is important and to do that requires the direct engagement of people with disabilities and a mechanism through which to identify barriers that can be applied by all sectors.

One of the most significant effects including specific targets linked to the participation of persons with disabilities would be to make sure that all development programs engage directly with people with disabilities, come to understand the actual costs of access and build them in as development costs from the start.

- Specific targets will help improve our understanding of the scope and scale of disability by adding to the research base

Lack of sufficient data is another issue which is often cited as a reason why disability is not considered in mainstream programming. It is noticeable that disability is rarely cited in reports and reviews on MDG progress. In the latest MDG report (2012) for example, there is no mention of the large numbers of children with disabilities that remain out of school, despite having briefly mentioned in 2010 that links between disability and marginalisation in education is evident in all countries at all levels of development.

Significant advances have been made recently in data collection linked to disability. Whilst it has been a notoriously difficult concept to research consistently (due in part to the varied and changing definitions of disability) the work of the Washington Group on Disability Statistics and the concept of 'functional limitations' has brought greater clarity to the issue. Localised forms of these functional limitation questions are being incorporated into national censuses and global reports like *The World Disability Report* (2011) now provide important baselines against which to measure progress.

There are now fewer technical challenges to incorporating disability indicators into program targets and an increasing body of expertise in monitoring and interpreting disability disaggregated data. Inclusion of specific targets and indicators in the post-2015 framework however will raise the profile of this work, encourage more resources and more innovation and allow for a much more accurate and long term assessment to be made of the effects of disability on development progress.

- Specific targets will reduce deep rooted inequalities leading to better development outcomes overall

Persons with disabilities are some of the most excluded and difficult to reach groups in societies. Their isolation – caused by a combination of impairments and pejorative social attitudes, presents a challenge to mainstream development which if overcome is likely to improve overall effectiveness. Work to remove barriers to the participation of persons with disabilities will also likely result in the improved participation of older people, peoples subject to stigma (such as those living with HIV and AIDS), nursing mothers and those who live in

remote rural areas for example thereby increasing the participation of many marginalised peoples.

## **Conclusion and recommendations**

This paper concludes that the huge potential of persons with disabilities to contribute towards the economic, social and political progress of their families, communities and countries is being missed because most development activities do not consider their inclusion. Since the MDGs have been so influential in guiding governments, development agencies and the NGO sector the total absence of specific reference to disability has resulted in the increased marginalisation of persons with disabilities from development programs. The lack of specific targets has meant programs that tackle big issues like poverty, education, health and sanitation have been able to demonstrate progress whilst at the same time bringing no benefits to persons with disabilities.

With the coming into force of the CRPD in 2008 and a growing body of evidence to show that the inclusion of persons with disabilities will help improve global development outcomes it is vitally important that disability is included as a cross-cutting target with measurable indicators in the post-2015 framework. It is only through specific reference (not implied inclusion) that the effects of deep-rooted discrimination and exclusion can be redressed. This paper therefore recommends the new post-2015 framework should:

- Ensure a clear focus on equality, equity and non-discrimination drawing on the fundamental values of the UN Convention on the Rights of Persons with Disabilities and help national governments meet their obligations towards disability inclusive development;
- Ensure the full and equal participation of persons with disabilities in the development and negotiation of the post-2015 framework;
- Promote disability inclusive development by ensuring disability is treated as a cross-cutting theme in all development goals, with disability specific targets and indicators;
- Ensure adequate measurement and monitoring of disability specific targets through the support of improved disability data gathering and analysis mechanisms;
- Encourage governments and development programs to budget and plan for the inclusion of persons with disabilities by paying particular attention to their access needs in program designs.

## REFERENCES:

- A/RES/55/2 (2000). *United Nations Millennium Declaration*. United Nations General Assembly, New York
- A/63/183 (2010). *Fifth quinquennial review and appraisal of the World Programme of Action concerning Disabled Persons* United Nations General Assembly. Report of the Secretary-General. From [www.un.org/disabilities](http://www.un.org/disabilities)
- A/65/173 (2010). *Keeping the promise. Realising the Millennium Development Goals for persons with disabilities towards 2015 and beyond*. United Nations General Assembly. Report of the Secretary-General
- AusAID (2011). *Development for All; Achievement Highlight the First two Years*. Canberra, ACT: Author. From <http://www.ausaid.gov.au/publications/pdf/disabilityachievementhighlights.pdf>
- AusAID (2012). *Helping the World's Poor through Effective Aid: Australia's Comprehensive Aid Policy Framework to 2015-16*. Canberra, ACT.
- Berg A.G., & Ostry, J.D (2011). *Inequality and Unsustainable Growth: Two Sides of the Same Coin?*. IMF Staff Discussion Note; SDN/11/08, available at: <http://www.imf.org/external/pubs/ft/sdn/2011/sdn1108.pdf>
- Buckup S., *The price of exclusion: The economic consequences of excluding people with disabilities from the world of work*. International Labour Office, Geneva. Accessed October 2012. From <http://www.ilo.org/disability>
- Coleridge P., Simonnot C., & Steverlynck D. (2010). *Study of Disability in EC Development Cooperation*. European Commission, Brussels
- E/CN.5/2011/9 (2010). *Monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. United Nations Economic and Social Council, New York.
- Eide A. & Loeb M., (2005). *Data and statistics on disability in developing countries*. DFID, Disability Knowledge and Research Programme. From [www.dfid.gov.uk/r4d](http://www.dfid.gov.uk/r4d)
- Elwan A. (1999). *Poverty and Disability. A survey of the literature*. World Bank. From <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/PovertyDisabElwan.pdf>
- Filmer D. (2010). *Disability, Poverty and Schooling in Developing Countries: Results from 14*

- Household Surveys*. World Bank economic review, vol. 22, no. 1, p 144-163. Oxford University press. Accessed from [wber.oxfordjournals.org](http://wber.oxfordjournals.org)
- Groce N. (2011). *Disability and the Millennium Development Goals: A review of the MDG process and strategies for inclusion of disability issues in Millennium Development Goal efforts*. UNDESA, UN Publications New York.
- Groce N., & Bakhshi P. (2010). *Illiteracy among adults with disabilities in the developing world: an unexplored area of concern*. Working Paper 9. Leonard Cheshire Centre on Disability and Inclusive Development. London: University College.  
[http://www.ucl.ac.uk/lcccr/centrepublishations/workingpapers/WP09\\_Illiteracy\\_among\\_Adults\\_with\\_Disabilities\\_in\\_the\\_Developing\\_World\\_-\\_An\\_Unexplored\\_Area\\_of\\_Concern.pdf](http://www.ucl.ac.uk/lcccr/centrepublishations/workingpapers/WP09_Illiteracy_among_Adults_with_Disabilities_in_the_Developing_World_-_An_Unexplored_Area_of_Concern.pdf).
- Ingdal N., & Nilsson A., (2012). *Mainstreaming disability in the new development paradigm. Evaluation of Norwegian support to promote the rights of persons with disabilities*. Norad, Oslo.
- Inter-Agency Support Group on the Convention for the Rights of Persons with Disabilities (2011). *Including the rights of persons with disabilities in United Nations programming at country level: A Guidance Note for United Nations Country Teams and Implementing Partners*. UN Development Group.
- Inter-Agency Support Group on MDG Indicators (2010). *The Millennium Development Goals Report 2010*. United Nations, New York.  
[www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf](http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf)
- Inter-Agency Support Group on MDG Indicators (2012). *The Millennium Development Goals Report 2012*. United Nations, New York.
- Jones H. Reed R. (2005). *Water and sanitation for disabled people and other vulnerable groups*. WEDC. Loughborough University. <http://wedc.lboro.ac.uk/index.html>.
- Kabeer, N. (2010). *Can the MDGs provide a pathway to social justice? The challenge of intersecting inequalities*. In Melamed C. (2012) *Putting inequality in the post-2015 picture*. OSI
- Kvam M.H., & Braathen S.H., (2006). *Violence and Abuse against Women with Disabilities in Malawi*. A576 Report, SINTEF Health Research, Oslo
- Maxwell J., Belses J., & David D. (2007). *A Health Handbook for Women with Disabilities*. Berkeley, CA, Hesperian Foundation.

- Mitra S., Posarac A., & Vick B. (2011). *Disability and Poverty in Developing Countries: A snapshot from the World Health Survey*. World Bank SP Discussion paper No 1109
- Murray B. (2012). *Brief profile on people with disabilities. Employment for social justice and a fair globalization paper*. International Labour Office, Geneva From <http://www.ilo.org/disability>
- O'Reilly A., (2003). *Employment barriers for women with disabilities. The Right to Decent Work of Persons with Disabilities*. Skills Working Paper No. 14. International Labour Organization, Geneva.
- Ortiz I. & Cummins M. (2011). *Global inequality: Beyond the bottom billion. A rapid review of income distribution in 141 countries*. UNICEF Social and Economic working paper p.20
- Sightsavers, (2011). *Sightsavers and Schistosomiasis Control Initiative's response to the EC's Green Paper on Research and Innovation*. Sightsavers, West Sussex.
- United Nations Enable website. (2006). *Some facts about persons with disabilities*. New York: Department of Social and Economic Affairs (DESA).  
<http://www.un.org/disabilities/convention/facts.shtml>
- UNESCO (2010). *Education for All Global Monitoring Report: Reaching the Marginalized*. Oxford University Press
- United Nations Office of the High Commissioner for Human Rights. (2007). *From Exclusion to Equality: Realizing the rights of persons with disabilities*. Geneva: UN/UNHCHR/Inter-Parliamentary Union.
- United Nations Human Settlements Program (2007). *Global Report on Human Settlements. Enhancing Urban Safety and Security*. UN-HABITAT. UK Earthscan.  
[http://www.preventionweb.net/files/2585\\_2432alt1.pdf](http://www.preventionweb.net/files/2585_2432alt1.pdf).
- UN Task Team on post 2015 (2012). *Addressing inequalities: The heart of the post-2015 agenda and the future we want for all*. ECE, ESCAP, UNDESA, UNRISD, UNICEF, UN Women. From [www.beyond2015.org](http://www.beyond2015.org)
- World Health Organization (2009). *Disability and HIV Policy Brief*. The United Nations Joint Programme on HIV/AIDS and Office of the High Commissioner for Human Rights Policy Brief. From:  
[http://data.unaids.org/pub/Manual/2009/jc1632\\_policy\\_brief\\_disability\\_en.pdf](http://data.unaids.org/pub/Manual/2009/jc1632_policy_brief_disability_en.pdf)
- World Health Organization (2011). *World Report on Disability*. Geneva: World Health Organization.  
From: [http://whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf)



Wapling L., & Downie B. (2012). *Beyond Charity: A donor's guide to inclusion*. Disabilities Rights Fund. Boston MA. From <http://www.disabilityrightsfund.org/donor/donorguide.html>