



THE ATLAS ALLIANCE
FINAL REPORT | 2016–2019



DECEMBER 2020

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Name of grant recipient: The Atlas Alliance

Norad agreement number: QZA-15/0470

Agreement period: 2016-2019

Reporting period: 2016–2019

COVERPHOTO: Malawi Union of the Blind

PHOTO: THE ATLAS ALLIANCE

Introduction

The Atlas Alliance 2016-2019 framework agreement with Norad has now been completed. We are proud to present our results in this final report, documenting how the Atlas Alliance and our partner organisations have delivered results throughout the period and supported implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD confirms that attitudinal and environmental barriers create disability. This means that if we remove attitudinal, environmental, and institutional barriers, persons with disabilities will enjoy full and effective participation in society on an equal basis with everyone else. Disability is a natural part of human diversity that society needs to accommodate.

2016 was the first year of implementing the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals (SDGs) – a framework that recognises the meaningful participation and inclusion of persons with disabilities in all areas of development and economic growth. The SDGs are a guiding framework for our work. *Leaving no one behind* is a basic principle of the SDGs. The Atlas Alliance contributes to this by empowering Disabled Persons Organisations (DPOs); influencing change within local and national governments; and building alliances and coalitions with other civil society organisations and international non-governmental organisations (NGOs). No SDG will be achieved until no one is left behind.

This report covers the entire period 2016-2019 and the six month no cost extension until 31st of May 2020, and builds on the 2016-2018 report submitted in 2019. Some great victories from the reporting period should be highlighted: the Marrakesh treaty came into force in 2016, making the production and international transfer of specially adapted books for persons with blindness or visual impairments easier; the Federal Parliament of Nepal passed the Disability Rights Act in 2017, making it illegal to discriminate based on disability; and a total of 25,000 persons with disabilities have accessed health services, 3,000 have received vocational training, and more than 6,000 are participating in savings and loans groups as a direct result of the work of Atlas Alliance organisations and our partners. These and other results are presented in this report.



LILLY ANN ELVESTAD
Chairperson of the Board

One achievement that we feel reflects the importance of our work and the success of our advocacy efforts is the Norwegian government's decision in 2019 to launch an additional call for proposals focusing specifically on persons with disabilities. Joining forces with Norwegian mainstream NGOs, the Atlas Alliance coordinates an innovative and ambitious strategic partnership "Together for Inclusion". This consortium builds on the unique experience, specific competence, and credibility of DPOs in developing countries, integrating an inclusion focus into the work of mainstream NGOs. At the same time, mainstream NGOs contribute with their specific thematic competences, as well as their extensive experience and networks in the partner countries. This work continues in parallel with the new Atlas Alliance framework agreement with Norad for the period 2020-2024.

We are proud of our accomplishments, although the challenges are still numerous. Perhaps the greatest barriers to full inclusion are rooted in people's mindset, in conflicts of interest, and in lack of political will. Years of discrimination and stigma take time and effort to eliminate. Strong organisations of persons with disabilities are crucial to fight exclusion and strengthen the good work already accomplished. Moreover, they hold governments accountable for their promises and practices, both in partner countries and in Norway. The Atlas Alliance and our partners are committed to continue fighting for the fulfilment of the rights of persons with disabilities, under our new framework agreement but also through the new strategic partnership "Together for Inclusion".

List of abbreviations

ABC	Association of the Blind in Cambodia	DRW	Disability Rights Watch
ABU	Asian Blind Union	ECDE	Early Child Development Education
ACAMO	Associação dos Cegos e Amblíopes de Moçambique	EENET	Enabling Education Network
ADP	African Disability Protocol	FEDOMA	Federation of Disability Organisations in Malawi
AFUB	Africa Union of the Blind	FFO	The Norwegian Federation of Organisations of Disabled People
AICB	All India Confederation of the Blind	GATE	Global Cooperation on Assistive Technology
AIDS	Acquired Immunodeficiency Syndrome	GLAD	Global Learning and Assessment Development
AMFIU	Association of Microfinance Institutions of Uganda	GPE	Global Partnership on Education
ANCAA	Associação Nacional dos Cegos e Amblíopes de Angola	HIV	Human Immunodeficiency Virus
BSc	Bachelor of Science	HLF	The Norwegian Association for the Hard of Hearing
CAN	CBR Africa Network	HLPF	High-level Political Forum on Sustainable Development
CBID	Community Based Inclusive Development	ID	Identity Document
CDBC	Chisombezi Deafblind Centre	IDDC	International Disability and Development Consortium
CDC	Curriculum Development Centre	IE	Inclusive education
CEO	Chief Executive Officer	IMU	Independent Monitoring Unit
CHRISC	Christian Sports Contact	IND	India
COSP	Conference of States Parties	INGO	International non-governmental organization
CRC	Convention on the Rights of the Child	INR	Indian Rupee
CRPD	Convention of the Right of persons with Disabilities	LAB	Lao Association for the Blind
CSO	Civil Society Organisation	LNLVIP	Lesotho National League of the Visually Impaired Persons
CU-SBH	Central Uganda Association for Spina Bifida and Hydrocephalus	LOREWO	Local Rehabilitation Workshop
DAC	Development Assistance Committee	M&E	Monitoring and Evaluation
DAZ	Diabetes Association of Zambia	MACODA	Malawi Council for Disability Affairs
DBA	District Based Association	MACOHA	Malawi Council of the Handicapped
DiDRR	Disability inclusive Disaster Risk Reduction	MDG	Millennium Development Goal
DOE	Department of Education	MHUNZA	Mental Health Users Network of Zambia
DPO	Disabled Persons Organisation	MOE	Ministry of Education
DRIMT	Disability Rights Independent Monitoring Team	MOH	Ministry of Health
DRP	The Disability Rights Programme	MoU	Memorandum of Understanding

MUB	Malawi Union of the Blind	SHYNEA	Spina Bifida and Hydrocephalus Network for Awareness
NAB	Nepal Association of the Blind	SIT	School Inclusion Team
NABP	The Norwegian Association of the Blind and Partially Sighted	TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority Zambia
NAD	The Norwegian Association of Disabled	TOFI	Together for Inclusion
NCD	Noncommunicable disease	UGX	Uganda Shilling
NCED	National Centre for Educational Development	UK DFID	UK Department for International Development
NDA	The Norwegian Diabetes Association	UN	United Nations
NFDN	National Federation of Disabled Nepal	UNAB	Uganda National Association of the Blind
NFU	The Norwegian Association for Persons with Intellectual Disabilities	UNAD	Uganda Association of Deaf
NGO	Non-governmental organisations	USD	United States Dollar
NIBR	Norwegian Institute for Urban and Regional Research	WHO	World Health Organisation
NNJS	Nepal Netrajyoti Sangh	ZAEPD	Zambia Association for the Employment of Persons with Disabilities
NOK	Norwegian Krone	ZAFOD	Zambian Federation of Disability
Norad	Norwegian Agency for Development Cooperation	ZAHSB	Zambian Association for Hydrocephalus and Spina Bifida
NPR	Nepalese Rupee	ZAPCD	Zambia Association for Parents of Children with Disabilities
NUDIPU	National Union of Disabled Persons of Uganda	ZAPD	Zambia Government Agency for Persons with Disabilities
OURS	Organised Useful Rehabilitation Services	ZAPDD	Zanzibar Association of People with Developmental Disabilities
PASHL	Parents Association for Spina Bifida and Hydrocephalus		
PFPID	Parent Federation of Persons with Intellectual Disability		
PODCAM	Parents of Disabled Children Association Malawi		
RHF	The Norwegian Association for Spina Bifida and Hydrocephalus		
RNZ	Response Network Zambia		
SADC	Southern African Development Community		
SAFOD	Southern Africa Federation of the Disabled		
SBH	Spina Bifida and Hydrocephalus		
SDG	Sustainable Development Goal		
SHA-U	Spina Bifida & Hydrocephalus Association Uganda		

The Atlas Alliance – who are we?

The Atlas Alliance is a Norwegian umbrella organisation that has supported the rights of persons with disabilities in developing countries since 1981. For the period 2016-2019, the Atlas Alliance had a grant agreement with the Norwegian Agency for Development Cooperation (Norad) to ensure implementation of its projects.

The Atlas Alliance has supported seven Norwegian Disabled Persons Organisations (DPOs) and three affiliated organisations in the agreement period. The following ten organisations received funding through the agreement with the Civil Society Department at Norad, agreement no QZA-15/0470:

- The Norwegian Association of the Blind and Partially Sighted (NABP)
- The Norwegian Association of Disabled (NAD)
- The Norwegian Federation of Organisations of Disabled People (FFO)
- The Norwegian Association for Persons with Intellectual Disabilities (NFU)
- The Norwegian Association for Spina Bifida and Hydrocephalus (RHF)
- The Norwegian Diabetes Association (NDA)
- The Norwegian Association for the Hard of Hearing (HLF)
- The Signo Foundation
- SINTEF Technology and Society
- Impact Norway (2016-2017)

Nothing about us without us

The Atlas Alliance Theory of Change is rooted in a rights-based approach and is linked to our core goal of promoting human rights with a focus on building strong organisations, political lobbying, and meeting individual needs. Persons with disabilities face varying degrees of oppression, discrimination and exclusion in all countries where we conduct our development work. We aim to change society’s attitudes toward persons with disabilities. The Atlas Alliance organisations

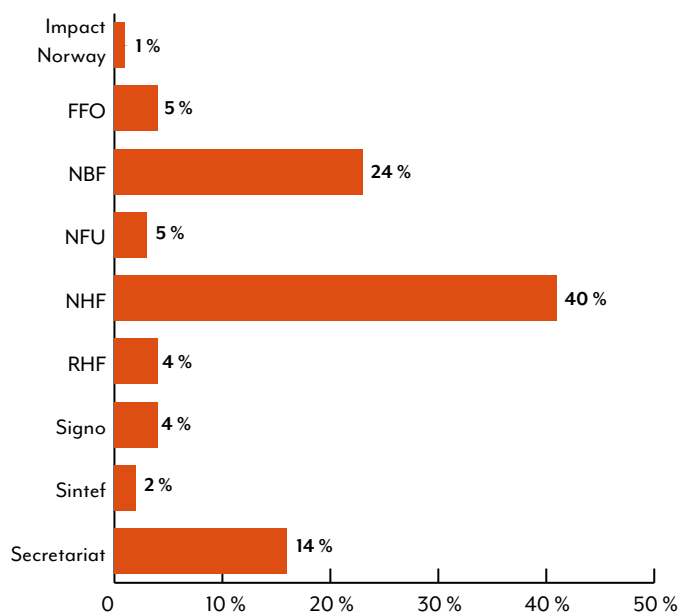
support DPOs to hold national and local governments accountable to their obligations under the CRPD.

The results report for 2016-2019

This report summarises key results and achievements in the 2016-2019 grant agreement and the six month no cost extension until 31st of May 2020, and builds on the Atlas Alliance 2016-2018 report submitted in 2019. Numbers reflecting quantitative results and indicators are updated to reflect the whole reporting period and narrative examples from 2019 have been added. In addition, the report contains reflections about lessons learned and how these will inform our work in the future.

The Atlas Alliance strategy for 2015-2019 outlines four thematic areas reflected in the programme results framework: Human Rights Advocacy, Inclusive Education, Health and Rehabilitation, and Economic Empowerment. Separate chapters present each thematic area and each chapter follows the structure of the results framework.

DISTRIBUTION OF FUNDING PER ORGANISATION 2016-2019





Inclusive Education Zanzibar. PHOTO: NAD

The Atlas Alliance 2016-2019 portfolio consisted of 42 projects in 15 countries, of which four are the focal countries Malawi, Nepal, Uganda and Zambia. These are countries where several of the Atlas organisations implement projects. Country information and particular results from each focal country are separated into their own chapters.

The report further summarises results from the Inclusion Project, cross cutting issues (anti-corruption, women's rights and gender equality, the environment and climate change, and human rights), added value, advocacy and communication, monitoring and evaluation, and lessons learned and the way forward.

The Atlas organisations have local partners that implement the projects. We refer to these local partners as “partner organisations” or “local partners” in the report, while the Norwegian organisations are referred to as “Atlas organisations”.

The results framework of the Atlas Alliance, as a whole, is an aggregation of 42 projects, with each project having its own project results framework. The outputs in our common results framework are at a higher level than the

outputs in the individual project frameworks, and our outputs often refer to actual results for the beneficiaries.

Monitoring our results achievement in relation to mid-term and end-term targets has been a challenge due to the nature of our work. For instance, determining what kind of assistance a child with disabilities needs is hard to know before the child has been identified as having a disability in the first place. The Atlas organisations and their local partners set targets for the full implementation period in 2016, but some targets have been too high or too low. An increased focus on Monitoring and Evaluation (M&E) in the Atlas Alliance secretariat and organisations aims to prevent the same thing happening in the next agreement period.

Another challenge we have faced when aggregating data is the difficulty in capturing the many details and varieties of the work done by our local partners. However, we strive to maintain a good balance in the report by presenting results at an aggregated level and providing examples illustrating how these affect persons with disabilities in our 15 project countries.

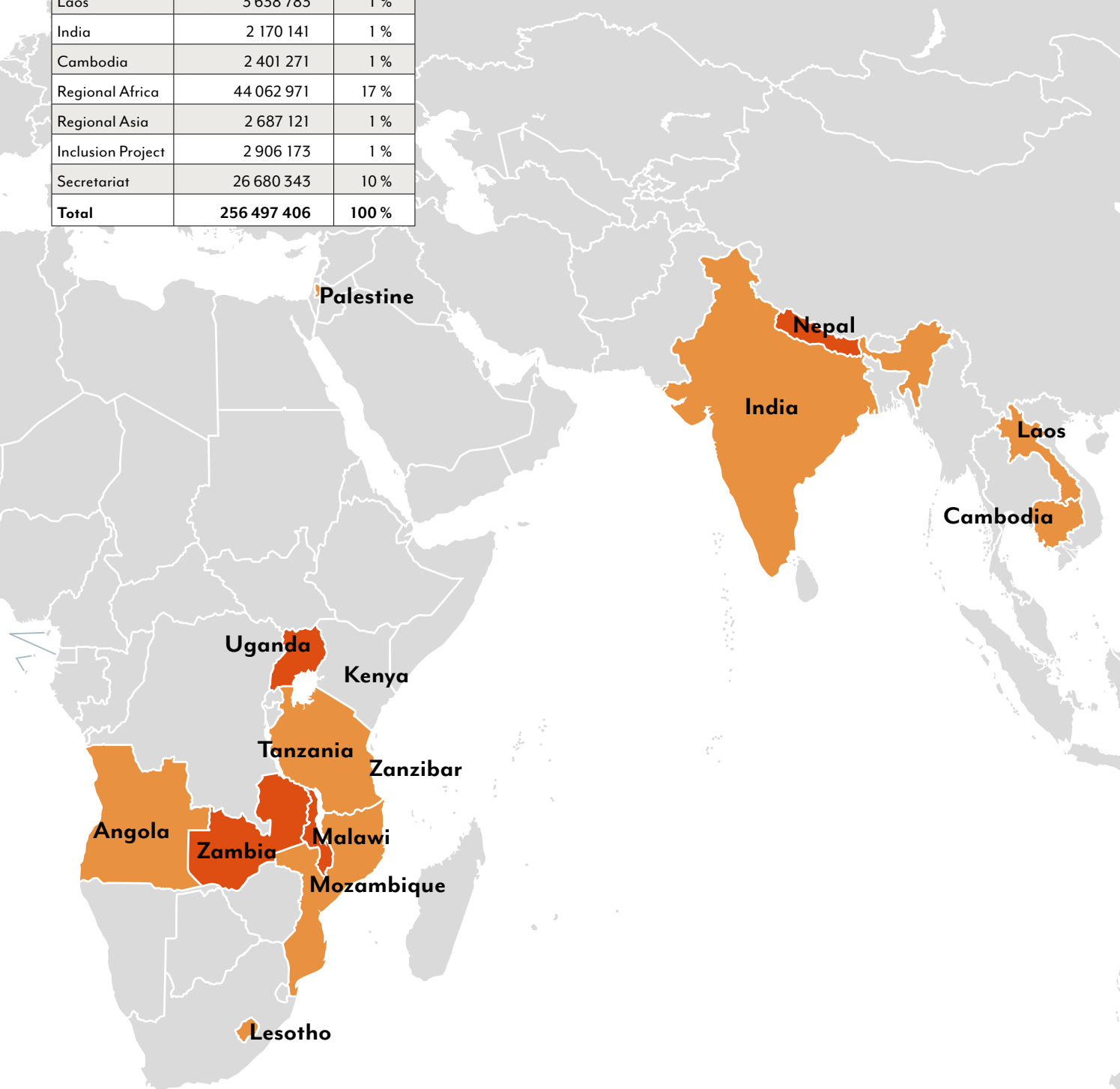
TOTAL EXPENDITURE PER COUNTRY 2016–2019

COUNTRY/ REGION	TOTAL EXPENDITURE	PER- CENTAGE
Malawi	32 161 103	13 %
Zambia	36 863 030	14 %
Nepal	20 840 092	8 %
Uganda	27 732 962	11 %
Palestine	18 276 969	7 %
Angola	10 861 403	4 %
Lesotho	7 458 363	3 %
Tanzania	8 862 355	3 %
Mozambique	8 894 329	3 %
Laos	3 638 783	1 %
India	2 170 141	1 %
Cambodia	2 401 271	1 %
Regional Africa	44 062 971	17 %
Regional Asia	2 687 121	1 %
Inclusion Project	2 906 173	1 %
Secretariat	26 680 343	10 %
Total	256 497 406	100 %

TOTAL EXPENDITURE PER THEMATIC AREA 2016–2019

	TOTAL EXPENDITURE OF NORAD GRANT	PERCENTAGE
Human Rights Advocacy	101 667 531	40 %
Inclusive Education	57 629 755	22 %
Health and Rehabilitation	34 045 363	13 %
Economic empowerment	27 869 739	11 %
Unallocated funds/Non-thematic	35 285 018	14 %
Total	256 497 406	100 %

* Exclusive own share, inclusive 7% admin support.



PROJECT LIST 2016-2019

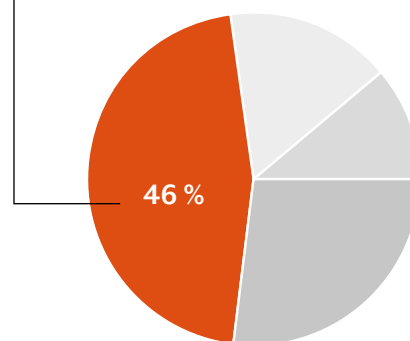
ORG.	COUNTRY	PROJECT ID	PROJECT NAME
FFO	Southern Africa	SAF-0154	Organisation Building in Southern Africa
FFO	Nepal	NPL-0156	Organisation Building in Nepal
FFO	Southern Africa	SAF-157	Include me - Promoting the rights of children with disabilities, persons with intellectual disabilities and their families
NABP	Angola	AGO-0351	Eye Health, Angola
NABP	Nepal	NPL-0295	Organisational Development
NABP	Malawi	MWI-0284	Organisational Development
NABP	Mozambique	MOZ-0367	Capacity Building and Rehabilitation in Manica/Sofala/Tete
NABP	Mozambique	MOZ-0368	Eye Health, Manica
NABP	Uganda	UGA-0370	Organisational Development and Rehabilitation
NABP	Nepal	NPL-0371	Eye Health Nepal, Lamahi
NABP	Nepal	NPL-0372	Rehabilitation, Bardia and Rupandehi
NABP	Regional Asia	RAS-0373	ABU Advocating for Human Rights and Women Representation
NABP	India	IND-0374	AICB Rehabilitation, Hamirpur, Jalun and Mewat
NABP	Lesotho	LSO-0283	Organizational Development, Lesotho National League of the Blind
NABP	Angola	AGO-0291	Organizational Development
NABP	Regional Africa	RAF-0365	Strengthening Portuguese/Spanish speaking member countries of AfUB
NABP	Cambodia	KMH-0305	Association of the Blind in Cambodia – Capacity building
NABP	Angola	AGO-0366	ANCAA Rehabilitation, Uige
NABP	Laos	LAO-0288	Organizational Development, Laos Association of the Blind
NABP	Lesotho	LSO-0289	Eye Health, Lesotho
NABP	Global	GLO-421	“Nobody left behind” – Inclusion of Persons with Disabilities in the Norwegian Development Assistance
NDA	Zambia	ZAM-0336	Organisational Development DAZ
NFU	Southern Africa	SAF-0213	Strengthening Inclusion Africa
NFU	Nepal	NPL-0226	Equal Rights - Full Participation, Nepal
NFU	Malawi	ZAM-0349	Equal Rights - Full participation, Zambia
NFU	Global	GLO-423	“Nobody left behind” – Inclusion of Persons with Disabilities in the Norwegian Development Assistance
NAD	Palestine	PAL-0028	Community Based Rehabilitation, Palestine
NAD	Malawi	MWI-0416	Economic and Social Empowerment of Persons with Disabilities in Malawi
NAD	Malawi	MWI-0415	Malawi CBID Programme
NAD	Zambia	ZAM-0349	CBID Support Programme
NAD	Zambia	ZAM-0417	Improved quality of life through Self-Help and rights based approach for the rural based people of Kazungula, Zimba, Livingstone and Kalomo including persons with disabilities
NAD	Tanzania	TAN-0191	Include me! - Inclusive Education and Rights of Persons with Intellectual Disabilities, Zanzibar
NAD	Southern Africa	SAF-0412	Disability inclusive Disaster Risk Reduction (DiDRR) Programme
NAD	Southern Africa	SAF-0402	Community Based Inclusion Knowledge Sharing in Africa
NAD	Uganda	UGA-0400	Economic Empowerment
NAD	Lesotho	UGA-0400	Economic Empowerment, Uganda
NAD	Global	GLO-414	“Nobody left behind” – Inclusion of Persons with Disabilities in the Norwegian Development Assistance
RHF	Southern Africa	SAF-0187	Early intervention, treatment and rehabilitation of people with Spina Bifida and/or Hydrocephalus in Eastern, Central and Southern Africa
RHF	Uganda	UGA-0418	Community Based Inclusive Development for Children with Spina Bifida and Hydrocephalus in Uganda
RHF	Malawi	MWI-420	Early identification and referral of Hydrocephalus in Malawi
Signo	Zambia	ZAM-0411	Access to Quality Education for Persons with Deafblindness in Zambia
Signo	Malawi	MWI-0348	Programme for Deafblind, Chisombezi
Signo	Uganda	UGA-1005	Empowering Young Deaf Ugandans
SINTEF	Southern Africa	SAF-0185	Access to Mobility Device and Services in Southern Africa
The Atlas Alliance	Europe	EUR-0413	The Atlas Alliance Secretariat
The Atlas Alliance	Southern Africa	SAF-0157	Living Conditions Surveys in Southern Africa
The Atlas Alliance	Global	GLO-0414	“Nobody left behind” – Inclusion of Persons with Disabilities in the Norwegian Development Assistance

Human Rights Advocacy

FACTS

- 35 out of the Atlas Alliance's 42 projects implemented activities in human rights advocacy.
- Strengthening DPOs in low and middle-income countries is a central part of the Atlas Alliance strategy.
- Under the Human Rights Advocacy programme, the Atlas Alliance has supported 40 DPOs in 14 countries and regions: Africa (regional), Angola, Asia (regional), Cambodia, Lesotho, Laos, Malawi, Mozambique, Nepal, Palestine, Southern Africa (regional), Tanzania (Zanzibar), Uganda and Zambia
- Main result: All four focal countries have disability acts based on the CRPD in place.
- Expected impact: Persons with disabilities claim their rights and exert influence on matters that affect their lives.

HUMAN RIGHTS ADVOCACY



Human rights advocacy, ensuring that persons with disabilities claim their rights, is front and centre in everything we do. Effective advocacy for the fulfilment of human rights is crucial in order to ensure societal structural change for persons with disabilities and to change public perception about disability. This is in line with Norwegian development policies, human rights conventions, and the SDGs.

In 2006, the United Nations adopted the UN Convention on the Rights of Persons with Disabilities (CRPD). Articles 4, 29, 32, 33 underscore the importance of DPOs. Through the convention, State Parties agree 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. The General Comment No. 7 (2018) also emphasises the active involvement of persons with disabilities through organisations of persons with disabilities and their partners.¹ All our partner countries have ratified the CRPD. Despite this, persons with disabilities are far from

achieving equal rights and their full potential as equal citizens. Governments and other stakeholders need constant reminders of the rights of persons with disabilities as stated both in the CRPD and in the SDGs.

The overarching goal of the SDGs is to ensure that we *leave no one behind*. This is a key principle guiding all the work of the Atlas Alliance organisations – it doesn't matter if some groups are lifted out of poverty or granted access to their rights, if this is not the case for the most marginalised as well. This was partly the case with the Millennium Development Goals (MDGs). The most marginalised, such as persons with disabilities, were still left behind, although large groups of people were no longer classified as poor or extremely poor. Within the disability community, this means that progress must include ALL persons with disabilities, including those that are the most marginalised, such as persons with intellectual disabilities or persons with deafblindness.

Another core principle in the work of the Atlas Alliance is *nothing about us without us* and our aim

¹ A/HRC/19/36, paras. 15–17.

is to advocate for the inclusion of persons with disabilities in all circumstances. *Nothing about us without us* means that persons with disabilities are part of every step of every process, from the design stage to finalisation. We do this by empowering DPOs, influencing change within local and national governments, and building alliances and coalitions with other civil society organisations and international NGOs.

Of the 17 SDGs, the Atlas Alliance focuses on SDG Goal 1 which aims to achieve *the ending of poverty in all its forms* through ensuring equal rights and access to basic services. Secondly, the organisations work on SDG Goal 10 with the aim of *reducing inequality*, for instance by ensuring social, economic and political inclusion for all and promoting adoption of national policies for this purpose. Ultimately, we work towards SDG Goal 16 and its aim to *promote just, peaceful and inclusive societies*, which includes ensuring representative decision making and non-discriminatory laws and policies. Our partner organisations work relentlessly to put disability on the political agenda in order to ensure disability representation in government offices, equal access to information and services, and implementation or change of laws.

The overall outcome for the Human Rights Advocacy thematic area is that national and local governments increasingly protect the human rights of persons with disabilities as a result of DPOs’ advocacy. Strengthening DPOs is both a goal in itself

and a means to an end – strong and representative DPOs are key to achieving the overall fulfilment of rights of persons with disabilities.

This chapter on Human Rights Advocacy, as well as those on Inclusive Education, Health and Rehabilitation, and Economic Empowerment, follow the structure of the results framework.

Outcome 1: National and local governments increasingly protect the human rights of persons with disabilities as a result of DPOs’ influence

Governments need guidance on how to include persons with disabilities, as well as political will to prioritise inclusive policies and budgets. The Atlas Alliance supports national and local governments to adjust and adapt their systems and structures, develop tools, as well as train government staff to facilitate disability inclusion. Our work is multi-sectoral; it involves the relevant authorities for health, education, and economic and social development, and the different levels of government (national, regional and local). Systemic change is a long-term process that requires knowledge, skills, financial resources – and persistence.

- **Indicator 1.a. Status of legislation, laws and policies that protect the human rights of persons with disabilities, including 1) health sector and 2) education sector**

COUNTRY	PROCESS/ LAW/ POLICY	STATUS AS OF 2019	ADDITIONAL INFORMATION
Africa (regional)	The Marrakesh Treaty	Policy implemented in 2016	The Marrakesh Treaty had obtained enough ratifications to enter into force in September 2016. AFUB is continuously working to get more countries to ratify the treaty. So far, 58 countries have ratified the Marrakesh Treaty, and it has been signed by over 60 countries. Fourteen African countries have ratified the Treaty, including Mali, Tunisia, Botswana, Liberia, Kenya, Malawi, Burkina Faso, Nigeria, Uganda, Lesotho, Ghana, Cape Verde, Morocco and Zimbabwe. Cape Verde is one of the target countries for NABP’s project with African Union of the Blind; it ratified the Treaty in 2019.
Africa (regional)	African Disability Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa	The Protocol was adopted in 2018	Persons with disabilities expressed their happiness at the adoption of the African Disability Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa by the African Union in January 2018, Addis Ababa, Ethiopia. They therefore called upon the heads of states to ratify the African Disability Protocol (ADP) with immediate effect for millions of persons with disabilities in Africa to enjoy their human rights to the fullest. In 2019, AFUB and other DPOs in Africa started advocating and lobbying for the signing and ratification of the Protocol. So far, six countries including South Africa have signed the ADP.

COUNTRY	PROCESS/ LAW/ POLICY	STATUS AS OF 2019	ADDITIONAL INFORMATION
Africa (regional)	Model Disability Law	Passed in 2019	The Model Disability Law was passed in October 2019 by the Pan-African Parliament. The purpose of this law is to provide a legal and institutional framework for the protection and promotion of the rights of persons with disabilities, in line with the existing international and regional legal and policy instruments.
Africa (regional)	Disability Strategy Policy Framework	Passed in 2019	The strategy is already in circulation. AFUB was part of the team that validated the Disability Strategy Policy Framework. This is a strategy to help the implementation of the ADP once it is ratified by the required 15 States and entered into force.
Angola	A Lei de Acessibilidade*	Passed in 2016	*The Law of Accessibility was passed in 2016 and is a major victory for the Disability Movement in Angola. The law has a five-year obligatory implementation deadline and is yet to be implemented in full.
Laos	National Strategy and Action Plan on Inclusive Education 2016-2020	Passed in 2016	LAB gives inputs to the draft of the Strategy and Action Plan on People with Disabilities. When the draft is finalised, it will be passed through a DPO meeting in the presence of governmental officers concerned before going to the step of submission.
Laos	National Strategy and Action Plan on Inclusive Education 2018-2022 (Red Book III)	Passed in 2018	In 2019, the Red Book II (2016-2020) was amended to be the Red Book III (2018-2022) because the implementation of the previous one started sluggishly. Red Book III maintains mostly the same contents. According to LAB, it has not yet been published or distributed.
Laos	Strategy and Action Plan on People with Disabilities	Policy document developed in 2017. Draft ready in December 2018.	This instrument includes content regarding protection of rights and benefits of persons with disabilities. DPOs followed up the development of the strategy.
Lesotho	Marrakesh Treaty	Ratified in 2018	
Lesotho	Inclusive Education Policy	Passed in 2018	
Malawi	Disability Act Amendment	Draft being prepared	Being reviewed together with key government stakeholders and DPOs and NGOs (e.g. NAD was represented in 2017).
Malawi	Handicapped Persons Act Repeal	Draft being prepared in 2018	Being reviewed with FEDOMA as a key advisor. FEDOMA to follow up with government to speed up the process.
Malawi	Southern African Development Community (SADC) Disability Protocol	Draft ready per 2018	The Disability Protocol was presented, discussed and agreed upon at the Disability Roundtable Forum in June 2018. It has not yet been presented to SADC, and there is a strategic reason for that. The next chairmanship of SADC will be held by Malawi. The chairperson of SAFOD is the former minister of Disability and Elderly Affairs in Malawi, and the Director General of SAFOD is a well-known disability activist from Malawi. SAFOD claims they will have an easier way in when presenting the protocol if they wait until Malawi takes over the chairmanship.
Malawi	Inclusive Education Policy	Implemented in 2016	
Malawi	National Early Childhood Policy		The policy is in place and has adopted disability inclusion.
Malawi	Work plan for children with disabilities	Implemented in 2016	
Malawi	Malawi Electoral Act	Draft ready for debate in Parliament	
Malawi	Legal Education and Practitioners Act (amended bill)	Draft ready for debate in Parliament	
Malawi	Anatomy Act	Implemented	Amended to ensure firm punishment of perpetrators of abduction and killing of persons with albinism following protest (demonstration and petition) initiated and facilitated by FEDOMA, together with nine other human rights organisations.
Malawi	Penal Code	Implemented	See above
Malawi	Mental Health Act	Being reviewed with FEDOMA as a key advisor.	
Malawi	Malawi Growth and Development Strategy III	Draft finalised in 2018	Has been finalised with input by FEDOMA, with disability a crosscutting issue in the strategy. It also has disability specific outcomes.
Malawi	National Disability Mainstreaming Strategy	Passed in 2018	The strategy is in use, and FEDOMA has been recognised as a key contributor.
Malawi	National Action Plan on Albinism	Implemented in 2019	
Mozambique	Politica Nacional de Emprego	Passed in 2016	

COUNTRY	PROCESS/ LAW/ POLICY	STATUS AS OF 2019	ADDITIONAL INFORMATION
Mozambique	The Marrakesh Treaty	Policy document developed in 2018	The ratification of the international Marrakesh Treaty were on the table for the Mozambican Counsel of Ministries (Government) for 2019. However, there was no development.
Nepal	Constitution	Passed in 2016	The fundamental rights of persons with disabilities are included in the constitution of Nepal.
Nepal	Disability Rights Act	Passed in 2017, implemented in 2018.	The passing of the Act was a result of advocacy efforts of DPOs, particularly of NFDN in collaboration with DPOs such as NAB and PFPID.
Nepal	Disability Rights Act By-laws	Dialogue with external stakeholders and draft in 2017	Formulation of the regulation of the New Disability Rights Act is an ongoing process. Local partners are providing feedback and suggestions.
Nepal	Education Act	Passed by Parliament in 2016	
Nepal	Inclusive Education Policy	Passed by Parliament in 2017 and implemented in 2018; replaced by new policy in 2019	The Inclusive Education Policy was replaced by a new consolidated National Education Policy in 2019.
Nepal	Disability Health Policy	Passed in 2016, implemented in 2019	NAB and other DPOs have advocated for the implementation of the Disability Health Policy since 2017.
Nepal	National Health Policy	Passed and implemented in 2019	A new National Health Policy was passed in 2019 that includes eye health. The older Eye Health Care Policy is integrated into the new policy. This new health policy is a positive move towards full integration of basic eye health care in the regular health care system.
Nepal	The Marrakesh Treaty	Dialogue with stakeholders	It was tabled in Parliament in 2017, but the Parliament was dissolved before it could be ratified. In 2019, advocacy continued for ratification and the Ministry of Women, Children and Senior Citizens is collecting feedback and consent from other ministries for ratification.
Nepal	Policy and Practical Aspects of Disability Identity Card Distribution Guideline	Passed in 2017	As per the new federal structure of Nepal, the local government has been given the authority to distribute disability identity cards. The procedures are applied in some local units, but not all.
Nepal	National Planning and Plan of Disability	Draft ready in 2017; still in process.	The old one has expired, and the new one is not yet passed.
Palestine	Inclusive Education Policy	Policy implemented in 2015	The Disability Rights Programme (DRP) has had a central role in developing and finalising the Inclusive Education Policy in Palestine. In 2017, guidelines and indicators for inclusive education teacher training were being developed with the support of NAD/Diakonia.
Tanzania	Inclusive and Learner-Friendly Education Policy	Draft ready in 2016	
Tanzania	Evidence Decree of 2004	Passed in 2016	ZAPDD trained law enforcement officers (prosecutors, police, judges etc.) on the implementation of the Evidence Degree Act of 2016.
Uganda	Inclusive Education Policy	Draft ready in 2017	UNAB participated in the review of the special needs education policy and Uganda national examination policy review in 2017. Consultations on the inclusive education policy are ongoing.
Uganda	Disability Act	Disability Bill is currently under review.	The Disability Bill is ready. Consultations are completed and it has already been published as a gazette. The parliamentary committee on gender furthermore supports the content. Now the Bill awaits presentation to the full Parliament of Uganda, and, if it's approved by Parliament, it will become an Act, which requires a presidential signature to become a Law. The bill has been driven forward by NUDIPU, while UNAB is also participating in meetings.
Zambia	Persons with Disabilities Act, 2012	Draft ready in 2016	Internal discussions about changing the law started shortly after it was adopted. DPOs submitted input for amendments in October 2016.
Zambia	National Policy on Education	Dialogue with key stakeholders in 2016	No new policy yet. Still using the older "Educating our future".
Zambia	Early Childhood Education Policy	Dialogue with key stakeholders in 2016	No new policy yet. Still using the older "Educating our future".
Zambia	Mental health Act, 1954	Draft review in 2014	The Mental Health Users Network has for a long period lobbied for changes to the Mental Disorders Act. In 2017, a landmark judgement resulted in the nullification of section 5. The section in question contains derogatory terminology referring to persons with psychosocial disabilities. MHUNZA eventually wants the entire act to be nullified, and a newly drafted bill to be adopted.
Zambia	Mental Health Users Act of 2019	Passed in 2019	The Mental Health Bill was passed into law in April 2019 with advocacy by the Mental Health Users' Network.



Representatives of National Federation of Disabled Nepal (NFDN). PHOTO: NFDN

– **Indicator 1.b. Examples of advocacy campaigns that have influenced decision makers**

- In Nepal, important joint advocacy initiatives were carried out with the leadership of NFDN to promote the inclusion of issues of persons with disabilities in the new constitution of the country, as well as passing of the Disability Rights Act (in collaboration with other DPOs such as NAB and PFPID). NFDN organised various individual and group lobby meetings, media interactions, dialogue with policy and law makers, peaceful demonstrations, hunger strikes, nationwide mobilisation of DPOs to influence the new constitution from a disability perspective, delegations to the major political parties, and so on. The advocacy efforts were implemented with the involvement of human rights organisations, DPOs, disability related service providers and other CSOs. As a result, the constitution includes some key rights of persons with disabilities such as the provision to have effective representation of persons with disabilities in parliament.
- In 2017, NFDN carried out a massive advocacy campaign across Nepal, which also involved government agencies. It was targeted towards ministries, departments and other government offices in Kathmandu, as well as in all regions and districts. The advocacy campaign was held on 31st August to mark the 25th Anniversary of NFDN all over the country, mobilising DPOs, district chapters and regional offices. A follow-up campaign was conducted in November 2017. As a result of the campaign, NFDN has observed that the attention of local elected bodies to disability issues has increased.
- In 2018, NAB and the government of Nepal decided to organise an interaction programme on education, health and social security schemes, launched by the government.
- NAB celebrated the International Day of Persons with Disabilities on the 22nd of December in 2018 in Mahottari, Nepal. DPOs and the Women and Children Office jointly organised a half day interaction programme on the conditions of resource classes for children with visual or hearing impairments or intellectual disabilities. Ward Chairperson of Bardibas Municipality, Vice Mayor of Loharpatti Municipality, and Mayor of Ramgopalpur expressed their commitment for effective management of

the resource classes. As a result, for the first time, Loharpatti Municipality allocated NPR 500,000 for the strengthening of inclusive education. Likewise, Bardibas Municipality allocated NPR 500,000 for the construction of a hostel building at Janata School, Bardibas.

- NABP and ANCAA met with key Ministry of Health representatives in 2017, with the Secretary of State of the National Ministry of Health in 2018, and with the Director of the National Centre of Ophthalmology. The meetings were held to reignite NABP's cooperation with the Ministry of Health, which invited NABP to start up the Eye Health Project in Angola in 2009.
 - In 2017, PFPID met with the Department of Education (DOE), Curriculum Development Centre (CDC) and National Centre for Educational Development (NCED) about enhancing inclusive education for children with intellectual disabilities in Nepal. As a result, some schools have started to accept children with intellectual disabilities. The same year, PFPID met with the CDC and advocated for a curriculum adapted to children with intellectual disabilities. As a result, PFPID is invited to give their input before the publication of new textbooks. PFPID has also advocated training of teachers of children with intellectual disabilities. As a result, the NCED has provided relevant trainings to teachers at public schools to enable them to better teach children with intellectual disabilities.
 - At district level, the District Based Associations (DBAs) of UNAB participated in district budgeting processes. DBAs made their petitions through their councillors, who later on made submissions to the district councils. In Kumi and Amolatar, emphasis was put on education and provision of white canes to learners with visual impairments. This has now been captured in the district budgets. In Amuria, the councillors presented a budget of 1 million shillings to mobilise learners with visual impairments to join mainstream schools and this was accepted.
 - In cooperation with Africa Union of the Blind (AFUB), LNLVIP has lobbied for Lesotho's signing of the Marrakesh Treaty, and Lesotho ratified the treaty in April 2018. LNLVIP has also worked for the government of Lesotho, adapting its Inclusive Education policy after developing a strategic plan for it. The policy was adopted in November 2018.
- The Ministry of Education has also made changes to the education system in Lesotho, which now allows all learners who have completed standard 7 to be transferred to high school. The new system compels teachers to accept and teach all learners enrolled, without any discrimination, and to use a learner centred approach where each learner is taught according to his or her individual needs. These changes are expected to reduce dropout numbers. LNLVIP was one of several stakeholders the Ministry of Education consulted in verifying if these changes would be helpful to the target group.
- The National University of Lesotho established the Sekhametsi Disability Trust Fund after they learned about challenges faced by visually impaired students in tertiary institutions, as presented during LNLVIP's Braille day celebration.
 - The Ugandan partners of RHF decided to join forces and celebrate the World Spina Bifida and Hydrocephalus (SBH) Day through a huge national event that was attended by the Ministry of Health. The Ugandan partners have succeeded in making the World SBH Day officially recognised as a national event with formal support of the Ministry of Health.
 - In 2017, UNAD submitted a petition to court in Uganda, challenging the failure of the government to recruit sign language interpreters for the deaf. Media covered this widely. Another initiative was the demand for all televisions to have a sign language interpreter during news hour broadcasts and employment of persons with hearing impairments and other persons with disabilities. In 2018, UNAD followed up on the provision of sign language interpreters. As a result, the Uganda Communication Commission issued a directive to all media houses and, as of now, all of them have sign language interpreters at the news hours on a daily basis. This is an important milestone as an estimated 20,000 persons with hearing impairments are able to access information through television.
 - At national level, NAD's project in Uganda has advocated to the Office of the Prime Minister for inclusion of accessibility concerns within the resettlement programme for landslide victims from Bududa to Bulambuli. The plans for houses to be constructed have been shared at the National Platform meeting and they clearly have provisions for accessibility. The

same project has influenced the National Emergency Coordination Commission to ensure that all early warning information shared with the public is either accessible to persons with disabilities or shared with NUDIPU so that NUDIPU can use its network to get the information to persons with disabilities.

– **Indicator 1.c. Examples of cooperation with INGOs and CSOs that have led to policy change:**

Out of 35 applicable partner organisations, 17 are active members and/or founders of CSO networks and coalitions. The mandate and activities of these coalitions differ from country to country, but most focus on joint advocacy, information sharing, and campaigns targeting local and national authorities.

– **Indicator 1.d. Number of issues raised in the alternative CRPD report mentioned in the CRPD committee’s concluding observations**

Our results are divided into the following four outputs:

Output 1.1. DPOs demonstrate good governance, operational capacity and sustainability

Organisational capacity building is key to our work. For the period 2016-2019, the organisational capacity of our partners was assessed to be at a medium level. All partners have necessary policies and guidelines in place, although the degree to which these are effectively used and implemented varies from partner to partner. There is a continuous need across all partners to update and implement their guidelines. The results for the years 2016-2019 by indicator are summarised below:

– **Indicator 1.1.a. Number of DPOs with operational, financial and administrative structures, policies and plans in place**

Overall, the organisational capacity of most partner DPOs is assessed to be at a medium level, although the scale includes examples of both high and low capacity. All partners have operational, financial and administrative structures, policies and plans in place. All organisations held board meetings and annual general meetings as planned in the period.

By 2019, 96 % of the 25 local partners reporting on this indicator had a written document in place on financial

management that describes their financial system, (compared to a baseline of 75 %). By 2019, 72 % of these local partners have transparent and accountable financial procedures that are systematically adhered to, as compared with the baseline of 40 %. The partner organisations report on this indicator using The Atlas Alliance Organisational Capacity Assessment Tool.

There are 25 projects reporting on financial procedures under Human Rights Advocacy. Of these, 10 projects have measured improvements in financial policies and procedures. This equals 40 % improvement from the baseline to 2019.

Although there has been some improvement with regards to this indicator, it is an area that continues to be a key priority for the Atlas Alliance in the next grant agreement. At the same time as the local partners have improved their policies and plans, the Norwegian Atlas organisations and the secretariat have done the same – and, in particular, improved their routines for following up with local partners.

– **Indicator 1.1.b. Proportion of DPOs with diversified funding sources**

The partner organisations’ financial sustainability without external support remains low to medium, with self-generated income amounting to about 10 % of total budgets in 2016, 12 % in 2017, and 12 % in 2018. Most of the DPOs’ funding derives from international development assistance, as the organisations receive no funding to modest funding from local and national governments. The support from the Atlas Alliance is on average about 50 % the DPOs’ total budgets. The targets for diversified funding by 2019 were not reached. Diversified funding remains a goal in the 2020-2024 framework agreement. Consequently, most local DPOs are still very dependent on financial and organisational support from the Atlas organisations.

Output 1.2. DPOs are representative and considered to be legitimate representatives by its target groups

Supporting DPOs to grow into strong and representative civil society organisations that effectively promote the rights of persons with disabilities is both a goal in itself and a means to an end. Through capacity building and providing organisational support to DPOs, the Atlas Alliance believes that persons with disabilities will be

empowered, able to claim their rights, and improve their lives. The Atlas Alliance supports DPOs in developing countries to improve their ability to plan and implement activities and interventions that address their members' needs and the challenges and barriers they face in their local context. If persons with disabilities know their rights and have a platform for coming together and organising their message and efforts, they can hold the authorities accountable to ensure that the human rights of persons with disabilities are fulfilled. Lobbying national and local governments so that they meet their obligations under the CRPD is an integral part of the DPOs' work. Through targeted advocacy efforts and dialogue with governments, the DPOs keep pressure on their governments to honour their national and international commitments to human rights and disability inclusion. At the local level, persons with disabilities will come out of isolation, be able to unite for a common cause, and find a voice to fight for their mutual rights.

In total, 40 DPOs receive support from the Atlas Alliance. We also support the work of other strategic partners, such as governments, universities, and relevant centres. We collaborate directly with 16 national DPOs and nine umbrella organisations with a membership base consisting of local, regional and national DPOs. In addition, the Disability Rights Programme in Palestine supports 15 DPOs, while ABU promotes advocacy and training among its 23 international DPO member organisations.

– **Indicator 1.2.a. Level of representation by men and women with disabilities within the DPOs**

The partner DPOs are representative in terms of membership, as most members are persons with disabilities and/or their guardians. On average, 46.6 % of staff and board members in 2019 had a disability. This is an increase from the baseline of 21%. There has been a steady increase throughout the four years. In 2019, we reached our target in terms of gender representation, as approximately 45 % of board members are women. Overall, persons with disabilities (i.e. the primary target group) in all countries consider DPOs as their legitimate representative, and most of the DPOs have reached their respective 2019 target for representation.

– **Indicator 1.2.b. Degree to which DPOs/ federations are considered to be legitimate representatives by their target group**

Our partner organisations have a total base of approximately 130,000 members (in 2019, 59 % female). The local and national organisations provide a wide range of services to their members, including training, raising community awareness, and advising on legal and technical issues. The focus of the umbrella organisations is to coordinate collaborative efforts and provide quality support to member organisations, and to ensure that the disability movement maintains a united voice. Most of their training of members is on good governance, including lobbying and advocacy, as well as management, administration and finance.

EXAMPLE AWARENESS RAISING ABOUT DIABETES IN ZAMBIA



Chipimo participating in the talk show 'Doctors on Air' on Zambian national television. PHOTO: DAZ

Chipimo Chisanga (22) is diagnosed with diabetes, and shares his experience with others and he lives a good life with the disease in his own radio programme. The programme is broadcast weekly and reaches about 4,000 listeners. Before Chipimo got his own radio show, the dream was to become an engineer. When he became ill, he had to spend the money he had accumulated for school on medicine, and the studies were postponed. Instead, he volunteered in the Diabetes Association of Zambia, where he is part of a global network of young adults with diabetes. The 'Young Leaders in Diabetes' network is part of the International Diabetes Federation. The young people are ambassadors for diabetes and spread information about the disease in their home countries. Chipimo has almost become a celebrity in the diabetes field in Zambia. He is constantly invited to participate in programmes and panel debates on various TV and radio stations.

Output 1.3. DPOs monitor the implementation of the CRPD and SDGs

All Atlas Alliance project countries have ratified the CRPD, with several also ratifying and/or signing the Optional Protocol. By ratifying the CRPD, State Parties have committed to closely consult with and actively involve persons with disabilities through their representative organisations. However, adoption of the Convention alone does not ensure respect for, and protection of, persons with disabilities and their human rights, as many countries have not yet implemented it.

– Indicator 1.3.a. Type of DPO contributions to state and/or alternative CRPD reports

- In 2016 and 2017, the writing of the CRPD shadow report was an important common process for DPOs in Nepal. FFO's partner, the national DPO umbrella National Federation of Disabled, Nepal (NFDN) and its members, including NABP's partner Nepal Association of the Blind (NAB) and NFU's partner Parent Federation of Persons with Intellectual Disability (PFPID), played a leading role in developing the CRPD shadow report in Nepal by coordinating the information gathering, discussions, and the writing of the report. NFDN, in association with the Human Rights Treaty Monitoring Coordination Committee, organised consultation meetings in various regions of Nepal to gather information relevant to the report preparation. Greater attention to persons with intellectual disabilities is a major breakthrough due to PFPID's work. The final draft was submitted to the UN CRPD Committee in August 2017. The shadow report included issues relating to education, gender, rehabilitation, health and participation. The examination of Nepal took place in 2018, with wide civil society representation. The UN CRPD's Committee's Concluding Observations included comments critical to the Government of Nepal on all the above mentioned issues.
- The Zambian government submitted the initial State report to the UN CRPD Committee in July 2017. ZAPCD, ZAEPD, DRW and other national DPOs participated in the consultative meetings on the drafting of the State report at national level. The Disability Rights Independent Monitoring Team (DRIMT) has started consultations on the drafting of a shadow report on the CRPD to be submitted by DPOs and civil society

by July 2020. The shadow report will contain an in-depth collection of data from all provinces, hence it is taking time to complete. In 2018, DPOs participated in the consultative process through the DRIMT and the respective provincial consultative meetings on drafting of the alternative report. NAD has provided funding to DRW for these consultative meetings as well as technical support to both ZAFOD (the DPO umbrella) and DRW, the two main actors in the DRIMT alliance.

- In 2017, Malawi's national DPO umbrella FEDOMA and its member DPOs, including DPOs supported by the Atlas Alliance, led the process to prepare and submit a shadow report to the UN Committee on the Rights of the Child. The aim of the report was to ensure that Malawi becomes disability inclusive. The report addressed the perspective of Malawi's disability civil

EXAMPLE SINTEF'S LIVING CONDITIONS STUDIES



Launch of the Living Condition Study in Nepal, 2017.

PHOTO: FFO

The Atlas Alliance has been instrumental in sharing the knowledge from ongoing research and documentation. The SINTEF studies on living conditions for persons with disabilities in Nepal, Malawi and Uganda were all completed during the period 2016-2019, and shared with all Atlas Alliance stakeholders and relevant civil society and government partners in the respective countries. They have also been used by the Inclusion Network in Norway, and in publications and presentations more broadly. Sharing of updated knowledge on disability rights in partner countries through internal information enables our local partners to base their projects and activities on accessible and relevant knowledge available, and lends credibility and urgency to their advocacy efforts.

society on disability inclusion in CRC implementation and had input from stakeholders such as the University of Malawi Chancellor College Faculty of Law, Malawi Law Society and the Centre for Human Rights and Rehabilitation. A number of points in the shadow report were incorporated into the UN committee's report on CRC implementation in Malawi.

– **Indicator 1.3.b. Number of DPOs that systematically monitor the implementation of the CRPD**

- 14 of 25 partner DPOs report that they systematically monitor the CRPD.
- In Nepal, NFDN has been involved in the monitoring mechanism developed in the proposed draft of the National Policy and Plan of Action on Disability. NFDN submitted a supplementary report in July 2018 to the UN CRPD Committee. A large delegation from NFDN and its member organisations went to Geneva, with funding from the Atlas Alliance. The delegation included representation from NAB.
- In Malawi, FEDOMA carried out action research on the implementation of the CRPD, and District Disability Forums comprised of members of different DPOs who advocate and are active at the district level documented findings on CRPD violations, which feed into the state and shadow reports.
- In Uganda, NUDIPU is currently advocating for the implementation of the UN CRPD Committee's concluding observations. On the one hand, NUDIPU is strengthening the capacity of DPOs to effectively demand that government ministries, departments and agencies implement the concluding observations. On the other hand, NUDIPU is building the capacity of disability focal persons in ministries, departments and agencies to ensure that they are able to mainstream disability and support the implementation of the concluding observations. NUDIPU also participated in the development of a plan of action on implementing the concluding observations, which awaits approval by the Ministry of Gender, Labour and Social Development. Furthermore, UNAB has been involved in ensuring that the recommendations are implemented and issues of reasonable accommodation are addressed by all parties and the government of Uganda as a whole. UNAB was one of the organisations behind the

alternative report in 2015 and was present in Geneva during the UN CRPD committee's 15th session in 2016.

- In Zambia, the government submitted the initial State Report to the UN CRPD Committee in July 2017. The government does not have a distinct participative monitoring mechanism to track progress of the implementation of the CRPD. Nevertheless, persons with disabilities through their representative organisations, were consulted in the drafting of the initial State Report.

– **Indicator 1.3.c. Number of DPOs that systematically monitor the implementation of the SDGs**

- The implementation of the SDGs has given DPOs new opportunities to engage directly with their governments and diverse ministries, rather than just those directly associated with disability issues. How closely the DPOs are consulted varies from country to country.
- 12 of 25 partner DPOs report that they systematically monitor the SDGs but face challenges as they are not systematically consulted by the government.
- Together with NUDIPU, the umbrella organisation for persons with disabilities in Uganda, UNAD works on two SDG goals, namely Goal 1 on Ending poverty and Goal 11 on Inclusive cities. The partner organisations reviewed the National Development Plan to identify gaps in relation to social protection of persons with disabilities and made recommendations for the government to adopt. Some of the key recommendations were related to the amount of the Special Grant for Persons with Disabilities, the Social Assistance Grant for the Elderly, and the Uganda Women Enterprise Programme, all of which are focused on achievement of SDG 1.
- The SDGs are at the core of FEDOMA's capacity development and advocacy efforts in Malawi. FEDOMA implemented SDG training in 2016 for its member DPOs and a number of development partners. The training enabled FEDOMA to engage the Minister of Finance, Economic Planning and Development and key directors from the Ministry in a fruitful discussion about SGD implementation that leaves no one in Malawi behind. Subsequently, the Ministry invited FEDOMA to a national conference with key stakeholders to discuss domestication of the SDGs.

- FEDOMA also integrated the SDGs as a key component in trainings on disability inclusion in development and Disability inclusive Disaster Risk Reduction (DiDRR), as well as in FEDOMA's general advocacy efforts. In a meeting with the UN Resident Representative, FEDOMA secured commitment that the UN agencies will pay explicit attention to disability inclusion in their contribution to implementation of the SDGs in Malawi.
- Uganda and Zambia have explicitly aligned their development strategies with the SDGs and incorporated SDGs in their national development plans. In 2016, Zambia decided to nationalise the SDGs through the 7th National Development Plan. However, the plan is vague on disability and DPOs in Zambia were not sufficiently involved in the process. It is also not yet determined how DPOs will participate in the monitoring of the revised National Development Plan launched in June 2017.
- The annual high-level Political Forum on Sustainable Development (HLPF) at the UN Headquarters in New York is the central UN platform for the follow-up and review of the 2030 Agenda. Nepal reported on the set of goals under in-depth review at the second round of the voluntary national reviews that took place during the ministerial segment of the 2017 meeting of the HLPF. Inclusion Africa and one of RHF's partners joined other DPOs and stakeholders at the HLPF.
- The Conference of States Parties (COSP) to the UN CRPD takes place in June every year. Some self-advocates from NFU's partner Inclusion Africa are always present, as are other representatives from the Atlas Alliance.

Output 1.4. Persons with disabilities are included in national/local level programmes and services (health, education, justice, social inclusion, etc.) in target areas.

— Indicator 1.4.a. Number of persons with disabilities referred to and assisted by public and/or private programmes and services

The extent to which men, women and children with disabilities are included in or benefit from district level programmes and services in target areas varies. Community Based Inclusive Development (CBID) is

not about absence of adequate services or filling a service provision gap. Rather, it is about facilitating and promoting access of persons with disabilities to existing services, in particular at community level. CBID implementation can vary according to context, but NAD-supported CBID does this through awareness raising, referrals, and supporting government staff to mainstream disability. CBID training packages developed in 2017/2018 in Malawi target government staff to enable them to ensure inclusive services and development programmes. CBID mobilises community volunteers, who play a key role in reaching persons with disabilities in their communities. CBID also encourages mainstream, non-governmental actors to promote disability inclusion in their services and development projects. CBID is both a strategy and a framework for how to organise and safeguard the rights of persons with disabilities, and as such is one of the most important tools for implementing the CRPD. Under the guidance of the World Health Organisation (WHO), adoption of CBID is being carried out by more than 110 countries worldwide. CBID empowers persons with disabilities and promotes the social, economic and political inclusion of all, which is SDG Target 10.2. CBID is cross-sectoral and promotes disability inclusion within health, education and social sectors, as well as in economic empowerment initiatives that will improve the livelihood for persons with disabilities. NAD has CBID projects in Malawi, Palestine and Zambia, which in total assisted almost 42,000 persons with disabilities in the period 2016-2019.

In Palestine, as a result of its partnership with the Ministry of Health, NGOs and private sector, many activities related to early detection, prevention, provision of assistive devices, referral, rehabilitation, and health care activities were implemented by the CBID programme. Persons with disabilities improved their participation in daily life activities, and children have better health and greater access to education and recreational activities. 1,734 persons with disabilities benefited from health services through early detection and prevention activities, and 12,561 persons with disabilities benefited through medical referral (52 % men, 48 % women) from 2016-2019. In addition, 3,968 persons with disabilities received technical aids (53 % men, 47 % women; 53 % children, 47 % adults) through CBID. During the reporting period, 75 of the Ministry of Health's primary health care staff received training by the CBID programme on issues related to disability and disability rights. In the northern region,

18 medical days were organised to diagnose children with intellectual disabilities, in cooperation with the neurologist at Farah Centre. An agreement was signed between the CBID programme in the north and the Arab American University for training of physiotherapy students and health workers by the CBID programme. It was also agreed that the CBID programme will transfer children with autism to the health department at the university for training. With a special donation, the CBID programme implemented an initiative to enhance the health of persons with disabilities in the north. Forty (40) health workers in primary care health centres and the directorates of the Ministry of Health in the districts and 50 support groups were trained on the health rights of people with disabilities.

In Nepal, one of the main achievements of NAB is the formation of cross-sectoral networking committees

(District Coordination Committees) for the inclusion of blind and partially sighted persons in five districts has resulted in inclusion, empowering visually impaired persons. District level programmes and services to persons with disabilities have improved as a direct outcome of these committees. The committees include members of different government organisations and NGOs/INGOs of the district. These committees were established in 2016 and had regular meetings throughout the project period. One of the branches, Gorkha Association of the Blind, reports that these meetings have led to a great change in the way society views persons with visual impairments and other persons with disabilities, and they have made governmental organisations, NGOs/INGOs, and the general public more aware about the rights of persons with disabilities.

EXAMPLE MACOHA TAKES DISABILITY ISSUES TO DISTRICT COUNCILS



Banda facilitating CBID training in Mzuzu, Malawi.

PHOTO: NAD

Malawi Council of the Handicapped (MACOHA) has started training district councils on Community Based Inclusive Development (CBID). CBID advocates for the inclusion of persons with disabilities in all development programmes and services. With support from NAD, MACOHA has developed a training manual on CBID, in collaboration with DPOs and other disability stakeholders. The aim of the manual is to strengthen the competence of those who are responsible for providing disability friendly services to the public. The training targets staff at all levels of government, as well as CBID field volunteers. CBID training will be provided to all 28 districts over time. The manual, which consists of three training packages, has been adopted by Zambia and Zanzibar, which in turn have adapted it to their respective local contexts.

According to the real time evaluation of Atlas Alliance efforts within Human Rights Advocacy in Malawi¹, “the high quality of the manual and the excellent delivery of the training, using a mixed methods approach, with visits to local communities and persons with disabilities, resulted in participants reported feeling inspired and empowered. According to the evaluation, participants had gained a good grasp of the idea of inclusion. This applied to government employees as well as to DPO extension workers and volunteers. The inclusion of government staff, politicians and traditional leaders alongside civil society members in the training as well as the participation of disabled trainers in the programme, resulted in high quality, new connections, and easier working relationships across the state-civil society divide.”

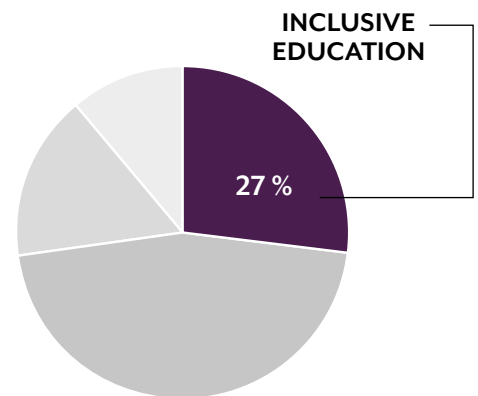
MACOHA wants all government institutions to prioritise disability issues. MACOHA's approach has changed from implementation of community based initiatives to training local government staff and volunteers in all CBID sectors. Following training, they will be able to include persons with disabilities in their programmes without referring them to MACOHA.

¹ Haug, Marit, 2020: The Atlas Alliance: the effectiveness and results of advocacy and inclusive education in Malawi and Nepal. Real time evaluation of the Atlas Alliance, 2016-2019, p. 23

Inclusive Education

FACTS

- 27 out of the Atlas Alliance's 42 projects implemented activities in inclusive education.
- Under the Inclusive Education programme, the Atlas Alliance has supported projects in 12 countries and regions: Angola, Cambodia, Lesotho, Laos, Malawi, Mozambique, Nepal, Palestine, Southern Africa (regional), Uganda, Tanzania (Zanzibar), and Zambia.
- Main result: By the end of 2019, 15,603 learners with disabilities were enrolled in education. This is an increase of 10,586 from the baseline.
- Main result: 7,985 teachers and other relevant key persons were trained on how to include children with disabilities in school.
- Main result: 5,378 persons with disabilities received rehabilitation training, with 4,844 improving their daily living skills.
- Expected impact: Men, women, boys and girls with disabilities have the skills and knowledge necessary for participating in society.



Education is a universal right and has the power to be transformative for individuals as well as their families and communities. However, many persons with disabilities, girls in particular, are unable to access education, participate in learning processes or complete their education. Disability increases the risk of exclusion from education - in Nepal for example, 85 % of all out-of-school children are children with disabilities, despite having the same right as any other child to learn and reach their full potential.^{1,2} This was underlined by the Chair's Declaration from the Oslo Education Summit (July 2015) 'Reaching the most marginalised communities and vulnerable children and youth, notably those with disabilities, is imperative if we are to meet the education goals'.³ This echoes the statement from the Norwegian Government's 'Stortingsmelding om Utdanning for Utvikling'.⁴

Guided by CRPD Article 24, the Atlas Alliance aims to ensure that both male and female persons with disabilities benefit from learner centred inclusive

education and learning without discrimination on the basis of equal opportunity.⁵ Targeting three key stakeholders, we aim to:

1. Ensure that staff and teachers in schools in targeted communities have improved awareness and competency to provide education to persons with disabilities.
2. Contribute to education authorities' commitment and competence to provide quality inclusive education to boys/men and girls/women with disabilities, as well as lifelong learning opportunities.
3. Support DPOs to promote the inclusion of persons with disabilities in education and learning initiatives in target areas. The DPOs will work with local communities and local, district and national education authorities to raise awareness on the importance of enrolling all children in education, regardless of disability.

¹ <http://www.campaignforeducation.org/en/campaigns/education-and-disability>

² <http://www.uis.unesco.org/Education/Pages/out-of-school-children.aspx>

³ Chair's Declaration, Oslo Education Summit 2015, page 1 http://www.osloeducationsummit.no/pop_cfm?FuseAction=Doc&pAction=View&pDocumentId=63448

⁴ Meld. St. 25 (2013–2014)

⁵ <http://www.un.org/disabilities/default.asp?id=284>



Girls at a boarding school for blind children in Uganda. PHOTO: THE ATLAS ALLIANCE

Persons with disabilities have the right to access inclusive, quality and free education in their communities. Ideally, reasonable accommodation of the individual's requirements should be provided by State authorities, meaning that persons with disabilities have the right to receive individualised support that maximises academic and social development. To achieve full and equal participation for all learners, teacher training must incorporate disability awareness as well as the use of appropriate methods. Among the more prominent skills are the ability to use a varied range of communication methods, competency in orientation and mobility skills, and understanding and practicing peer support and mentoring among learners.

Inclusive education (IE)⁶ is a continuous effort to identify and remove barriers that exclude learners' access to and participation in the learning process as

well as subsequent academic and social achievement. Barriers are related to attitudes, practices, policies and infrastructure (transportation, playgrounds, school buildings, latrines, etc.), among others.⁷ Inclusive education is not bound by age and aims to engage all necessary stakeholders – teachers, learners, parents, communities, local leaders, policy-makers and NGOs. Inclusive education and learning can happen outside the formal education system, as well as in formal school environments. Persons with disabilities have the right to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others. The Atlas Alliance also promotes employment of teachers with disabilities in mainstream schools, as they are great role models for the students as well as the local community.

⁶ For definition and further description of the Atlas Alliance approach to inclusive education please see http://www.eenet.org.uk/what_is_ie.php.

⁷ See more in "Inclusion in Action", Ingrid Lewis, published by Atlas Alliance, 2006, pp 17-18. <http://www.eenet.org.uk/resources/docs/Inclusion%20in%20Action%20MAIN%20REPORT.pdf>

IMPACT: Men, women, boys and girls with disabilities have the skills and knowledge necessary for participating in society

The real time evaluation commissioned by the Atlas Alliance has assessed the impact of our Inclusive Education programme in Nepal and Malawi, and found that the Atlas Alliance projects have contributed towards achieving this impact.⁸ Teacher training has led to inclusive teaching practices. Positive outcomes result from well designed course content, sufficient time for participants to reflect and practice, and the opportunity to consult competent dialogue partners during and after completion of the training. Examples of such partners are DPOs, parents, community members with relevant skills, the school's special needs teacher, government teaching advisors or representatives of the organisation that did the training. Many schools have established School Inclusion Teams, which include such relevant actors, and they represent forums for good dialogue between the school and key stakeholders about inclusion challenges.

When School Inclusion Teams, School Management Committees, Parents and Teachers Associations and/or mother groups had received well-executed training, several members responded with practical action by mobilising resources managed by the school for ramps, by supporting individual children (for example paying for wheelchair repairs) and by raising awareness at the school and in their communities.

Mobilisation of children who are out of school, or who tend to drop out, has improved school attendance. This is especially the case when the DPOs have counselled parents and children regularly. School Inclusion Teams also play a key role in identifying out of school children and establishing a dialogue on how to bring the child back to school.

DPOs are often among the members of School Inclusion Teams. In Nepal, mobilisation also includes facilitating the children's access to government ID cards and stipends, thus linking children up with government programmes that enable them financially to go to school.

Special efforts are required for some children, for example, those who live far away from school, belong to minorities, or live in extreme poverty.

Additionally, some children with comprehensive and complex multiple disabilities, such as children with deafblindness, often need individually adapted solutions. Children with deafblindness often have additional disabilities and need comprehensive support and services. For this group of children, providing hostels is one solution that addresses the transport barrier. This solution was widely advocated by the Government of Nepal and Malawian parents. Yet the hostel model entails a host of challenges. Another well tested solution is provision of home based education, where teachers follow up parents in their homes, in community based parent groups, and in collaboration with local mainstream schools. Two of our partner organisations in Malawi, Chisombezi Deafblind Centre (CDBC) and MACOHA, have successfully collaborated to secure access to learner centred education for children with deafblindness. Such coordinated efforts to include the most marginalised groups show that the vision of *leaving no one behind* is something the Atlas Alliance takes seriously.

When teachers practice inclusive teaching methods, all children benefit. The real time evaluation found that the children with disabilities placed a high value on attending school and had dreams of becoming professionals. The majority of the children had made friends in school and those who we interviewed said they had more friends in school compared to at home, indicating that social inclusion follows from inclusive education. These are impacts that will remain for the long-term.

As for impact on teachers, well designed teacher training produces a good impact on attitudes, competence and teaching practices. In these instances, there is a long-term impact on teaching capacity for inclusive education.

Outcome 1: Boys and girls with disabilities benefit from inclusive education

— Indicator 1.a. Number of men, women, boys and girls with disabilities enrolled in schools, including home based education

19 projects monitor and report on the number of enrolled learners with disabilities. In 2019, the local partners reported an increase of 1,196 new learners, reaching a total number of 15,603 enrolled learners by

⁸ Haug, Marit, 2020: The Atlas Alliance: the effectiveness and results of advocacy and inclusive education in Malawi and Nepal. Real time evaluation of the Atlas Alliance, 2016-2019

the end of 2019. This is a significant increase from the baseline of 5,017 learners, with 10,586 learners having been able to enrol in Angola, Cambodia, Laos, Lesotho, Malawi, Mozambique, Nepal, Palestine, Tanzania, Uganda and Zambia during the programme period.

– **Indicator 1.b. Number of boys and girls with disabilities that complete exams**

As this indicator was first introduced in 2018, most local partners have not monitored or reported on exam completions. There are, however, two NABP projects in Nepal that have reported on this indicator. As of the end of 2019, 357 students had completed exams at secondary, high school and university level. In 2019 alone, 75 pupils/students had completed exams.

– **Indicator 1.c. Examples of schools or education authorities taking active measures to ensure persons with disabilities have access to quality education**

There are several notable examples of schools and education authorities taking active measures to ensure persons with disabilities have access to quality education. For instance, in Malawi, the Ministry of

Education gave MUB, NABP’s local partner, a contract to transcribe secondary school textbooks in Braille. By the end of 2019, MUB had completed 80 % of the work, with 7,140 copies of books being printed in Braille and their distribution to schools started. Furthermore, under the same project, the Education Manager for Nsanje facilitated the maintenance of 12 Perkin Braille typewriters, while the Education Manager for Karonga posted one additional specialist teacher at St. Mary’s Boys Primary School. Among the 17 schools MUB has worked with, the number of specialist teachers increased from 15 in 2017 to 17 in 2019.

In March 2019, Inclusion Africa’s member organisation in Benin, together with the education authorities in the country, held a series of awareness meetings on the right to inclusive and quality education for children with disabilities. This initiative of NFU’s local partner is yielding results, as there has been an increased retention rate of children with disabilities in the local schools.

LNLVIP works to improve the situation for learners with visual impairment. The improvement from 2018 to 2019 regarding examination is that now learners using braille have 100 % extra time (i.e. double time) and learners using large print get 25 % extra time.

EXAMPLE ADAPTED LEARNER CENTRED EDUCATION

In Malawi, Signo works to ensure access to adapted learner centred education for persons with deafblindness. In 2015, Signo developed two booklets with instructions and methods on how to teach and interact with children with deafblindness. The booklets were widely used in 2016, e.g. during home visit and for explaining deafblindness. The booklets were distributed to four teacher training colleges in Malawi (Blantyre, Chiradzulu, Malika and Chilangoma). The feedback was very positive, as previously the students did not have any information about any disability. Also, parents are able to practice what they see in the books and are able to share what they see with their friends and other family members. MACOHA CBR workers informed Chisombezi staff that the teacher’s manual had broken the silence on information sharing on how to work with learners with deafblindness.



A teacher and students at Chisombezi Deadblind Centre.
PHOTO: THE ATLAS ALLIANCE.

Output 1.1 Teachers have skills/knowledge on inclusive education and on how to support and teach learners with disabilities

– Indicator 1.1.a. Number of teachers who complete trainings, awareness raising sessions and/or capacity building on inclusive education and apply new skills

For the programme period, the target was to train 676 teachers on inclusive education and for at least 267 teachers to apply skills gained in Angola, Laos, Lesotho, Malawi, Mozambique, Tanzania, Uganda, and Zambia. By the end of 2019, the total number of teachers trained during the programme period was 7,985, and the number of teachers applying their new skills was 6,581 (82 %). Two things are worth noting. Firstly, not all projects monitor the use of newly acquired skills after training completion, and thus the number of teachers applying new skills is likely to be much higher. Secondly, the figures above also include trainings of teachers where NAD's EENET Inclusive Education modules were used. In 2019, 5,385 persons received some level of training using the NAD EENET modules. The reason the reported numbers surpassed the targets with such a large margin, is that the EENET trainings were not included in the target estimation.

Output 1.2. Schools in target communities are more inclusive of learners with disabilities

– Indicator 1.2.a. Number of schools that are being targeted, and number of target schools that have become more inclusive

Four of the Atlas Alliance projects reported on this indicator. The overall aim by end 2019 was to have 36 targeted schools undergo 22 minor improvements and 20 major improvements. By the end of 2019, as many as 88 schools had been targeted. Among these, 81 schools reported minor improvements and 28 reported major improvements (with some schools reporting both minor and major changes).

Output 1.3. Parents and other members of the school communities are involved in ensuring children with disabilities attend school

– Indicator 1.3.a. Examples of inclusive education initiatives where parents, local leaders and/or other community stakeholders have a major role

The Gorkha branch of NABP's local partner in Nepal, in coordination with Unification Nepal Gorkha, initiated a school enrolment programme in 2019. Meetings were conducted with teachers, school management committees and parents of children with disabilities. Key issues discussed included identification of disabilities; identification of the role of teachers, school management and parents towards students who are blind or partially sighted or have other disabilities; and identification of barriers that students with disabilities meet, which are created by the school, families and society. Under the same project, NAB Sindhupalchowk counselled the parents and guardians of three children/youth who are blind or partially sighted on enrolling or sending their children back to school. The counselling was successful; all three children were enrolled/brought back to school.

Also in Nepal, the NAB Rehabilitation Project organised meetings/workshop with 84 parents of children with visual impairments to raise their awareness on education. Teachers, chairs of school management committees, vice mayors, ward chairs and education focal persons of the municipality were included in the meetings. The focus was on motivating marginalised communities in Makwanpur and Mahottari, as NAB had found that, in both districts, the reason most of the children were out of school was due to parents' lack of awareness on education. As a result, 18 new children enrolled in 2019. 75 children are still out of school, including nine who dropped out despite our continued follow-up.

Inclusive education is a priority area of NFU's local partner, Inclusion Africa, and its member organisations, which have been actively engaging in processes at country level. In Benin, the member organisations have continued working with schools and communities to increase enrolment and retention of learners with intellectual disabilities. In Kenya, the member organisation has been educating families and communities on the importance of promoting inclusion in local schools and advocating for children with disabilities to learn alongside their peers without disabilities. In Namibia, the member organisation has been working with school administrations and local governments to promote inclusive education at various levels of education. In Zambia, parents and stakeholders held school inclusion meetings with the help of parents and other stakeholders. Three target schools are building new classrooms that are accessible to all.

Outcome 2: Men and women with disabilities have skills they need for daily living, communication, orientation and mobility skills

Output 2.1. Men and women with disabilities benefit from life skills training

The 12 projects focusing on such skills training aimed to ensure that 4,384 men and women with disabilities received rehabilitation training and that 4,262 received

training in daily living skills by the end of 2019. In 2019 alone, 1,477 persons received rehabilitation training, contributing to the total number of 5,378 for the whole programme period. 1,304 women and men completed daily living skills training in 2019, for a total of 4,844 having completed training in 2016- 2019. It should be mentioned that, for some projects, daily living skills training is part of rehabilitation training, meaning that some individuals may be reported under both numbers.



Inclusive Education, Zambia. PHOTO: NAD

EXAMPLE SCHOOL INCLUSION TEAMS

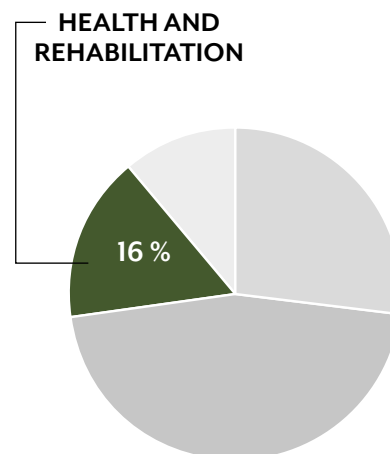
In Zambia, all the six schools in NAD's project has formed School Inclusion Teams (SITs) made up of teachers from the respective pilot schools, parents of learners in the school, learners and community members from a wide spectrum such as community/religious leaders, local carpenters/black smiths, builders, and security guards. The idea for this kind of representation is to ensure each community member/SIT member brought to the table their expertise and skills when making improvements to the school. All the schools reported having trained and active SIT members who have been holding meetings to plan and implement school infrastructure refurbishments.

SITs are also entry points for community engagement and participation. SITs in all the six schools reported having planning, sensitisation and mobilisation meetings with the wider community. For example, at Nakatindi school in Livingstone, over 100 community members participated in an awareness raising meeting held at the school premises. Another example was Nakowa and Shungu schools, which reported that school teachers and community members conduct home visits to follow up on children who miss school. The purpose of the home visits is to discuss with parents on how to improve attendance and performance of their children.

Health and Rehabilitation

FACTS

- 16 out of the Atlas Alliance’s 42 projects implemented activities in health and rehabilitation.
- Under the Health and Rehabilitation programme, the Atlas Alliance has supported projects in nine countries and regions: Angola, Cambodia, Lesotho, Laos, Malawi, Mozambique, Nepal, Southern Africa (regional), and Zambia
- Main result: 1,379,540 persons received health services provided by our local partners
- Main result: 21,470 persons have benefitted from health services through referral by our local partners.
- 59,960 persons have benefitted from medical rehabilitation services through direct provision of services by our local partners.
- Expected impact: Persons with disabilities and those at risk of developing disability experience improved health, living conditions and quality of life in targeted regions.



Article 25 of the UN CRPD emphasises persons with disabilities’ right to health: “*State Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. State Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation*”.

The World Health Organization (WHO) defines “health” as a “*state of complete physical, mental and social well-being and not merely the absence of disease and infirmity*”¹. This definition is reflected in the programme’s impact statement, which we expected to be visible through the improvement of quality of life of persons with disabilities who were treated or rehabilitated. The ultimate beneficiaries of the health projects implemented by the Atlas Alliance organisations have been both persons with disabilities and persons at risk of developing disabilities.

In far too many countries, national health care budgets are low, and disability related or disability preventative health care services are not prioritised. In general, there is low capacity at local health centres, inaccessible buildings, and lack of proper equipment and medication. Coupled with a lack of training of medical staff and low awareness on disability, the situation worldwide is that for far too many persons with disabilities health care is inaccessible.

Where governments are not able to deliver adequate services to persons with disabilities, the Atlas Alliance and our partners contribute to filling this gap as a transitional measure. This may be by providing assistive devices or services such as eye care and physical or vocational rehabilitation.

¹ WHO Constitution, p 1. <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1&ua=1>



NABP's partner NNJS have provided eye health services, including surgeries, in Nepal. PHOTO: NABP

KEY RESULTS 2016 – 2019

IMPACT: Persons with disabilities and those at risk of developing disability experience improved health, living conditions and quality of life in targeted regions

Outcome 1: Men, women, boys and girls with disabilities benefit from health and rehabilitation services

Output 1.1. Men, women, boys and girls with disabilities utilise curative and preventive health services

In order to ensure improved health and quality of life, it is critical that persons with disabilities are able to utilise health services that are either already available in their countries or provided by Atlas Alliance's local partners. The provision of key health services is complementary to advocacy activities under the rights based approach.

– Indicator 1.1.a. Number of operations and other curative and preventative health services

During the programme period, the Atlas Alliance's local partners have provided a large number and great variety of curative and preventative health services to persons with disabilities. In 2019 alone, there were 351,504 such services provided, resulting in 1,379,540 persons with disabilities who benefited from these during the programme period. This is far beyond the target of 718,893 set for the said period.

The primary health services rendered from 2016 to 2019 include:

- 1,283,937 consultations in hospitals, health centres, schools, and outreach camps
- 71,620 surgeries, such as cataract surgery
- 14,952 glasses and eye drops distributed
- 9,031 other health incentives, such as training in health and nutrition and provision of health-related guidance

Some highlights at project level are:

- 1,080,956 consultations for patients with eye complications in Nepal
- 55,978 completed cataract surgeries in Nepal
- 1,041,902 tablets of folic acid distributed to 9,214 pregnant women as prevention efforts for Spina Bifida
- 88,429 free eye examinations conducted by optometrists in India
- 11,746 eye drops and 3,768 Vitamin A doses distributed to children and youth in Angola
- 9,659 surgical interventions for children with spina bifida and hydrocephalus in Southern Africa
- 7,200 walk-in consultations for persons with diabetes in Zambia
- 603 persons with disabilities received training on health and nutrition in Malawi

Furthermore, persons with disabilities also benefitted from medical rehabilitation services through direct provision of services by Atlas Alliance partners. In the period 2016-2019, local partners provided rehabilitation services to a total of 59,960 persons with disabilities. This is far beyond the target of 46,070 set for the period. In 2019 alone, 19,580 persons benefitted from direct provision of rehabilitation services in Cambodia and Southern Africa. For instance, in Southern Africa, follow-up, continence management, outreach/mobile clinics, and home visits for children with spina bifida and hydrocephalus led to an increase of (early) detection of hydrocephalus. Referrals to medical services (surgeries) also led to survival of many children who would otherwise have died. It should be noted that the total number is lower than what was reported in the previous report, due to a correction of results by the local partner.

Also included among those numbers, are various trainings targeting persons with disabilities. For instance, through NABP's partner in Cambodia, 320 blind and partially sighted women and other women with disabilities improved their knowledge on HIV/AIDS, sexual and reproductive health, and rights from 2016 to 2019. In Southern Africa, RHF's training on continence/bowel management reached 5,664 parents. The latter training also had an important social aspect because when children with spina bifida and hydrocephalus are incontinent, the smell creates a social barrier, keeping



Persons with spina bifida attend a training supported by RHF in Malawi. PHOTO: RHF

them from peers and education. Continence/bowel management helps to improve their social network and participation in education.

Our local partners furthermore refer patients to existing services in the country, such as state hospitals and specialists. In Nepal in 2019, in total, 2,387 persons had their vision restored through referral services to Nepalese hospitals through NABP's project. Under NAD's project in Malawi, hearing screening was conducted on 2,489 persons, mainly children in schools, and 7,947 persons with disabilities accessed assistive devices. In total, 21,470 persons with disabilities benefitted from health services through referrals.

SINTEF's project in Southern Africa provided wheelchair services to 170 persons in 2019. Over the entire programme period, 820 persons have benefitted from Sintef's wheelchair services.

Output 1.2. Medical personnel, community health workers and volunteers have improved their skills

A significant part of our activities in the health and rehabilitation sector aim at educating and training health personnel, community health workers, and volunteers. Through such training, they will be better

equipped to prevent and treat diseases, in addition to ensuring that they understand the needs of persons with disabilities.

– **Indicator 1.2.a. Number of medical and rehabilitation personnel trained**

In 2019, a total of 762 health and rehabilitation personnel were educated in treating persons with disabilities. That brings the total for 2016-2019 up to 2,414 persons. This is more than double the initial target, which was set at 1,143 persons for the programme period. The final results for health and rehabilitation personnel feeling motivated also exceed targets, with 448 reporting this in 2019 and 1,641 in total from 2016 to 2019. Note that this indicator also covers preventative education and/or training, such as information about cataracts and their treatment. The target was set to 635 by 2019. The trainings took place in Lesotho, Angola, Mozambique, Nepal and Malawi, and covered a variety of specialisations and topics. Some examples are:

- Training of 352 primary health care Nurses in basic eye care services and diseases in Lesotho
- Training of 80 persons to become Ophthalmic Nurses in Mozambique
- Training of 40 students to become Ophthalmic Nurses in Lesotho
- Training of 22 Paramedical Ophthalmic Assistants in Nepal
- Training of 211 traditional healers on primary eye health care in Nepal
- Training of 228 persons on Hydrocephalus identification and referral in Malawi

NABP's project in Lesotho serves as an example of the impact of such training. In Lesotho, training of nurses working at various primary health care centres scattered all over the country in rural and remote areas was conducted. The training provided them with basic knowledge of ophthalmology, enabling them to offer health care to eye patients who are unable to go to district Ophthalmic Nurses or out-reach clinics. The

nurses visit people in their catchment areas and are thus helpful in raising awareness about eye diseases and the importance of early intervention. In the event of difficult cases, they would refer patients to district Ophthalmic Nurses. During the project's free out-reach clinics in 2018, the project ophthalmologists had 90 patients referred by these nurses. Their identification of eye disease thus led to further consultation and treatment, which help avoid blindness and vision loss.

– **Indicator 1.2.b. Number of community health workers trained**

In 2019, 221 community health workers received training. Among these were 94 Health Surveillance Assistants in Chikwawa District in Malawi who were trained by RHF's local partner.

This brings the total from 2016 to 2019 up to 1,293 community health workers trained. This greatly exceeded the target set for new community health workers to be trained by 2019, which was 132. Trainings took place in Zambia, Malawi and Kenya, focusing on, for instance, diabetes prevention, CBID, effective ways of conducting mobile clinics and better hospital based continence care.

– **Indicator 1.2.c. Number of volunteers trained**

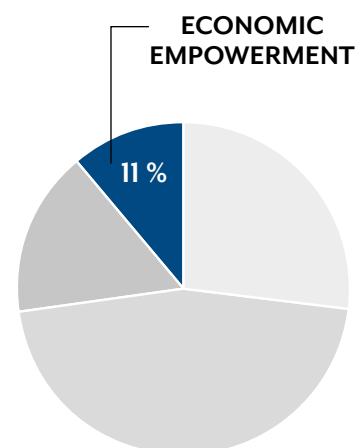
In 2019, no new volunteers were trained in either Zambia or Malawi. This means that the total number of volunteers trained from 2016 to 2019 was 192, which is above the set target of 177 persons trained. In addition, 130 persons reported using their skills out of a target of 150.

In Zambia, peer educators were trained by health care professionals. Peer educators are people with diabetes, or their relatives, friends and others who wish to volunteer to spread information and awareness of diabetes. In Malawi, volunteers were trained in CBID, enabling them to refer and assist persons with disabilities based on their needs.

Economic Empowerment

FACTS

- 18 out of the Atlas Alliance's 42 projects implemented activities in economic empowerment from 2016 – 2019.
- Under the Health and Rehabilitation programme, the Atlas Alliance has supported projects in 11 countries and regions: Angola, Cambodia, Lesotho, Laos, Malawi, Mozambique, Nepal, Palestine, Southern Africa (regional), Uganda and Zambia.
- Main result: 17,093 persons with disabilities completed vocational training.
- Main result: 27,581 persons with disabilities took part in savings and loans groups.
- Expected impact: Persons with disabilities have access to and benefit from economic activities including employment, credit and income generating activities.



The CRPD states that persons with disabilities have the right to work, on an equal basis with others. This includes employment opportunities and career advancement in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment; opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business; and vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities (UNCRPD Article 27). Article 28 also recognises the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing, and housing.

Poverty can greatly increase the chance of a person becoming disabled, and a person with a disability has a greater chance of experiencing poverty.¹ Furthermore, poverty can lead to secondary disabilities for those individuals who already have a disability, as a result of poor living conditions, health endangering employment, malnutrition, and poor access to health care and education opportunities, etc. Together, poverty and disability create a vicious circle.²

The first of the SDGs aims to end poverty in all its forms everywhere.³ Since persons with disabilities have fewer economic opportunities than persons without disabilities,⁴ the Atlas Alliance Economic Empowerment Programme addresses poverty in various ways, i.e. by facilitating access to formal financial services (microfinance); facilitating access to informal financial services (saving and credit groups); providing entrepreneurship training and vocational training; and facilitating access to formal employment.

Lack of access to financial services, both formal and informal, is a major obstacle for establishing a livelihood, particularly for women.⁵ Evidence shows that, by facilitating access for the poorest of the poor to inclusive saving and loans groups at the village level, women get the means to meet their basic household costs. Many start up small businesses and send their children to school.⁶

For those that have some level of economic activity, access to microfinance may be essential in order to increase their income. The Atlas Alliance therefore works with microfinance institutions to make them more inclusive and to ensure sustainable change at

1 <http://www.un.org/esa/socdev/enable/comp508.htm>

2 <http://web.worldbank.org>

3 <https://sustainabledevelopment.un.org/?menu=1300>

4 World Disability Report, WHO, 2011

5 World Disability Report, WHO, 2011

6 Atlas Alliance (NAD) Periodic Results Report to Norad 2010-2014

EXAMPLE VISION WITHOUT SIGHT

Phoolsingh Pal is 25 years old and lives in a village in Uttar Pradesh, India. He lost his sight at the age of 22 due to corneal opacity. As a result, he has very little sight in one eye. He is unmarried and stays with his parents and his 3 brothers and 1 sister. Phoolsingh has never gone to school.

When AICB's fieldworker met Phoolsingh, he used to sit in a corner of his family's house and was dependent on others. The project fieldworker explained how Phoolsingh could learn to become independent. It was clear that he had a strong urge to change his life. His interest and motivation were so great that he wanted to learn everything at once.

Phoolsingh was systematically trained by the project's fieldworker. In about three months, he successfully learned to recognise and weigh various articles, identify different currency notes and coins, manage his money, and move independently. The project gave him an interest free loan of INR 8000 to start a small grocery shop. Initially, this was not easy, but he had developed a great belief in himself and put what he had learned to use. His morale was high and slowly his grocery shop started doing well. In his shop, he is now able to sell goods totaling INR 600-700 per day, with a net income of around INR 100-125. He is now recognised as a successful small



support, learning new skills and being able to work and contribute to the family.

The Final Evaluation of Organisational Strengthening of Association of the Blind in Cambodia (ABC) 2014–2018 states the following about their economic empowerment initiatives: ‘Although it is considered a short period (10 months to pay back), the generosity loan without interest is reported to enable blind and partially sighted persons to contribute to their families’ income. This in fact also contributes to the building of their self-esteem. “As a blind person, I cannot go out and work in the farm as my other family members. So, I am proud that through the loan from ABC I can share the cost to run a grocery shop in my home.” (FGD, R3 F, 34 years).’

Impact: Persons with disabilities have access to and benefit from economic activities including employment, credit and income generating activities.

Outcome 1: Men and women with disabilities benefit from economic activities including employment, financial services and income generating activities

– **Indicator 1.a. Number of men and women with disabilities that utilise financial services that report improved financial security**

Eight Atlas Alliance projects in Angola, Mozambique, Nepal, Malawi, and Uganda reported on this indicator during the programme period. The target was for 2,870 women and men with disabilities to experience improved financial security by the end of the programme period, and in 2019 alone a total of 1,788 persons with disabilities reported improved financial security. The final result for the programme period shows that 6,452 persons with disabilities reported improvement. This is beyond the set target and a great achievement, with improvements seen in several areas such as access to bank services and mobile banking, participation in savings and loans groups and seed funding received.

– **Indicator 1.b. Number of men and women with disabilities engaged in and profiting from income generating activities**

In 2019, 3,212 men and women with disabilities were engaged in income generating activities and as many as



Members of a savings and loans group in Uganda. PHOTO: NAD

2,889 were profiting from those activities. This brings the total number of persons engaged in income generating activities for the full programme period to 12,015, with 9,790 reporting they are profiting from this. It is important to note that not all projects monitor the profitability of the activities, and thus actual numbers could be higher.

– **Indicator 1.c. Number of men and women with disabilities targeted by the Atlas Alliance programme employed in formal (private and public) sector**

As of end of 2019, a total of 4,642 men and women with disabilities were employed in the private and public sector. They were specifically targeted under five different projects in Angola, Mozambique, and Palestine. It should be noted that this includes a correction in the numbers reported in Palestine.

Output 1.1. Men and women with disabilities have access to vocational/entrepreneurship training and/or career guidance

– **Indicator 1.1.a. Number of men and women with disabilities completed vocational/entrepreneurship training**

From 2016 to 2019, as many as 17,093 persons with disabilities completed vocational or entrepreneurship

training. While most projects did not meet their mid-term targets, this is over the 2019 target of 15,197 persons completing training. NAD's project in Uganda, in particular, managed to double their results in 2019 due to the innovative strategy of deploying local based trainers (Training of Trainers).

– **Indicator 1.1.b. Number of men and women with disability guided about employment opportunities and vocational training**

The 2019 target was for 270 men and women with disabilities to have received guidance in Angola, Mozambique, and Malawi. In 2019 alone, 111 persons with disabilities received guidance, with the overall results exceeding the target. In total, 435 men and women with disabilities were able to receive employment and vocational training guidance.

Output 1.2. Men and women with disabilities have access to savings and loans groups

– **Indicator 1.2.a. Number of men and women with disabilities taking part in saving and loans groups**

Six Atlas Alliance projects aimed at ensuring that 28,138 men and women with disabilities were participating in savings and loans groups by the end of 2019. During the programme period, 27,581 persons with disabilities in Angola, Malawi, Mozambique, Nepal, Uganda, and Zambia participated in such groups, nearly reaching the target.

Output 1.3. Men and women with disabilities have access to formal financial institutions

– **Indicator 1.3.a. Number of targeted formal financial institutions becoming more inclusive of men and women with disabilities**

In 2019, 12 financial institutions were targeted for disability inclusiveness, with 8 reportedly becoming more inclusive. This brings the total for the programme period to 24 financial institutions targeted and 21 becoming more inclusive. This includes banks, funds and microfinance institutions.

– **Indicator 1.3.b. Number of men and women with disabilities in target areas that have access to formal financial services**

In Mozambique and Uganda, a total of 7,199 men and women with disabilities reported that they now have access to formal financial services. With a baseline of only 300, this is a significant improvement. However, there are still challenges and discrimination. For instance, in Mozambique, government employees with visual impairments have access to formal financial services (including loans), while most persons with visual impairments are not employed and therefore face difficulties in receiving loans, as they have no base to guarantee their loans.

EXAMPLE SAVINGS THAT MATTER

Ibrahim Masayi, a fifty-nine year old man from Eastern Uganda with a physical disability, became a member of Sisuni Baleme Tubana savings group in 2014, under a NAD funded project. His motives were several, among these, to ensure easy access to funds for his five children's education and gain business start-up capital and acquisition of valuable assets.

At end of the first cycle, Ibrahim had accumulated enough savings to buy a dairy calf and the remaining annual profits he re-invested in the second cycle. In the course of this cycle, he was able to access loans to pay school fees for his children, in addition to buying scholastic materials. At the end of the cycle, he had sufficient funds to rent one acre of farmland where he planted maize and ground nuts that produced a plentiful harvest (800 kg maize and 300 kg groundnuts). The proceeds from this enabled him to meet his household basic needs as well as boost his savings in the group. After the third cycle, he was able to buy equipment to expand his livestock farm, and he even invested in crop farming. Year 2018, which was during the fourth cycle, became Ibrahim's turning point. In line with the growth of his savings, he set up a retail stall dealing in general merchandise, was able to buy another dairy cow, and had daily income from the sale of milk.

Through group loans, Ibrahim has educated all his children without difficulty. One of his sons just completed high school with a dream to study law, and his dad proudly boasts of his ability to sponsor his son's four years of studies at university.



Malawi

ATLAS ORGANISATION	LOCAL PARTNERS IN MALAWI
Norwegian Association of Disabled (NAD)	<ul style="list-style-type: none"> • Federation of Disability Organisations in Malawi (FEDOMA) • Malawi Council for the Handicapped (MACOHA) • Motivation • Parents of Disabled Children Association Malawi (PODCAM) (2017 only)
Norwegian Association of the Blind and Partially Sighted (NABP)	<ul style="list-style-type: none"> • Malawi Union of the Blind (MUB)
Signo Foundation	<ul style="list-style-type: none"> • Chisombezi Deafblind Center (CDBC)
Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	<ul style="list-style-type: none"> • Queen Elisabeth Central Hospital • Parents Association for Spina Bifida and Hydrocephalus (PASHL)
Norwegian Association for the Hard of Hearing (HLF)	<ul style="list-style-type: none"> • Malawi Council for the Handicapped (MACOHA)
SINTEF Digital, Health Research	<ul style="list-style-type: none"> • Federation of Disability Organisations in Malawi (FEDOMA) • University of Malawi

Malawi is the country with the highest concentration of Atlas Alliance projects: six organisations have supported nine different projects in the period 2016-2019. All organisations have individual projects, targeting various types of disabilities and thematic areas. In addition, SINTEF conducted a living conditions study that was completed in 2018. NABP worked with capacity building of the Malawi Union of the Blind (MUB) within inclusive education, human rights and eye health, and Signo supported adapted learner centred education for persons with deafblindness.

NAD supported four projects: the CBID programme implemented by MACOHA; an economic and social empowerment programme of persons with disabilities implemented by FEDOMA; a project supporting the mobility and empowerment of persons with disabilities implemented by Motivation; and a project to promote the rights of children with disabilities, persons with intellectual disabilities, and their families, implemented by PODCAM. NAD took over responsibility for the PODCAM project from NFU, in time for its planned phase out at the end of 2017 (in 2018/2019, PODCAM received limited financial support for the project through NAD's partnership agreement with MACOHA). HLF implemented a hearing screening project, in collaboration with MACOHA's CBID programme, through

NAD's partnership agreement. Malawi was one of the two countries selected for the real time evaluation conducted in 2017-2019.

The Malawian setting prior to the programme period

Being one of the poorest countries in the world, Malawi is ranked 170 out of 172 on the 2018 UNDP Human Development Index. 64 % of Malawians with disabilities live below the poverty line. The living conditions studies from 2004 and 2017 showed that 35 % and 25 % of persons with disabilities, respectively, in Malawi had never attended school, compared to 18 % and 13 % of their non-disabled peers. Malawi has a range of healthcare challenges for persons with disabilities, from lack of disability-friendly service providers to unavailable medications, inadequate inclusive resources, lack of specialist health workers and physical inaccessibility.

The Malawian government signed the CRPD in 2007 and ratified it in 2009. Malawi has yet to sign the Optional Protocol, which would further strengthen disability rights. The 2012 Disability Act served as a milestone in ensuring the rights of persons with disabilities in Malawi. For instance, the Act granted persons with disabilities the right to equal access to health services,



A MUB social worker visits Esther, who is blind. PHOTO: THE ATLAS ALLIANCE

employment, social and juridical protection, and education. It also provided for adoption and recognition of Malawi Sign Language as one of the official languages. MACOHA, in collaboration with FEDOMA and its affiliates, contributed immensely to development of the Disability Act by providing technical input as well as lobbying for nearly eight years for it to be passed by Parliament. Despite this progress, the government was criticised for inadequate implementation and monitoring mechanisms and for not raising awareness among the public and persons with disabilities on the provisions of the Act, as well as for the lack of implementation of initiatives that specifically target and safeguard persons with albinism. It was eventually deemed that the bill needed to be replaced with one that more fully domesticates the CRPD. A new disability bill is in the final stages of vetting before being approved to replace the 2012 Disability Act.

2016– 2019: ADVOCACY AND LEGISLATIVE ACHIEVEMENTS

FEDOMA and its member DPOs made profound contributions in the programme period. This included advocating reestablishment of the Disability Thematic Committee on Disability Rights at the Malawi Human Rights Commission and providing input to development

of the Malawi Growth and Development Strategy 3, review of the Disability Act, preparation of the new disability bill, and development and implementation of the National Disability Mainstreaming Strategy. NAD supported development of the National Disability Mainstreaming Strategy for several years, including in 2016, through secondment of a senior technical advisor (a Malawian) to the line ministry specifically to support this process. The Norwegian Embassy also funded activities implemented during the development of the strategy. FEDOMA and its DPO members contributed substantially in the preparation of a shadow report on implementation of the Convention on the Rights of the Child (CRC) in Malawi. 14 of 22 recommendations contained in FEDOMA's submission to the UN Committee on the Rights of the Child were adopted. In December 2019, the Government of Malawi ratified the African Disability Protocol. This happened following advocacy and lobbying by MUB and the African Federation of the Deafblind, with support from the Disability Rights Fund.

Malawi signed and ratified the Marrakesh Treaty in 2017, which MUB has advocated and worked to realise. Furthermore, FEDOMA led the effort to petition Parliament to amend the Anatomy Act and the Penal

Code so that they prescribe stiffer penalties against perpetrators of violence against persons with albinism. The act was passed into legislation.

After threatening the Ministry of Education with lawsuits for not providing Braille books for learners in secondary schools, MUB managed to get some real breakthroughs. Firstly, learners lacking Braille books who did not do well in exams would be allowed re-admission and have their fees refunded. Secondly, the Ministry of Education awarded MUB a contract to print Braille secondary school books.

In 2016, government representatives, FEDOMA/DPOs, and disability focused INGOs, led by MACOHA, developed a national CBID model for Malawi. The model promotes disability mainstreaming by government sectors to ensure disability inclusive government services and development programmes. CBID training packages developed in 2017/2018 have provided systematic, quality training of government/CBID stakeholders across sectors so they are equipped to mainstream disability in their policies/budgets/planning/reporting. The real time evaluation concluded that the training resulted in easier working relationships across the state-civil society divide. Though it was too early to assess results of CBID training, the evaluation team observed examples of changes in practices among government employees who had taken part in the training.

MACOHA and key M&E staff across government sectors developed a national Disability M&E Framework which includes minimum data requirements. This will facilitate district councils to plan and report on disability issues and to track disability data at district level. Of 28 districts, 14 were oriented on the framework for implementation in 2019.

Meetings with the National Statistics Office resulted in an increase from 4 to 8 disability-related questions per Washington Group guidelines in the 2018 and 2019 census questionnaire. MACOHA initiated this process and took the lead during the meetings, which also included FEDOMA, Department of Disability, Department of Economic and Planning and a consultant. The census shows that persons with disabilities comprise 10.4 % of the population.

2016–2019: PERSONS WITH DISABILITIES – REPRESENTATIONAL ACHIEVEMENTS

There are high levels of community participation among the visually impaired in the project areas of MUB, which has resulted in many taking political positions. According to FEDOMA, there were four persons with disabilities appointed to Boards of Parastatal organisations, 28 seated in Local Councils and 16 in District Peace Committees by 2018.

FEDOMA reported on meetings with the Malawi Electoral Commission and political parties to create space for the inclusion of persons with disabilities in the 2019 elections. Five political parties opened up for the participation of persons with disabilities, while the Malawi Electoral Commission reduced the nomination fees for candidates with disabilities. More than 40 persons with disabilities were set to participate in the 2019 elections as candidates (compared to six candidates in 2014). MUB also carried out advocacy activities before the election. Election messages were printed in Braille and tactile ballot guides were provided.

PODCAM chaired the Early Child Development Education (ECDE) network on disabilities, which coordinates ECDE activities in Malawi. At the time of phasing out the partnership agreement in 2017, it was doing resource mobilisation for the promotion of ECDE activities in Malawi and regulating these activities together with government.

2016–2019: ORGANISATIONAL STRENGTHENING

During 2019, the Atlas Alliance uncovered serious corruption cases among partners in Malawi. This has meant a large set back of several of the efforts on organisational strengthening. The corruption cases are described in more detail in the anti-corruption chapter of this report.

The very serious fraud committed by FEDOMA, together with their limited ability to remedy the situation, led NAD to the decision that the cooperation could not continue. Other donors have also stopped cooperating with FEDOMA and the organisation has no activity today. This means that there are no reportable results from 2019 when it comes to organisational strengthening.

The reporting period has seen the establishment of an evidence based, systematic approach to FEDOMA/ DPO capacity development, unlike before when such initiatives were conducted based on request only. This has led to organisational strengthening of many member DPOs. Examples of FEDOMA's support include MUB branch trainings in Chikwawa and Nsanje; resource mobilisation for PODCAM, National Epilepsy Association, Mental Health Users and Carers, and Disabled Women in Development; and constitutional review for Association of People with Physical Disabilities in Malawi. FEDOMA has established District Disability Forums in six new districts, with such forums now in place in 22 of 28 districts in Malawi.

MUB established seven more branches with locally generated funds from MUB's Braille press. This is important for democracy in the organisation and makes it easier for members to gather and take part, as the branches are closer to where they live. MUB also received funding for one additional member of staff from the Commonwealth Disabled People's Forum to work with accounting and financing.

RHF's local partner set up their first official board, which was democratically elected, during their first annual general meeting. A new branch was also set up in Chikwawa district to further support the caregivers who are identified during the Early Detection study. This is the third branch of the national DPO, Parents Association for Spina Bifida and Hydrocephalus (PASHL). During a meeting with Chikwawa District Hospital administration, it was agreed to allocate a nurse as the Spina Bifida focal person who will be sitting in the Chikwawa branch board. In 2018, MACOHA took a seat on PASHL's board.

The House of Hope Malawi, which was started with support of RHF, was opened in 2017 and provided an important 'living room' setting for meetings and training for both parents and youth, as well as accommodation for far-away families waiting for follow up appointments at the hospital.

2016–2018: SERVICE DELIVERY ACHIEVEMENTS

In 2017, FEDOMA, MUB, and other member DPO worked with the National Registration Bureau to make the first ever nationwide mass registration for identity cards disability inclusive. The process of registering to get identity cards was done in a way that was inclusive and accessible for people with disabilities. Completed by December 2017, the registration process ensured there were no barriers to the participation of persons with disabilities. Persons with disabilities were motivated to take part and acquire their national identity card.

SINTEF conducted a follow-up living condition study in cooperation with the University of Malawi and FEDOMA in 2016-2018. Preparations, design of the project and training of interviewers took place in 2016, and the data collection and data analyses took place in 2017 and 2018. New screening procedures and a new screening tool for children recommended by the Washington Group increased the accuracy of the study. It is expected that the recent study will be used extensively both in advocacy and in policy development in Malawi, and that this follow-up study can provide insight into the development of living conditions among persons with disabilities in Malawi over the past 10 or more years.

As a result of NABP support to MUB, the attitudes and engagement among stakeholders and in local communities has improved, and MUB's inclusive education initiative has positively contributed to the target group's access to education. This is supported by the real time evaluation carried out by Marit Haug, NIBR.¹ MUB has advocated exams that are accessible for learners with visual impairment and removal of complex diagrams. In 2018, MUB reported that the exams had no inaccessible diagrams. As a result of MUB's work, all 17 targeted schools now have district coordinators for inclusive education, under supervision of the office of the District Education Manager. In total, MUB has trained 120 teachers in four schools in teaching learners with disabilities. All the targeted schools in the MUB project are supporting annual inclusive school improvement plans, which promote best practices in education of children with disabilities and outline education needs for the action of the school

¹ Haug, Marit: The Atlas Alliance: the effectiveness and results of advocacy and inclusive education in Malawi and Nepal. Real time evaluation of the Atlas Alliance, 2016-2019. November 2020.

management and other relevant persons. There is an increased number of learners with visual impairment and other disabilities enrolled and actively taking part in school activities in all of MUB's 17 targeted schools. In 2019, 346 more learners with visual impairments were enrolled in these schools than in 2015.

In MACOHA's four target CBID districts, awareness raising by MACOHA and the Ministry of Education (as part of its new inclusive education strategy) on rights and inclusive education resulted in parents and guardians having greater awareness that children with disabilities have equal opportunities and the same right to education as all other children.

In 2018, MACOHA collaborated with PODCAM to increase knowledge/skills of CBID programme stakeholders in the area of intellectual disabilities and to mainstream persons with intellectual disabilities in Mangochi district. Sample interviews with learners with hearing loss in Blantyre district (undertaken as part of the MACOHA CBID – HLF collaboration) indicate they are more included in classroom teaching after counselling of teachers, and teachers report specific strategies they use to include learners with hearing loss in their teaching.

In total, 11,955 persons and their family members benefited from a variety of livelihood and social protection interventions in four districts through MACOHA's CBID programme. These results demonstrate that after being oriented on disability inclusion, village leaders identify persons with disabilities to receive such benefits. Livelihood interventions are contributing to increased independence, improved living situations, and a greater number of persons generating income for their basic needs, school fees and construction of houses. The rehabilitation beneficiaries of MUB have attained economic independence through raising, breeding and selling pigs and goats they received. They are able to sell their goats and re-invest in other businesses.

For Signo's project in Malawi, the end evaluation for 2016-2019 shows that it has achieved great results in improving the lives of persons with deafblindness. Both physiotherapy and the development of communication skills have had a large impact on the lives of persons with deafblindness. Training for caregivers has given deafblind children better possibilities for interacting with the world around them, as well as improved

nutrition. Networking and the innovative move of linking up with MACOHA in some of the districts was cost efficient because the public servants/facilitators were already trained and added value to the project. The project has benefitted from coordinating with Signo's project in Zambia.

In 2018 the District Education Manager in Salima showed great support to St. Francis of Assisi. The mainstream school with a total of 818 learners (398 girls and 420 boys) is inclusive of children with all types of impairments; 23 boys and 25 girls enrolled at the school have different types of disabilities. The teachers and hostel caregivers participating in the project are documenting good results in interacting with the children with deafblindness and with all learners. The real time evaluation showed that parents of non-disabled learners said that their children learned faster at St. Francis compared to other schools they previously had attended. This shows that inclusive education doesn't only benefit children with disabilities, but it benefits all learners in a school. Children's health in the home based education programme has improved due to trainings that emphasised the importance of giving the children a well-balanced diet. Parents are very positive about this and they want to learn new strategies of using locally available resources in their communities.

The book and booklet about deafblindness developed by Signo and CDBC is still proving to be very useful. Parents are able to practice what they see in the books and are



Signo's partner Chisombezi Deafblind Centre training parents of children with deafblindness on how to use the booklet. PHOTO: SIGNO



A health worker measuring the head circumference of a child in Malawi as part of RHF's early detection and referral project. PHOTO: RHF

able to share what they see with their friends and other family members. A teacher's manual was distributed in Chiradzulu, Chilangoma, Blantyre Montfort teacher training colleges, and Catholic University of Malawi for teachers to learn about children with deafblindness. MACOHA CBID workers informed Chisombezi staff that the teacher's manual had broken the silence on information sharing on how to work with learners with deafblindness. The book and booklet about deafblindness have also given solid results in Signo's project in Zambia, as well as outside of the Atlas Alliance programme. The

booklet and book have been received well in countries in different parts of the world, used in Indonesia (by Kentalis), translated to Russian and Romanian, and adapted for and published in Sweden. This shows that Signo's project under the Atlas Alliance has had a far larger outreach and impact than in Malawi alone.

In 2017, the Kamuzu Central Hospital in Lilongwe set up a Spina Bifida and Hydrocephalus (SBH) clinic. This clinic will provide follow up to children with SBH, where they can be seen by a paediatrician, surgeon/clinical officer and an occupational therapist. Up until now, no SBH services were available in Lilongwe, and families had to travel far to Blantyre. This achievement will bring care closer to the homes of the children, as well as decongest services at Queen Elizabeth Central Hospital in Blantyre.

In 2016, RHF's local partner trained MACOHA staff in SBH identification and care and developed two information sheets for the community workers to facilitate early detection and referral. In 2019, there were 14 on-the-job refresher trainings and focal person/supervisor training. A total of 499 Health Surveillance Assistants have been trained in Chikwawa district during 2018 and 2019. 33 children suspected of having hydrocephalus were identified and referred to Queen Elizabeth Central Hospital, where 21 children were diagnosed and underwent surgery.

MUB has a small eye health component that organises screenings with hospital staff and other stakeholders such as MACOHA. This is a benefit for the people reached but is also done to raise awareness on eye health, the importance of checking out eye problems, and to show the difference that a pair of glasses can make for children as well as adults when it comes to education, work and participation in society. 1,764 women, men, girls and boys got their eyes checked and assessed for glasses. 692 persons received glasses. 659 were treated, 53 were referred to hospital, and seven persons with visual impairment were referred to rehabilitation training.



ATLAS ORGANISATION	LOCAL PARTNERS IN NEPAL
Norwegian Association of the Blind and Partially Sighted (NABP)	<ul style="list-style-type: none"> • Nepal Association of the Blind (NAB) • Nepal Netrajyoti Sangh (NNJS)
Norwegian Federation of Organisations of Disabled People (FFO)	<ul style="list-style-type: none"> • National Federation of the Disabled – Nepal (NFDN)
Norwegian Association for Persons with Intellectual Disabilities (NFU)	<ul style="list-style-type: none"> • Parents Federation of Persons with Intellectual Disabilities (PFPID)

In 2016–2019, three Atlas organisations were active in the country through four local partners implementing five different projects. Together, the five projects touched upon all four thematic areas. NABP had three projects in Nepal focusing on eye health (NNJS), rehabilitation (NAB), and inclusive education, income generation and organisational development (NAB). FFO supported the national and regional work of the umbrella organisation NFDN, while NFU supported equal rights and full participation through PFPID (a project which phased out in 2018). It should be noted that both NAB and PFPID are member DPOs of NFDN.

The Nepalese setting prior to the programme period

Before the 2016–2019 programme period, Nepal had suffered some major events. The country experienced a devastating 7.8 magnitude earthquake in 2015, followed by several hundred aftershocks. It affected almost one third of the population, and government and individuals alike suffered big losses. Around 9,000 people lost their lives, nearly 22,000 were injured and/or became disabled, and more than 500,000 homes were completely damaged. Local partners had running projects in Nepal at that time, while also preparing for the new grant agreement of 2016–2019. Thus, aside from being a humanitarian catastrophe, the earthquake affected the focus of running projects and the planning process.

Addressing this devastating situation, NAB immediately responded with a relief programme for blind and partially sighted persons and their families, with the support of NORAD through Atlas/NABP, Habitat International, and CBM. Considering the urgency to

address the situation of persons with disabilities in the earthquake affected areas, NAB changed a district in its original plan for the new project period, with Gorkha, the epicentre district, replacing Rautahat. For NNJS, the impact was, fortunately, limited in their project areas. However, the project districts were affected in terms of development processes, as the focus of the government, NGOs and external development partners were mainly on the earthquake-affected districts.

This resulted in a slow pace of development in the western districts, including the project districts in Rapti zone and in Kapilvastu. In the wake of the earthquake, the DPOs have been more engaged in preventive actions, for example, influencing mainstream development organisations and humanitarian aid actors to include persons with disabilities in their programmes.

The country also saw the birth of its new constitution. After a long and hard struggle by local civil society organisations and persons with disabilities, including our local Nepalese partners, the new Nepalese Constitution of 2015 included provisions on disability rights. These were: fundamental rights, the right to political participation, equal access to public services and facilities, free education up to higher level, and free education in Braille or sign language. Furthermore, despite the progress seen with the government of Nepal ratifying the CRPD in 2010, criticism was raised about the government not having a proper strategy, monitoring mechanism and national framework in place for implementation and monitoring of the convention. While there has been a willingness to put disability on the agenda, much has unfortunately been paper based rather than implemented. Some reasons for this are lack



Blind girls learn daily living skills at their boarding school, with support from NAB. PHOTO: NABP

of resources, political changes, and lack of commitment, as well as many policies only being optional.

2016–2019: ADVOCACY AND LEGISLATIVE ACHIEVEMENTS

With the continuous advocacy and lobbying by NFDN, NAB, PFPID and other DPOs for more than one and a half decade, the Parliament of Nepal finally approved and passed the Disability Rights Act in 2017. It repealed the Disabled Protection and Welfare Act of 1981 and made it illegal and punishable by law to discriminate based on disability. The Act contains provisions on, among others, equal access to education, employment, health, and public physical infrastructure, and is an important milestone for implementing the CRPD. The Act was first implemented in 2018, and, if implemented correctly and sufficiently, the Disability Rights Act can mark a significant change in the lives of persons with disabilities. The feedback collected from NFDN's consultations with different stakeholders was

incorporated in the draft Disability Rights by-laws, which are still in the process of approval.

Another great achievement brought about through similar joining of forces for advocacy was the Parliament's passing of the 2016 Education Act, which made provisions for students with intellectual disabilities, as well as the 2017 Inclusive Education Policy. NFDN provided input on the policy and, once the draft was received and circulated to member DPOs for their feedback, returned it to the drafting committee for finalisation. The Inclusive Education Policy Formulation Committee was led by the Director of NAB, in the capacity of Curriculum and Textbooks Review Committee Chairperson, under the National Education Programme funded by MyRights. NFDN and PFPID were also the members of the committee. The policy covers the establishment of schools and resource classes, educational provision for hidden disabilities, textbooks in Braille, large print and sign language, examination



Representatives from NFDN, NAB and PFPID were participants in the UN CRPD Committee's 19th Session to present the alternative report from Nepal. PHOTO: NABP

provision, and technology enhancement. It will pave the way for inclusive education in Nepal. Our local partners in Nepal have also been involved in lobbying and advocating for the passing of the Disability Health Policy and the Local Governance Act. The Disability Health Policy was passed in 2016 and implemented in 2019.

In the health sector, a new National Health Policy that includes eye health was finally passed in 2019. The previous Eye Health Care Policy was integrated into the new policy and is a positive move towards full integration of basic eye health care in the regular health care system. Additionally, also in 2019, NFDN, together with key member DPOs, met with the Ministry of Health and Population. During the meeting, NFDN provided feedback on the national guideline for disability inclusive health services, feedback that was eventually incorporated in the guideline and thus making it disability inclusive.

In 2016, the writing of the CRPD alternative report was an important common process. NFDN coordinated the process of writing the report, with the active involvement of NAB and PFPID, and the final draft was submitted to the CRPD Committee in August 2017. The alternative report included issues relating to education, gender, rehabilitation, health, and participation. The examination of Nepal took place in 2018, with wide civil society representation. Representatives from NFDN, NAB and PFPID were all present in Geneva. The UN CRPD Committee's Concluding Observations included comments critical to the Government of Nepal on all the above-mentioned issues.

NFDN, along with DPOs such as PFPID and NAB, has through numerous meetings with different ministries and delegations ensured that the definition of disability has become wider. The government has now defined ten different types of disabilities, which is an increase from the previous eight types. NFDN's advocacy efforts have also increased their influence on government policies and plans.

Some great achievements from continuous lobbying include:

- From 2019, the government increased the social security allowance, including disability allowances.
- The Nepalese government has committed to providing scholarships to all children with disabilities up to level 12.
- Public buses have started giving a 50 % discount to persons with disabilities without discussion (in Province 1).
- The Ministry of Social Development agreed to establish a Disability Information Centre inside the ministry premises with the appointment of staff knowing sign language (in Province 1).
- More than 95 municipalities have formed disability coordination committees and started issuing disability ID cards in Province 1, while 69 municipalities started distributing disability ID cards in Province 3.
- The issues of persons with disabilities are addressed in the five-year strategic plan of the province planning commission of Karnali province, while the province government of Gadaki province makes disability-inclusive plans and policies.

2016–2019: PERSONS WITH DISABILITIES REPRESENTATIONAL ACHIEVEMENTS

Nepal has gone through a major state restructuring the last years. To ensure continued stability and inclusion, the constitution has shifted more decision making power to provinces and local governments, and 2017 saw more than 6,000 new representatives elected and the creation of seven provinces. The relationship with local governments will be a primary challenge in the years to come, as these will be responsible for disability service delivery. It is therefore not only important to continue with advocacy, but also to ensure representation of persons with disabilities.

In the first Constituent Assembly election, two persons with disabilities were nominated as parliament members by the political parties, but in the second election there was no representation from the disability community. However, it should be noted that NFDN has campaigned with success for quotas of persons with disabilities to be appointed into the Parliament.

Among the provisions in the Disability Rights Act of 2017 is the creation of a Disability Coordination Committee at the municipality (local) level of governance. Members of such committees are to include local political leaders, representatives of DPOs, police, health sector personnel and teachers, and three persons with disabilities. According to NAB, per 2019 in their project areas, as many as 11 municipalities have nominated one member each from NAB branches or MAB for committees. As it was also noticed that Bardibas Municipality had not included any blind or partially sighted persons in the formation of their committee, NAB continued its advocacy until representation of persons with visual impairments was ensured. Additionally, in 2016, Gorkha and Surkhet had blind and partially sighted representatives in the government bodies, while in 2017 Gorkha Municipality had representation by blind and partially sighted persons.

At central level, NAB representation in the Special Education Council continued and the representation in the Higher Commission for Education Plan, though short term, remained influential in making recommendations in favour of blind and partially sighted teachers. As many schools don't easily accept these teachers, NAB had to advocate with the government and schools to ensure that the teachers actually got to teach in the schools they were assigned to after passing the Teacher's Service

Commission (TSC) exam. By the end of the year, all TSC passed teachers were accepted by the schools.

In 2017, PFPID became a member of the task force on Inclusive Education in the Curriculum Development Centre in the Ministry of Education. Through their representation, they were able to ensure a revision to the section on intellectual disabilities in the teachers' training curriculum.

2016–2019: ORGANISATIONAL STRENGTHENING

One important focus area of all the projects has been to ensure organisational strengthening of local partners and sustainability of their operations and projects. The programme period has seen significant improvements in this area.

The advocacy ability of member DPOs in NFDN has increased. NFDN has supported member DPOs in advocacy planning and in strengthening their ideas. Member DPOs are now technically able to write proposals and reports, and some of them are even generating local resources. This is due to the monitoring and support visits by province level NFDN to member DPOs.

All targeted NAB branches are now duly registered as local NGOs, and in 2018 NAB formed Province Committees in all seven provinces of the country. All five NAB project districts have been interacting with government policies and programmes, and as a result, all of them have received grant support from local government bodies. NAB is also ensuring its own sustainability through a Braille press that prints, distributes, and supplies Braille textbooks for the government, as well as other books and reference materials. NAB has a Braille equipment bank that imports and supplies assistive, as well as educational, material throughout the country.

As of 2019, NNJS provides 90 % of all of Nepal's eye health programmes through its 18 hospitals and more than 84 primary eye care centres. NABP supports three eye hospitals and six eye clinics.

During the project period, PFPID increased its knowledge and understanding of concepts and methods through trainings related to advocacy, self-advocacy, gender, programme management, financial management, anti-corruption, and livelihood. One

important result is the increased number of dedicated and active self-advocates. Furthermore, the number of member organisations increased. By the time of phasing out in 2018, PFPID had 38 members in 36 districts and nine networks established in nine other districts that were in the process of affiliation with PFPID.

2016– 2019: SERVICE DELIVERY ACHIEVEMENTS

Some particularly mentionable achievements have been in health and inclusive education. The Government of Nepal has previously had eye health programmes as the lowest of priorities on local level, and eye health is still not part of government health care programmes and/or services. Until recently, there was no budget allocation for the eye hospitals/centres. In order to change this, NNJS, the NGO partner of NABP and NAB in Nepal, has been continuously lobbying the government. Gradually, the government has been taking responsibility by purchasing eye health services. By doing so, it has clearly indicated its intentions of ensuring integration of primary eye care service into basic health services and strengthening eye health services under the public private partnership modality. Furthermore,

the government will establish an eye health unit at the Ministry of Health at the central level for coordination, cooperation, monitoring and supervision of the programme. Additionally, in 2019, NAB established a primary eye care centre with the full financial support of the local municipality. This is a big step towards eye health truly becoming a government responsibility.

In the education sector, most of the school textbooks, curricula and teachers' guides have been made disability friendly. In 2018, NAB won the tender of the Department of Education to produce school textbooks for blind and partially sighted children and printed and distributed school textbooks to 53 schools across the country. Together with Swedish MyRight, PFPID has also been assisting the government in developing a curriculum for children with intellectual disabilities through the Educational Curriculum Development Committee for Disabled Children in the Ministry of Education.

Girls with visual impairment at a school
in Hetauda, Nepal. PHOTO: NABP





Uganda

ATLAS ORGANISATION	LOCAL PARTNERS IN UGANDA
Norwegian Association of Disabled (NAD)	<ul style="list-style-type: none"> • National Union of Disabled Persons of Uganda (NUDIPU) • CAN (CBR Africa Network) • Association of Microfinance Institutions in Uganda (AMFIU)
Norwegian Association of the Blind and Partially Sighted (NABP)	<ul style="list-style-type: none"> • Uganda National Association of the Blind (UNAB)
Signo Foundation	<ul style="list-style-type: none"> • Uganda Association of Deaf (UNAD)
Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	<ul style="list-style-type: none"> • Central Uganda Association for Spina Bifida and Hydrocephalus (CU-SBH) • Spina Bifida & Hydrocephalus Association Uganda (SHA-U) • CURE Children's Hospital • Katalemwa Cheshire Homes • Organised Useful Rehabilitation Services (OURS) • Spina Bifida and Hydrocephalus Network for Awareness (SHYNEA)
SINTEF Digital, Health Research	<ul style="list-style-type: none"> • National Union of Disabled Persons of Uganda (NUDIPU) • Makerere University

Uganda continues to be an important partner country for the Atlas organisations. In 2016–2019, the Atlas Alliance supported five projects through five Atlas organisations: NAD, NABP, Signo, RHF and SINTEF. NAD supported NUDIPU directly, whereas NABP and Signo collaborated with NUDIPU members UNAB and UNAD. RHF's partners partnered with NUDIPU's members when relevant. Fourteen national DPOs are full members of NUDIPU. UNAB and UNAD are both members of the NUDIPU Directors' Forum, which brings together the Executive Directors of the DPOs to discuss and address emerging issues in the disability fraternity.

The Ugandan setting prior to the programme period

The CRPD and its Optional Protocol, which was ratified by Uganda in 2008, has been the major driver behind disability inclusion in Uganda. Through the CRPD, Uganda adopted a rights based approach to disability. The Uganda National Policy on Disability from 2006 was the guiding document for government departments and activities. It was based on the Persons with Disability Act 2006, which guarantees legal protection and equal opportunities of persons with disabilities. Although the act represented a noteworthy paradigm shift away

from the medical/charitable models, the alternative CRDP report urged the Ugandan government to review the legal definition of disability to bring it in line with the definition found in the CRPD. Ugandan DPOs note that most by-laws formulated by the local council government have not been disability inclusive.

Uganda Vision 2040, the national development planning framework launched in 2007, will be guiding the government efforts for the next 30 years. The government's strategy is to implement its vision through shorter-term plans. Vision 2040 addresses the needs and rights of persons with disabilities. The second five-year National Development Plan for 2015/16 – 2019/20, however, contains only two references to children with disabilities, and does not specify any targets or measures to address their situation.

Since 2000, the government has implemented gender and equity responsive budgeting, which also aims to make fiscal policy and administration disability inclusive. Nevertheless, the CRPD Committee expressed concerns about Uganda's poor performance in mainstreaming disability rights in national implementation and monitoring of the 2030 Agenda for Sustainable Development.



A savings and loans group in Uganda, supported by NAD's Economic Empowerment Programme. PHOTO: NAD

It is estimated that 80 % of persons with disabilities live in long-term multidimensional poverty. Uganda is ranked among the world's poorest countries and more than 40 % of Ugandans lived below the international extreme poverty line of USD 1.90 a day in 2016. While statistical information about disability and the standard of living of persons with disabilities in Uganda is very limited, the Uganda Functional Difficulties Survey 2017 carried out by the Uganda Bureau of Statistics was published in 2017, and the study on living conditions among persons with disabilities by NUDIPU, SINTEF and Makerere was published in 2019. With these two studies, the disability movement and government in Uganda have comprehensive and updated data on disability that can be used for advocacy, policy development and monitoring of CRPD.

2016–2019: ADVOCACY AND LEGISLATIVE ACHIEVEMENTS

In 2016, the Government of Uganda was examined for the first time by the UN Committee monitoring the CRPD. NUDIPU and its member organisations participated actively in this process by submitting a joint shadow report and meeting with the UN CRPD Committee during session 15. In their Concluding Observations, the UN Committee was to a large extent in line with the recommendations given by NUDIPU. UNAD was also actively involved in the process to ensure that issues of the deaf, especially sign language and early identification of deaf children, were included in the UN Committee's recommendations. Likewise, UNAB was actively involved in this process and ensured that relevant issues for persons with visual impairments were included. NUDIPU and UNAB participated during the examination of the Uganda government in Geneva.

UNAB also participated in the consultations that led to the passing of the Marrakesh treaty in 2018. The onus remains upon the government and other actors to domesticate the Marrakesh Treaty in the proposed amendments of the Persons with Disabilities Bill. Additionally, UNAB has participated in the discussion leading to development of the National Special Needs and Inclusive Education Policy, as well as disability inclusion in the budget framework papers.

RHF's local partner SHA-U submitted a policy brief to the Minister of State for Health in 2018, as a call to action for people with spina bifida and hydrocephalus. This policy brief was developed together with service providers and welcomed by the Ministry of Health. The Ministry has now officially recognised the World Spina Bifida and Hydrocephalus Day and are committed to take part in its annual celebrations.

2016–2019: PERSONS WITH DISABILITIES REPRESENTATIONAL ACHIEVEMENTS

In both 2017 and 2018, RHF's local partner selected and equipped focal parents with knowledge on inclusive education and empowered them to communicate the education needs of their children to teachers. The aim has been that these focal parents will take an active role in on-the-job mentoring of the teachers, with support from a social worker.

In 2018, RHF's local partner and national Spina Bifida and Hydrocephalus umbrella organisation SHA-U, was invited to take a permanent seat in the National Fortification Technical Working Group of the Ministry of Health. The task of this group is to recommend development of technical guidelines, provide technical advice and support to health systems, and monitor implementation of nutrition policies, strategies, plans and activities.

2016–2019: ORGANISATIONAL STRENGTHENING

UNAB has supported the registration of District Based Associations (DBAs). The registration of DBAs makes them autonomous and able to independently handle their own resources. Autonomous DBAs are able to undertake grass root advocacy for services where it is needed the most. Through capacity building and trainings, UNAB branch leadership has been strengthened in handling association matters. Likewise, Lira District union, which had for a long time failed to conduct a general assembly, held one under the guidance of and support from NUDIPU headquarters. As a milestone, the general assembly was fully funded by the district union. Starting from 2017 up to the beginning of 2019, UNAB was undergoing investigations due to alleged corruption. The case was closed in the beginning of 2019. However, NABP made the decision to end the collaboration with UNAB at the end of 2019. During 2019, UNAB received some funds to purchase school materials to the schools involved in the project and to phase out the activities in the project. UNAB was also given funds to conduct a General Assembly and a workshop for the new board members to educate them and to prepare a new strategic plan. UNAB was also given staff salaries to do advocacy work and to establish new partnerships/donors, which they have done.

As a result of Signo's collaboration with Uganda National Association of the Deaf (UNAD), Palliative Care Uganda has secured funding from their other partners to train sign language to all health workers in health centres across the country.

In NAD's project, Manafwa branch succeeded in signing MoUs with two partners that are supporting selected vulnerable iSAVE members' families with scholastic materials for children. Manafwa branch also developed

seven funding proposals and submitted them to different funding organisations. As of end 2019, one proposal has resulted in funding for one year for a baseline survey by Rotary Kampala North. Furthermore, in line with the Village Agents draft policy, Village Agents were equipped and designated in both Manafwa and Lira. Since their deployment, they have supported the quality and continuity of old groups as well as mobilisation and formation of new groups.

2016–2019: SERVICE DELIVERY ACHIEVEMENTS

For nearly ten years UNAD, Signo's local partner, has developed and improved the method used in their collaboration project. UNAD has been teaching sign language to deaf children, who never had been exposed to language before, and to their families and their networks. In turn, this has made it possible for the children to attend school and learn from teachers using sign language. Without these basic skills, the children would not attend school or understand what the teachers are saying.

The DBAs assisted by UNAB participated in the District Budgeting processes in 2018. In Kumi and Amolatar, emphasis was placed on education and provision of white canes to learners with visual impairments. This was captured in the district budgets. In Amuria, the councillors presented a budget of UGX 1 million to mobilise learners with visual impairments to join mainstream schools, which was accepted. UNAB has also been ensuring inclusive education through child rights clubs, parent counselling, and teacher training.

The local partner of NAD has ensured increased access to formal financial services by persons with

disabilities with 13 partner micro finance institutions and Savings and Credit Cooperative Organisations, which are becoming more inclusive for clients with disabilities in line with their own agenda of change. Outreach to persons with disabilities through savings groups registered substantial increase in all three milestones: number of new groups formed, number of persons with disabilities enrolled, and savings volume when compared to 2017. As a result of intense partnership, advocacy, and network engagements, iSAVE group members also benefitted from various livelihood programmes. Induction in the iSAVE model for CBM Village Savings and Loans Associations project implementing partners held in Iganga was also shared with a delegate from FEDOMA (Malawi). This enabled a scale up of the replication of the programme, hence increased inclusion and access to financial services by persons with disabilities within and outside Uganda.

In Western Uganda (Mbarara), spina bifida and hydrocephalus (SBH) surgery is now also being performed at Ruharo Hospital to create more availability of services and decongest waiting lists for SBH treatment. This is a result of good collaboration between Mbarara Referral Hospital, OURS Rehabilitation Services (RHF partner), and Ruharo Hospital, where staff and resources are shared.

RHF's local partners, together with Kyambogo University and the Medical Research Council, initiated a research study in 2017 on inclusive education in Wakiso district, whereby children with disabilities are supported through life and social skills training, rehabilitation, peer-to-peer activities, teachers' training, and improving accessibility.



Zambia

ATLAS ORGANISATION	LOCAL PARTNERS IN ZAMBIA
Norwegian Association of Disabled (NAD)	<ul style="list-style-type: none"> • Zambia Association for Parents of Children with Disabilities (ZAPCD) • Zambia Association for the Employment of Persons with Disabilities (ZAEPD) • Response Network Zambia (RNZ) • Government of Zambia • Disability Rights Watch (DRW)
Norwegian Diabetes Association (NDA)	<ul style="list-style-type: none"> • Diabetes Association of Zambia (DAZ)
Signo Foundation	<ul style="list-style-type: none"> • Bauleni Special Needs Project
Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	<ul style="list-style-type: none"> • Zambian Association for Hydrocephalus and Spina Bifida (ZAHSB) • CURE Zambia

In 2016–2019, four Atlas organisations supported a total of five projects in Zambia. NDA worked with DAZ to promote organisational development and improve diabetes health services, a project which was phased out in the beginning of 2019. Together with Bauleni Special Needs Project, Signo’s project addressed the need for adapted quality educational services for children and adults with deafblindness. Through its regional project, which also included Zambia, RHF focused on early intervention, treatment and rehabilitation of people with spina bifida and/or hydrocephalus. Finally, NAD supported the efforts of DRW, ZAPCD and ZAEPD to improve quality of life through advocacy for the rights of persons with disabilities, while also supporting the Government of Zambia in piloting a CBID programme. Furthermore, Response Network Zambia (RNZ), an organisation that mobilises communities for self-help projects, was supported by NAD to work on disability inclusion.

The Zambian setting prior to the programme period

The Government of Zambia signed the CRPD in 2008, and it was ratified in 2010. The Optional Protocol was also signed in 2008 but is still pending ratification as of 2019. Local DPOs and international organisations have been pushing for the protocol’s ratification, as it will further strengthen disability rights in the country.

Under the Persons with Disabilities Act of 1996, the Zambia Government Agency for Persons with Disabilities

(ZAPD) was established, and in 2012 a revised Persons with Disabilities Act came into effect. The Act seeks to further domesticate the CRPD and promote equality and human rights of persons with disabilities. The Act has notable progressive provisions, but there have been concerns as it only includes some provisions while excluding several important ones. A National Disability Policy was adopted in 2015, along with a National Implementation Plan on Disability developed in coordination with local DPOs. While Zambia has had the ability to become a leading African country in terms of disability rights, its policies and legislation have needed harmonisation, implementation, and proper monitoring. Improvement has been needed in several areas, such as in inclusive education, national awareness raising and health accessibility.

2016–2019: ADVOCACY AND LEGISLATIVE ACHIEVEMENTS

A new constitution was adopted in 2016, which is far more inclusive of disability rights than previous versions. The 2016 constitution prohibits discrimination on the grounds of disability, an important step in ensuring disability rights. The DPOs in Zambia continue to keep a close eye on the implementation, or lack thereof, of the CRPD and have taken it upon themselves to hold the government accountable, with the belief that persons with disabilities should play a role in CRPD implementation. In 2012, the DPO umbrella organisation Zambian Federation of Disability organisations



Inclusive Education in Zambia.PHOTO: NAD

(ZAFOD) established the Independent Monitoring Unit (IMU), and in 2016, the Disability Rights Independent Monitoring Team (DRIMT) replaced the IMU. This is an independent monitoring mechanism chaired by ZAFOD under the secretariat of Disability Rights Watch (DRW). It is scheduled to draft a CRPD alternative report, which is still in progress, and has so far done consultative meetings in 8 out of 10 Zambian provinces.

During the programme period, DRW also provided technical support to the Mental Health Users Network of Zambia (MHUNZA) to ensure the repeal of the Mental Disorders Act of 1949. Judgement was passed in favour of MHUNZA, and parts of the law were found unconstitutional. In light of this, the Zambian parliament enacted the new Mental Health Act in 2019. DRW led this process and was the first parliamentary committee witness and member of the

technical committee. The 2019 Act repealed the archaic discriminatory and derogatory Mental Disorders Act and is a step in the right direction in ensuring the rights and protection of persons with mental health issues.

There is, furthermore, a National Legal Aid Policy now in place. The policy has provided for recognition of paralegals in the justice system and standards for accreditation of paralegal service organisations, such as DRW. This is important because DRW's paralegals work to defend and protect persons with disabilities from all forms of discrimination, exploitation, violence, and abuse.

Other notable legislative processes and disability mainstreaming changes due to lobbying and training are:

- The review of the Legal Aid Act was completed and the amendments to the Act will be tabled in 2020 to align with provisions of the new policy.

- The National Urbanisation policy was completed and validated. DRW and ZAFOD were members of the national technical committee that developed the policy and lobbied for measures on inclusive cities.
- The National Land Policy was completed, awaiting validation. The new lands policy recognises the barriers persons with disabilities face when it comes to access to and control of land.
- The National Budgeting and Planning Bill was passed in 2019. The Bill provides for inclusive budgeting and disadvantaged groups, such as persons with disabilities, will be able to participate in national budgeting processes.
- CBID is now included in the community development bachelor's programme and in a standalone certificate for both pre-service and in-service programmes.
- The University of Zambia has introduced disability inclusion courses at both bachelor's and master's degree levels.

2016 – 2019: PERSONS WITH DISABILITIES REPRESENTATIONAL ACHIEVEMENTS

In 2016, in an effort to raise awareness on inclusion, a total of 35 disability focal points from the government ministries were trained by NAD's local partner on disability mainstreaming to support existing legislation and policies on disability. Some of these have since been replaced, and eventually the structure of disability focal points was removed. However, with lobbying and engagement with government, the government backtracked on the appointments of disability focal points in 2018. Focal points are now senior government officers at directorate level. This is important as it will allow for ideas, decisions, and influence to permeate through the government system and plans. With the appointment of these new 18 disability focal point persons in key Zambian sectors, including the Office of the Vice President, Finance, Community Development, Health and Education, Human Rights Commission, Justice, Gender and Development Planning, a fully-fledged work plan for a government-led, multi-cluster planning, monitoring and coordination of CBID in Zambia has been formulated with key thematic areas focusing on inclusive development.

In 2019, DRW had an input to the mid-term review process organised by the Ministry of National Development Planning. DRW also did an independent review of the 7th NDP, which was submitted to the government.

Under NAD's project with RNZ, 15 governance clubs with 141 members were formed to encourage participation of community members in issues related to their governance and local leadership. This led to communities following up and holding their civic and traditional leaders accountable.

2016 – 2019: ORGANISATION STRENGTHENING

During the programme period, DAZ has strengthened its position as an advocate for people with diabetes in several ways. The organisation has been part of the UN Task Force on NCDs (noncommunicable diseases), NCD Alliance Zambia, and has improved diabetes programming in the national health structure due to their cooperation with Ministry of Health. This has increased its visibility as an association and of diabetes as a health threat, while also expanding from nine to 14 local branches (diabetes clinics) in six of Zambia's ten provinces.

Through NAD's support, the Association of Parents for Children with Disabilities (ZAPCD) is now able to independently train its members in understanding the CRPD and advocacy strategies. Their Youth Pressure groups are collaborating with other youths supported by Leonard Cheshire and ZAFOD on common thematic areas of advocacy on education, employment, and health.

2016 – 2019: SERVICE DELIVERY ACHIEVEMENTS

Together with a wide group of stakeholders and extensive consultations, the NAD-supported CBID programme undertook a national review of training materials and CBID interventions. The Zambian CBID programme now has two sets of CBID training manuals (national level and community level manuals). These are an adaptation of the training manuals already developed by NAD and its partners in Malawi. The training manuals present a holistic and rights based approach to CBID and will be rolled out to new districts, together with the government.

CBID is also being incorporated into a number of Zambia education programmes. Government-funded community development colleges in Monze and Kitwe districts developed an already approved skills award/certificate and diploma level CBID programme. The University of Zambia, through the faculty of Humanities and Social Sciences, is being supported to mainstream CBID in their bachelor's degrees in social work and community development, as well as in a new master's degree in Disability, Human Rights and Inclusive Development. Under the Ministry of Health, five

nursing schools are reviewing their curriculum with an eye to incorporating core areas of CBID into their courses, while training colleges for community health assistants in Ndola and Mwachisompola have pledged to consider doing the same. The Levy Mwanawasa Medical University (LMMU) in Lusaka (Zambia's only exclusive medical and health science university) has been assisted by NAD staff and consultants to develop course content on CBID for their bachelor's degrees in occupational therapy and speech therapy. These are to be implemented in 2021, after accreditation and approval by regulatory authorities in Zambia. A board member of RHF's local partner and occupational therapist in Livingstone is actively involved in the CBID training programme as trainer.

In total, during the programme period, at national level, CBID training was provided to five different groups (counting 46 senior officers): disability focal points from different ministries, senior staff at MCDSS, community development college lecturers, University of Zambia lecturers in the faculty of humanities, and universities and colleges of health services. The groups were equipped with critical skills in disability and CBID for the purpose of mainstreaming disability in line with the government's national inclusive development agenda, as articulated in the 7th National Development Plans of 2017-2021, in the Zambia Vision 2030, the International SDGs 2030, and the CRPD.

Since 2016, 11 modules on inclusive education have been developed for use by all teachers, teacher educators, school managers, and national, provincial and district level inclusive education quality assurance assessors or inspectors. The modules have been developed and tested in Zambia through NAD's project which has a collaboration with pre-service teacher training institutions, such as the University of Zambia and Charles Lwanga College of Education in Monze district. In 2018, a team of trained, inclusive education quality assurance observers reported that the teachers trained at in-service and pre-service level were actively employing inclusive teaching methods in their day-to-day classroom and out-door curricula management in all the piloting schools and pre-service teacher training colleges. The 11 modules have since been approved by the Curriculum Development Centre (CDC) and provided to the Ministry of General and Higher Education to inform the pre-service and in-service teacher training curricula review from 2020 and beyond. The Ministry of Education



Peer educators trained by the Diabetes Association of Zambia (DAZ) in front of DAZ' container clinic in Mufilira, Zambia. PHOTO: NDA

now recognises the NAD-funded pilot programme as the model inclusive education programme, which all others in Zambia should learn from. A specific MoU has been developed and signed with the University of Zambia to guide this partnership. Other strategic partners in the education sector are now learning from the existing inclusive education pilot. This includes the World Bank project on education in Zambia, which has initiated support to the Ministry of General Education by adding the 12th module to the curricula development process.

Through NAD's local partner, community schools have upgraded the standards of learning structures, which has motivated a number of children to be in school and not miss lessons as they feel proud learning in modern classrooms rather than under poles and in mud and grass structures. Signo's local partner, Bauleni, has started teaching deafblind children and young people in and out of school.

RNZ has promoted access to justice systems and improved standard of living for persons with disabilities. The trained paralegals are active in ensuring rights of persons with disabilities are upheld by engaging schools, communities at large, clinics and traditional leaders to support the rights of persons with disability in every aspect of their daily lives.

Although RHF's local partner hospital in Lusaka decided to stop neurosurgical activities in 2017, they have continued to train other service providers in Lusaka, Chipata, Livingstone and Copperbelt, and they follow up on children after surgery in order to guarantee continuity of care.

Mainstreaming: The Inclusion Project

In 2014, the Atlas Alliance established the Inclusion Project. This project aims to support mainstream development and humanitarian actors to include persons with disabilities in all their Norwegian-funded projects and programmes. The Inclusion project thus contributes to ensuring that we “leave no one behind”. This is achieved through dialogue in network meetings, open trainings, trainings targeting specific organisations in Norway and partner countries, as well as mentoring and advice. From 2016 to 2019, the Inclusion Project evolved from an effort to generate interest among Norwegian-funded NGOs about inclusion, to a project characterised by practical trainings, dialogue about real inclusion challenges, and examples of inclusion achievements in partner countries. The project has expanded from Norway and Malawi into Nepal and Mozambique.

Key achievements in Norway

In 2016-2019, “leaving no one behind” has been a mantra among civil society organisations in Norway. While the SDGs are a major reason for this, the Inclusion Project has been instrumental in building competency and a culture of sharing experiences on inclusion among Norwegian-funded NGOs.

The Norwegian inclusion team conducted 14 trainings from 2016 to 2019, with participation from 33 Norwegian-funded NGOs. In total, these trainings have reached 177 participants. This is close to the target of four trainings every year, and surpassed the target of reaching 30 Norwegian-funded organisations by the end of 2019. In 2019 specifically, the inclusion team conducted three trainings: Two general inclusion trainings open to all organisations, and one inclusive education training open to all organisations. In addition, the Atlas Alliance arranged a conference on the International Day of Persons with Disabilities, 3rd of December 2019. 76 participants representing 24 different NGOs and DPOs participated.

The Inclusion Project has also focused on developing

human resources, competencies and materials, having established and expanded the Atlas Alliance inclusion team. At the end of 2019, the team had 11 members (seven programme advisers and four youth volunteers), who conduct trainings and advise mainstream development actors on disability inclusion. As such, we have reached the target for building a competent team. Initially, all trainings were focused on general inclusion practices, but during 2017 the inclusion team developed training packages on inclusive education and on inclusive disaster risk reduction. Out of the 14 trainings since 2016, three have focused on inclusive education and one on disaster risk reduction.

The Inclusion Network

The Inclusion Network is the meeting place for sharing of knowledge, skills and experiences, as well as sharing of relevant tools, handbooks and reports. There was positive feedback from the participants on the useful learning aspects. There were 14 Inclusion Network meetings in the reporting period (three per year 2016-2018, and five in 2019) with an average of 15 participants at each meeting. In addition to the Atlas members, 15 mainstream organisations participated in one or more of the meetings.

Key achievements in partner countries

Malawi: Malawi was the first focus country for the Inclusion Project, starting in 2016. The Malawian DPO umbrella FEDOMA has been responsible for implementing the project, with the involvement of its member organisations. The Malawian inclusion team has 10 members, and from 2016-2019 the team conducted 22 trainings in total, both at the national and regional levels (i.e. outside Malawi). This is beyond the target of 3-4 trainings a year. In Malawi, three Norwegian-funded organisations have set targets for disability inclusion in their work, more specifically TEVETA (DIKU-funded through NAD), Network for Youth Development (Operation Days Work funded) and Find Your Feet (Development Fund partner). Within the Malawian Inclusion Network, 24 articles documenting



The Norwegian Minister of International Development, Dag Inge Ulstein, during the launch of the Together for Inclusion Consortium in Beira, Mozambique, February 2020. The minister visited a cooperative of persons with disabilities in Beira's Manga district, which was one of the districts that were most affected by the cyclone Idai in March 2019. PHOTO: NABP

best practices have been written, and seven of these have been published. This is exceeding expectation, which was two articles/reports per year in any inclusion network. As a result of the project, FEDOMA's member DPOs have adopted advocacy agendas for their specific area of expertise, targeting relevant mainstream actors.

Nepal: The Nepal inclusion team was established in 2017, and consists of four core resource people at national level. The Nepali DPO umbrella NFDN is the lead organisation. In the course of 2017-2019, the Nepal inclusion team conducted trainings in seven provinces for DPO leaders and three trainings for Norwegian funded NGOs, ten trainings in total. In total, 323 persons have participated in the trainings, of which 262 were persons with disabilities from DPOs and 61 were staff members from various organisations. In addition, in 2019, the inclusion team trained 261 local level governmental representatives, as the new constitution

EXAMPLE TOGETHER FOR INCLUSION

Starting in 2019, the Norwegian NGOs Save the Children Norway and Naturvernforbundet and their Mozambican partners organizations are part of the "Together for Inclusion" (TOFI) consortium. TOFI is an initiative growing out of the Inclusion Project, where Norwegian funded NGOs are cooperating with DPOs in order to develop more disability inclusive programs. In Mozambique, the Norwegian NGOs implement the common programme together with FFO and NABP, and their local DPO partners ACAMO and FAMOD. The TOFI Mozambique programme includes projects and activities within human rights, inclusive education and economic empowerment initiatives. Prior contact through the Inclusion project activities, and follow up meetings in Mozambique and Norway, facilitated the collaboration.

has given the responsibility of disability management to the local municipalities. NFDN has emphasised anchoring the disability inclusion theory within their structures across the country, enabling provincial and local level leaders to engage in dialogue with NGOs active in their area on disability mainstreaming. The representatives of various organisations participating in the trainings have developed a tentative action plan on disability inclusive development, and are expected to incorporate this into their organisation's plans and strategies.

Mozambique: In Mozambique, the Association of the Blind and Partially Sighted of Mozambique (ACAMO) is the lead organization. The project is still in the early stages. In total, 19 people have been trained as trainers in Mozambique, 18 ACAMO members and one member of the Federation of People with Disabilities in Mozambique (FAMOD). This is five more than the target of 13 by the end of 2019. This team has been trained on both general disability mainstreaming and on inclusive education. The latter was a key focus for two trainings in 2018. In total, the Mozambique inclusion team has provided five trainings to Norwegian-funded NGOs, one in 2017, one in 2018, and three in 2019, reaching seven organisations in total.

Cross-cutting issue:

Human rights

Disability rights are human rights. The Atlas Alliance organisations all have human rights at the core of their work, guided by the CRPD. By ratifying the CRPD, State Parties agree 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. All our project countries have ratified the CRPD. Despite such ratification, persons with disabilities are a long way from achieving equal rights and their full potential as equal citizens. Governments and other stakeholders need constant pushes and reminders of the rights of persons with disabilities as stated both in the CRPD and in the SDGs. Articles 4, 29, 32 and 33 of the CRPD underscore the importance of DPOs. Strengthening DPOs in low and middle-income countries is a central part of the Atlas Alliance strategy, as empowering DPOs is key in the fight against discrimination of persons with disabilities.

The work of the Atlas organisations and their partners has contributed to safeguarding the human rights of persons with disabilities in all our partner countries and on a range of issues. In addition, our partner organisations contribute to improving the overall human rights situation in these countries. However, the space in which our partners and other civil society actors operate varies, not only country by country but also within each country. For example, NABP's partner ANCAA, and other representatives of Angolan civil society organisations, feel they have more liberty of expression under the new regime from 2017, and that there is a democratic change seen in Angola. ANCAA feels that the new government is more open to critical comments and constructive suggestions than the previous one. This applies not only to the disability sector but is a general comment that civil society has more "space". In 2019, however, the government removed ANCAA from important counselling organs, and reduced their possibility to follow up the implementation of the national disability laws and regulations.

Similarly, NFU's partner Inclusion Africa is increasingly seeing gag rules being initiated and implemented in several African countries. Some very vocal members have raised fears about the security and protection of human rights defenders who are challenging authorities with regards to human rights violations. Some people offering trainings on comprehensive adolescent sexual and reproductive health, abortion rights and gender based violence have been targeted. Further, it has been reported that in some countries, members cannot boldly declare that they are working on human rights since they will be blacklisted, and leaders summoned. All this is extremely concerning, and shows that the fight for disability rights, and human rights in general, is ever pressing and ongoing.

Below are examples of results that contribute directly to fulfilment of CRPD articles:

ARTICLE 5 – EQUALITY AND NON-DISCRIMINATION

NFU and NABP Nepal: PFPID and NAB's advocacy has led to changes in policy that address the rights of persons with disabilities. The DPOs have given top priority to implement the CRPD and received directives from the 19th Session of the CRPD Committee meeting in 2018. In collaboration with other national DPOs, NAB and PFPID advocated for the 2017 Disability Rights Act. The Act, which replaced the Disabled Persons Welfare Act of 1982, made significant departure from the welfare based approach to the rights based approach to disability. The Act widened the definition of persons with disabilities in line with the CRPD, recognising the intersectionality within disability, eliminating derogatory narratives, and criminalising the use of such narratives. The National Penal Code of 2017 criminalised discrimination based on disability, with heavy penalties.



Eli Skattebu (RHF) and Salama Squiz Shaibu, during a project visit by RHF in Malawi in 2017. Salama works as a receptionist at the Queen Elizabeth Central Hospital in Blantyre. PHOTO: RHF

NABP: Strengthening Portuguese/Spanish speaking member countries of AFUB. Advocacy carried out in six countries (Cape Verde, Guinea Bissau, Sao Tome & Principe, Equatorial Guinea, Angola and Mozambique) by their national blind associations have influenced how blind and partially sighted persons are included in society. The governments in the six countries now have better knowledge and understanding of the CRPD, its Optional Protocol, the Marrakesh Treaty, the African Disability Protocol, and the rights of persons with disabilities in general.

ARTICLE 6 – WOMEN WITH DISABILITIES

NABP: AICB rehabilitation in India. The project made a determined bid to enable blind and partially sighted women to access their legitimate rights, as well as to undertake their own self-employment ventures through training in mobility, personal management, and vocational skills. The project focused on providing information on sex education and reproductive health care. The activities provided blind and partially sighted women necessary training in self-reliance, which will help them fight against abuse, violence, and exploitation.

NAD/Response Network Zambia: Improved quality of life through self-help. Through self-help facilitation, people have become aware of their rights and their responsibilities, leading to communities holding their traditional and civic leaders accountable. Women's involvement in community activities increased, and they started to speak out on issues that affect them. This has helped them to come out of some abusive situations. The women also increasingly engaged in income generating activities, in particular, the save and borrow clubs, which enhanced their socio-economic status. There was, however, an untoward effect. Because women had increased knowledge and self-reliance, some men felt a sense of loss of control in their homes, leading them to be negative towards women's activities. In some instances, men asked their wives to withdraw from the clubs. Women also began challenging certain practices that were detrimental to their progress. This fostered negative attitudes among the predominantly male decision makers towards the program, as they felt their authority would eventually be undermined.

ARTICLE 11 – SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES

NAD: Disability inclusive Disaster Risk Reduction DiDRR. Persons with disabilities face challenges that put them at disproportionate risk in situations of natural hazards and conflict, yet they are often left out of DRR planning and interventions. The project employs a rights based approach to development and promotes equal and non-discriminatory access to services and decision making processes for all people – to the benefit of the entire population. The project aims to facilitate behavioural change within three target groups: persons with disabilities affected by natural hazards, CBID workers and volunteers, as well as mainstream government and non-government actors engaged with DRR in Malawi and Uganda.

ARTICLE 19 – LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

RHF: Early intervention, treatment, and rehabilitation of people with spina bifida and/or hydrocephalus (SBH) in Eastern, Central and Southern Africa. The programme started by improving surgery for newborns and small children and has now reached a level where it focuses on a global, integrated, and individualised approach to lifelong support. With an initial focus on survival, the current aim is full inclusion in society. Local partners build capacity; raise awareness; and advocate for birth registration, reduced inequalities, less stigmatisation, and improved access to health, rehabilitation, and education. As a result, young adults are actively participating in society as students, (self-)employees, peer mentors and self-advocates.

NAD: Malawi CBID Programme. All CBID initiatives promote full and effective participation of persons with disabilities and their inclusion in society, equality of opportunity, and accessibility in line with the CRPD, SDGs and Malawian laws. Civil society organisations (CSOs) are taking issues of disability on board. This is evidenced by the review of the MACODA Bill, which involved both the government and CSOs. CSOs were co-opted by FEDOMA as fellow organisations that advocate for the rights of marginalised groups of people to help fast track the bill's enactment. CSOs have played an important role in upholding the rights of persons with disabilities.

NAD: Uganda Economic Empowerment. The iSAVE programme has advocated for inclusive practices and, as a result, reduced the public's negative attitude towards persons with disabilities. In cases where iSAVE members with disabilities have performed better than their non-disabled counterparts, news has spread fast to the communities about their potential. Where exclusion had previously been the norm, communities are recognising how important persons with disabilities are for the community. In this way, iSAVE has created a conducive environment for recognition of persons with disabilities, and some have been entrusted with leadership positions in their communities.

NABP: Asian Blind Union. The project addresses the rights of persons with disabilities to live in an inclusive, open, and accessible environment and to have equal rights in society. ABU has been organising workshops with the title 'Inclusive CSOs and networking'. These workshops raise awareness on the rights of persons with disabilities and on how to make society (and more specifically CSOs) inclusive in such a way that persons with disabilities get the chance not only to benefit from services, but also to change the way services are delivered.

ARTICLE 20 – PERSONAL MOBILITY

NABP: AICB rehabilitation project in India. The project provides training in independent mobility to blind and partially sighted men and women. Our target group becomes more independent through this training.

SINTEF: LORWEO – Access to mobility devices and services in Southern Africa. The project promotes the availability of and access to mobility devices. Access to assistive technology and services are a prerequisite for persons with disabilities to enjoy their human rights, attend school, participate in society, and become productive members of society.

ARTICLE 24 – THE RIGHT TO INCLUSIVE EDUCATION

NABP: Lesotho National League of the blind. Key achievements include the ratification of the Marrakesh Treaty and the adoption of the inclusive education policy by the Government of Lesotho in July 2018. Even before the adoption of the national inclusive education policy, the Ministry of Education bought learning equipment for five schools catering to the needs of the visually impaired. The national inclusive education policy was adopted in November 2018, and the Ministry is developing the implementation plan together with DPOs. LNLVIP also works with schools training teachers to better cater to learners with visual impairment.

NAD: Inclusive education, Zanzibar. The rights of all children, including children with disabilities and/or special educational needs, have been raised and advocated for during the inclusive education

programme. This has led to more children being included in schools, including more children with disabilities. Through the training of trainers, in-service training and pre-service training, the need to eliminate exclusion has been addressed, and many teachers and other stakeholders now have a clearer idea of the UN Convention on the Rights of the Child and CRPD articles and how these should be upheld.

Signo: Chisombezi Deafblind Center (CDBC), Malawi. The project uses a twin-track approach to reach as many children with deafblindness as possible: 1) the special needs educational services provided by CDBC, and 2) strengthening the quality of the diploma course for teachers in the field of deafblindness at Montfort. Furthermore, the project has managed to garner, among the parents, a sense of integrating, nurturing and protecting their children with deafblindness, in line with the children's human rights. Parents are providing them with increased human contact and interaction and facilitating the children to play with other children or siblings. CDBC has also contributed to the opening of a new school in Salima. The school is constructed by CDBC and handed over to the government. The school has given 8,148 children, including 48 children with disabilities, access to inclusive education.

ARTICLE 25 – HEALTH

NABP: Eye Health, Mozambique. The project offers free specialist eye health services and contributes to the education of Mozambican eye health workers. The Mozambican Association of the Blind and Partially Sighted identifies and refers persons with permanent visual disabilities to the local delegation for information about their rights and facilitates their access to rehabilitation services in their province. The hospital charges a small registration fee, but the medicines and services provided are free of charge. This enables all patients to access specialist eye health services.

NDA: Diabetes Association of Zambia. DAZ gives diabetes patients access to health services by running small container clinics, training patients and healthcare providers in diabetes management, and spreading awareness about diabetes, its symptoms, and risk factors in society, etc. Without the existence of DAZ, there would be little attention paid to people living with diabetes and

their rights. DAZ fully recognises the need to reach and educate every person in Zambia on the risks of diabetes, regardless of gender, colour, creed, disability, age, or nationality. To ensure that various target groups access diabetes information, the association has designed programmes such as a diabetes education school programme to equip children with diabetes education, as well as translation of education materials into Braille to promote access by persons with visual impairments to diabetes awareness materials.

ARTICLE 26 – HABILITATION AND REHABILITATION

NABP: ANCAA rehabilitation Angola. This project provides rehabilitation training to persons with visual impairments. ANCCA combines a practical approach with advocacy and lobbying towards local government, employers, and the general public. ANCAA actively uses the CRPD and national laws and regulations to advocate for the rights of persons with visual impairment to take part in work, education, and social life, on an equal footing with persons without disabilities. NABP and ANCAA find that being service providers strengthen their advocacy.

ARTICLE 27 – WORK AND EMPLOYMENT

NAD: Uganda Economic Empowerment. The requirement that 60 % of iSAVE membership should be persons with disabilities has acted as a learning platform for community development programmes. Some community development programmes have slowly adopted inclusion practices in their planning processes by opening doors to vulnerable populations like children, women, youth, widow(er)s, etc., citing iSAVE as the basis. By addressing financial exclusion mechanisms, the iSAVE programme promotes the right of persons with disabilities to access formal and informal financial services. This has, in turn, triggered their access to financial and development services in government, mainstream and NGO sectors.

NBF: ANCAA Organisational Development Angola. ANCAA lobbies for the rights of persons with visual

impairments and other persons with disabilities towards national, provincial and local authorities. A major advocacy issue is the affirmative action on employment, stating that 4 % of public positions and 2 % of private positions shall be reserved for persons with disability. In 2018, ANCAA fought successfully for 19 persons with visual impairments to gain public employment. The affirmative action is in place but needs follow-up, as implementation is still a challenge.

ARTICLE 29B – PARTICIPATION IN POLITICAL AND PUBLIC LIFE

NAD/Response Network Zambia: Improved quality of life through self-help. Through various self-organised groups, communities have received training on reading and writing and are promoting access to the justice systems. Community members have been trained as paralegals and are active in ensuring that rights of persons with disabilities are upheld. This is accomplished by engaging schools, communities at large, clinics and traditional leaders to support the rights of persons with disabilities in every aspect of their daily lives. Seven governance clubs with 99 members are actively encouraging women to take up leadership roles and become more proactive in development activities. People from the communities have started reporting cases of human rights abuse to legal offices so that the police can investigate cases on the ground.

ARTICLE 33 – NATIONAL IMPLEMENTATION AND MONITORING

NAD: CBID Support Programme Zambia. NAD-supported organisations, such as DRW, ZACPD and ZAEPD, participated in the three consultative meetings convened by the State when drafting the State report on implementation of the CRPD. A DPO-led technical committee, established in 2016, held consultations with DPOs on the drafting of the report. Zambia submitted the report to the UNCRPD Committee in late 2017. DRW conducted trainings on the CRPD and raised awareness on the rights of persons with disabilities. DRW participated in the development of new regulations on the implementation of the Persons with Disabilities Act (2012).



Mrs. Mandvi from India with the goats she has received through AICB's rehabilitation programme. PHOTO: NABP

Cross-cutting issue:

Women's rights and gender equality

Women and girls with disabilities face greater difficulties than men and boys in accessing housing, health care, education, and employment,¹ and there is a higher prevalence of disability among women than among men. To ensure better access for women and girls with disabilities, the Atlas Alliance strives to include a gender perspective in all programmes and projects, guided by SDG 5 (*achieve gender equality and empower all women and girls*) and by relevant articles in the CRPD. Article 6 states that '...women and girls with disabilities are subject to multiple discrimination, and in this regard (states) shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.' Article 25 calls for access to gender sensitive health services, and Article 16 mentions the gender based aspects of exploitation, violence, and abuse.

In 2017, the Atlas Alliance Secretariat, joined by representatives from the Atlas organisations, drafted a gender policy to be adopted by all Atlas organisations. The policy was finalised and approved by the board in 2018, together with a set of gender mainstreaming guidelines for project development and implementation. The policy and the guidelines lay out the Atlas Alliance's commitment to strive for a world free from gender discrimination. Being so involved in the development of the policy, the Atlas organisations are all familiar with it. Some adhere fully to the policy already, while others are in the process of implementing the policy. Gender issues, differences and inequalities, are also specifically addressed in the Atlas Alliance risk assessment, and any project planning process or engagement with new partners must begin by analysing barriers to inclusion of persons with disabilities and gender based discrimination.

Equal representation

For an organisation to be able to ensure gender equality and strengthen women's rights in its programmes and projects, it needs to have the appropriate policies, processes, and routines in place internally as well. Since 2016, our local partners have strived to become more inclusive of women and have ensured gender balance through memberships, representation, and women's wings. In 2016–2019, the following key results were achieved:

- 45 % of the board members of local partner organisations are women
- 59 % of the members of local partner organisations are women
- 34 % of the staff of local partner organisations are women

Several local partners have brought gender equality to the core of their foundation. For instance, in Southern Africa, the constitution of SAFOD states that the organisation shall have a women's wing. Both NAB and NFDN in Nepal have provisions in their constitutions about representation of women on central and district boards. ANCAA in Angola has a minimum women's participation policy for all delegations and board members. In Malawi, the 50-50 gender representation is now mandatory and is a principle in MUB membership structures and activities. 50 % female representation is still not reached for MUB's elected executive board, but MUB's branches have 50 % male and female representation in leadership, and the organisation has fairly equal numbers of male and female members (of 14,196 members, 49% are male and 51% female.)

¹ United National Department of Economic and Social Affairs, Women and girls with Disabilities. <https://www.un.org/development/desa/disabilities/issues/women-and-girls-with-disabilities.html>

EXAMPLE:

The iSAVE programme in Uganda has set standards for promotion of women's rights and gender equity. Their focus on this has led to women constituting 56 % of the members. Women also make up at least 50 % of the members in three out of the six group management committees, including the programme technical teams at headquarters, districts and field areas. This commitment to equal representation has led to iSAVE in Uganda now having 13,166 female members, which is a great achievement. This has a significant impact on the lives of the women concerned and their families.

Many of our local partners have also developed their own gender policies. While not all projects report on this, among those that do, there has been a positive trend. 40 % of the projects reporting on this have improved their gender policy process from their baseline. By 2019, 32 % of the 25 applicable projects have a clear and supported gender policy in place, which is an increase of 16 % from baseline data.

There are many reasons why women tend to be underrepresented on DPO boards and delegations. At times, men may be reluctant to let women be involved, and women may not always participate actively due to traditional gender roles. To address this, local partners provide leadership training and workshops specifically for female members. AFUB and ANCAA held a workshop on policies, leadership, and creation and strengthening of women and youth committees, while MUB trained female members in personal development, organisational management, and administration after they were elected at the general assembly.

Equal participation

The Atlas organisations and their local partners have worked on gender issues by enhancing the capacities of women with disabilities and encouraging them to advocate for their rights. They also address gender issues

through direct service delivery. In general, local partners have strived to get closer to gender parity and many have shown equal participation in various activities. By the end of 2019, some of the key results seen were:

- 49 % of the 15,603 learners enrolled in school were girls.
- 53 % of patients who have received direct medical care have been women.
- 56 % of savings and loans group participants were women.
- 59 % of all participants of vocational/ entrepreneurship training were women.

In Malawi, NABP's partner MUB carried out training focused on economic activities to a greater number of women than men. This was due to women often encountering more financial challenges than their counterparts. In Nepal, as women's participation in economic activities was lower than for men, NAB increased the number of home visits to encourage their increased participation in economic activities. In Uganda, on the other hand, NAD's iSAVE programme now has 13,166 active female members. In East Africa, women dominate NUDIPU's DiDRR core group, and the way NUDIPU organises its activities within the project positively addresses gender issues. Its budget is flexible, for example, to allow breast-feeding mothers to participate with their babies and babysitters. The additional costs for the babysitters' travel, food and accommodation are covered by the budget. Start and end times of activities usually allow mothers to first care for their school-aged children. In this way, mothers are not disadvantaged because of their family responsibilities.

Another challenge has been to ensure that girls with disabilities get access to education, which some parents resist. NAB in Nepal has increased their home visits for parental counselling, as well as initiated a series of meetings with school management teams to secure a welcoming learning environment. In Zambia, gender

is central in NAD's inclusive education project, which is reflected in the focus on girls' attendance in schools in the teacher training. The teacher training seeks to illustrate gender equality and inclusion in practice, and there has been a marked change in the participation and leadership of women among the teachers and in girls' attendance in pilot schools. In Angola, NABP's partner observed that there were fewer women than men visiting the clinic. One reason was that men were more engaged in formal employment and therefore more easily could access the clinic. With frequent announcements and publicity, the number of women attending the clinic has slowly been increasing. In Nepal, on the other hand, NAB reported that women's health status is improving, as a total of 59 % of those benefiting from the programme's medical services are women. Women account for 57 % of all outpatient department services (examination of eyes at hospitals, eye centres/clinics and outreach activities), 53 % of cataract surgeries, 62 % of both ear services and other minor eye surgeries, and 59 % of those provided with eyeglasses after refraction examination. In Malawi, women at the new school of Signo's partner are trained to work together with men, for example by offloading bricks, handing mud to the builders, and removing soil from the foundation of the school block.

Men and gender balance

Gender representation goes both ways, and many of our local partners have seen the need to engage more directly with men to ensure such a balance. For instance, in African societies, caregiving of children and persons with disabilities is often left to female family members. For this reason, Inclusion Africa, RHF, and the MACOHA CBID programme have implemented interventions that promote the role of male family members. Within the DPOs in Malawi and Southern Africa, it is mainly mothers who are actively involved in the organisations and activities of the support groups, while experience has shown that many fathers get more involved when it comes to organisational leadership. Another observation has been that fathers who are already involved in the DPOs actively encourage other fathers to take responsibility in the care of their children. Additionally, nursing is female dominated worldwide, as is the case

in Lesotho, where the local partner of NABP has been advocating for more male students in the country's ophthalmic nursing course.

Sexual violence and harassment

During the programme period, several of our local partners identified the need to expand their focal areas to cover sexual and domestic violence. In Palestine, addressing the sexual violence of girls and women with disabilities has become an important strategy in the CBID programme, while the eye health projects of NABP in Mozambique and Angola all register, track, and counsel cases of domestic violence against women. The latter was piloted by the eye health project in Nepal in 2018. This will be a prioritised activity for several other projects in the next programme period. NAD reported that the involvement of 19 female paralegal officers in Zambia is a key result to ensure that all cases of rights abuse towards women with disabilities are dealt with.

Many of the local partners have developed their own policies addressing sexual harassment or started awareness raising to protect women. For instance, in 2018, NABP's local partner in Laos developed its own sexual harassment and gender violence policy. Realising the need for safe accommodation for blind and partially sighted women who come to Kathmandu for education and other opportunities, NAB has been providing hostel facilities since 2001, and it started constructing its own universally accessible safe home for blind and partially sighted women in 2017. During a women's rights and gender equality talk, Signo and its local partner in Zambia discovered that domestic violence in rural areas is relatively common and sometimes even considered a normal part of a relationship. Because of this, sensitisation programmes in rural areas have been seen as crucial for women and men to learn to distinguish between love and abuse and to understand what is acceptable in a relationship. At the same time, RNZ has seen that increased participation of women in their project in Zambia has led to increased awareness about sexual violence and harassment among women who have previously been silent about their experience with gender based violence and abusive marriages.

Cross-cutting issue:

The environment and climate change

The key characteristics of Agenda 2030 and the SDGs are the five 'P's': People, Planet, Prosperity, Peace and Partnership. In a developmental context, the planet - and by this we mean the climate and environment - plays a crucial role. Events related to climate change, such as heat waves, drought, and cyclones, may pose great risk to people's health, lives, livelihoods and future. Environmental concerns, such as air-pollution and contaminated drinking water, will likewise have a negative impact on people's lives and communities.

Persons with disabilities are especially vulnerable to the negative outcomes of climate and environmental changes, and it is thus crucial for projects to have a preventative or mitigating focus alongside their main objectives. Persons with disabilities are, in general, especially dependent on access to clean water and sanitation in their immediate vicinity, as they often are less mobile than persons without disabilities. Planning for DiDRR is also crucial because persons with disabilities have a two to four times higher risk of losing their lives in natural disasters than non-disabled persons.

While most Atlas Alliance projects focus on capacity building, rights awareness, and service delivery, and thus have a seemingly limited environmental impact, some do strive specifically to positively impact the climate and environment. At the same time, there are also identified areas in which negative outcomes are possible from project activities.

How the climate and environment may affect the projects

There have been several instances where climate and environmental concerns have had a direct impact on target groups and project initiation:

- In Zambia, a devastating and prolonged drought that lasted three rainy seasons adversely affected the livelihood of parents of children with disabilities in several target villages of NAD's project. As the project communities became more preoccupied than normal with sourcing food, they did not have time to carry out or participate in many project activities. In southern Zambia, where the CBID programme operated, animal husbandry was also affected as livestock had less access to water. Households in CBID communities thus reported increased animal-human conflict as indigenous fruits in the bush became a source of income and nutrition for families struggling to harvest enough food for consumption.
- With increased flooding and landslides, people become less mobile. This has, in many instances, led to participants not being able to attend project activities in affected programme countries. For instance, during the rainy season in Nepal, rivers near the hospitals of NABP projects were often flooded. Additionally, in Makwanpur in Nepal, the NAB project's hostel was completely flooded after heavy rainfall and was no longer fit for stay in 2019. The project therefore supported the move of the hostellers to a safe place with bedding, clothes, and food.
- In Uganda, the unplanned settlements and rudimentary farming practices in the mountainous Manafwa district led to landslides during the wet season, which impeded programme progress. The terrain became impassable for some persons with disabilities, as well as staff of NAD's local partner. This made transportation expensive and led to delays and postponement of key activities.
- In Uganda, the prolonged drought and torrential rains negatively affected the repayment rate of loans by group members. The drought and rains led to lower crop production, which in turn reduced the savings volumes.

During such spells, weekly savings meetings of the NAD project were suspended to give priority to food security.

- When cyclones Idai and Kenneth hit Beira in Mozambique in March and April 2019, many ACAMO members' houses were destroyed. ACAMO worked together with specialist organisations to reach out to and support persons with disabilities after the disasters struck, with NABP supporting ACAMO in distributing foodstuffs and reconstruction immediately after the crisis.

Projects that purposely set out to impact the environment in a positive manner

Most of the local partners did not have any specific environmental policies nor strategies in place during the programme period, but they did become more aware of environmental concerns. Most had guidelines and environmentally friendly practices, while some projects had activities that specifically aimed at positively making an environmental difference:

- To ensure environmentally friendly projects, NABP and their local partner ACAMO continued their contact and collaboration with partners of Friends of the Earth Norway in Mozambique, Kulima, Adel-Sofala and Livaningo.
- In Zambia, NAD's local partner promoted organic vegetable growing among its 103 clubs, with a membership base of 1,359 persons. These clubs encouraged the use of natural manure that does not have an adverse effect on soil fertility and structure, unlike commonly used fertilisers. Organic vegetable growing also improves the soil structure. As many as 59 of the clubs were actively sensitising other community members on the benefits of organic vegetable growing, which consequently led to a visible change in the surrounding environment. As a result of sensitisation meetings, project communities are now aware of sustainable development and they have become more conscious of the environment.
- In Zambia, Signo's local partner Bauleni constructed a biogas plant. This plant helped with the management of waste from the piggery and other digestible materials. The slurry was used as natural fertilizer for the project garden, while the gas produced was used for cooking.
- NAD has supported the development of a teacher training module that was introduced in Zambia in 2019 and will be introduced in Zanzibar in 2020. The module demonstrates how to make teaching and learning aids from locally available and recycled materials rather than buying them, often from abroad, which requires transport into and around the country. The programme thereby advocates for conserving and preserving nature.
- In Uganda, NAD's DiDRR project worked closely with organisations and departments that aspire to protect the environment. Specifically, in all target districts, the project worked with District Environment Officers and climate friendly organisations to ensure that activities did not contribute to environmental degradation. For instance, in its outreach, the project encouraged members to plant local fruit trees that do not require a lot of water. This served two purposes – it protects the environment, while at the same time provides fruit for consumption.
- By empowering persons with disabilities in Malawi with knowledge and skills on DiDRR, they became DRR agents of change through their participation in climate and environment conservation initiatives among their peers with disabilities. Their contribution in district civil protection committees complemented what other actors in the sector were doing. The NAD DiDRR project was able to establish partnerships with institutions working in the climate and environment sector, such as CADECOM and Malawi Red Cross. In return, these institutions were exposed to disability mainstreaming knowledge. This knowledge enabled them to promote the participation of persons with disabilities in issues of climate change and the environment.
- In Uganda, the iSAVE groups were used as platforms for awareness on DRR and climate change. A partner NGO in Manafwa supported conservation of the environment by training iSAVE members on tree nurseries. This led to iSAVE group members establishing enterprises of tree nursery beds and diversifying into environmentally friendly ventures rather than environmentally harmful agriculture and charcoal burning activities. Under the same NAD project, local partner AMFIU entered into a partnership with Water.Org. Through this partnership, they promoted equitable distribution of water points, as well as mechanised irrigation innovations for clients in the arid rural areas to ease pressure on the environment.

How the projects may affect the environment and climate

There is always the risk of a project having a negative, untoward impact on the environment and climate. In such instances, it is important not only to be aware of such possible implications but also to have a clear preventative plan.

Increased carbon emissions

The Atlas Alliance Secretariat, the Norwegian organisations, and the local partners all contributed to increased levels of carbon emissions. Project visits required one or more flights per visit, and cars were used frequently in project countries for trips to clinics, schools, meetings, and project areas. Diesel generators were also used for electricity in some places. To limit the negative imprint, however, the following steps were taken:

- The Secretariat and Norwegian organisations limited their project visits and, when possible, trips were combined to reduce the number of separate plane trips.
- Many local partners chose to use cars instead of flying, which comparatively has a lower impact on the environment. Project vehicles were also kept up to date, timely serviced, and transportation limited to only what was necessary.
- In Nepal, the local partner of NABP installed high-capacity solar panels as an alternative source of power at their central office. This has reduced the need to use generators whenever the power is out.
- In Angola, the NABP project moved from Bungo municipality to the capital of Uíge Province. By doing so, the risk of polluting diminished as the health center got access to water and electricity lines. Before that, diesel aggregates were used during operations and water was collected from the nearby river.

Increased use of paper

With increased access to learning materials and equipment for the blind and partially sighted, also comes an increase of paper usage. Braille machines use a significant amount of Braille paper, which contributes to the degradation of the environment. In school, one blind student uses paper equivalent to what 133 other learners would (in quantity and gram of Braille paper). To reduce the amount of paper used, NABP introduced ORBIT 20 to

their local partner in Uganda and Nepal. This technology will in the future be a tool used in teaching situations instead of Perkins Braille and Braille paper. However, funds and training are needed to roll out this device in the schools and training institutions.

Damage to land and biodiversity

Some projects had the potential to have a damaging effect on the environment. This could be linked to improper sewage management and waste disposal. To limit the negative imprint, the following steps were taken:

- In Uíge in Angola, the NABP rehabilitation project received an empty building from the municipal authorities, where the local partner ANCAA installed a proper sewage tank. This enabled the sewage to be collected by a sewage truck instead of spilling into the open drain system.
- In Southern Africa, the LOREWO project of SINTEF ensured that any waste from manufacturing and repair of assistive devices was sorted, recycled (if possible), and handled in an environmentally friendly way.
- In Nepal, the NABP-supported hospitals disposed wastage in an incinerator while the municipality managed wastage that could not be burned, such as glass and needles. Generally, the eye camps were conducted in collaboration with health posts that took responsibility for managing the wastage generated.
- In South Africa, RHF noted that there was an issue with proper waste disposal for SBH patients. This included disposal of continence management materials, packaging bags, plastic water bottles, and rehabilitation centre waste. To minimise the effects, the project ensured that there were separate waste disposal containers at the institution, as well as safe waste disposal trainings to staff and beneficiaries.
- In Lesotho, Queen Mamahato Memorial Hospital and the Ministry of Health had strict regulations for safe disposal of medical waste used by NABP's project. District hospitals and hospitals run by the Christian Health Association of Lesotho also followed the ministry's guidelines. Some district hospitals had good disposal units, while at other hospitals medical waste was collected and handed over to public health authorities for disposal.

Cross-cutting issue:

Anti-corruption

As with the thematic areas, the Atlas Alliance cross sectoral work aims to contribute to achievement of the SDGs. The cross-cutting issue of anti-corruption supports SDG 16: *to substantially reduce corruption and bribery in all their forms, in order to promote just peaceful and inclusive societies.*

The Atlas Alliance Secretariat and Atlas organisations have zero tolerance towards corruption. In 2016 our financial manual and checklist was revised by KPMG as part of an inclusive process where the organisations were involved in the discussions. In 2017, an anti-corruption plan was developed for 2018-2019, along with the appointment of an anti-corruption focal person within the Atlas Alliance Secretariat.

The Atlas Alliance secretariat, as well as several of the organisations, participate in the Norad anti-corruption network and share experiences across the Norwegian development organisations. It is both cost effective and time effective to learn from the work of others and adopt already tested tools. When new organisations explore the possibility of joining the Atlas Alliance, they get involved in the anti-corruption work right away to ensure that both they and their local partner organisation fulfil the Atlas and Norad requirements, and that they are sufficiently robust to comply with the demands of being a Norad recipient.

During the 2016-2019 period, and especially during 2019, the anti-corruption efforts of the Atlas Alliance were strengthened significantly. In late 2018, the secretariat increased its finance staff from one to two positions. During 2019, control efforts have continued to improve.

Several initiatives to prevent and detect corruption throughout the value chain within the Atlas Alliance are now in place and part of the daily routines. These initiatives include the collection of local partner financial reviews, analysis of local partner management letters, a new 2020-2024 anti-corruption plan for the Atlas Alliance, and regular finance meetings ('økonomiforum') held three times per year for all

Norwegian partners. Our aim is to raise the threshold for abuse of power and funding, uncover old cases, and expose new attempts of corruption and misuse.

In 2018, the Atlas Alliance started to require that financial reviews of local partners be conducted yearly, and that these reports be sent to the secretariat for careful review.¹ The secretariat reviewed a selection of each Norwegian partner's financial reviews of their local partners and has communicated any findings that must be followed up with their partners by the end of 2019. In addition, the secretariat has required the submission of all local partners' management letters each year, starting with 2018 financial reports. All management letters have been analysed by the secretariat and listed in a management letter risk overview. The management letter risk overview has been sent out to all Norwegian partners with a clear date for closing the risks identified in the local partner management letter.

The Atlas Alliance continued the anti-corruption efforts in 2019 by creating an action plan for 2020-2024.² This plan was started in 2019 and builds on all the monitoring actions implemented in 2018. The efforts detailed in the plan entail converting the manual monitoring of financial checklists and management letters into automated processes linked to a new IT system. The plan also outlines updating standard contracts to be used, ensuring all NORAD requirements are communicated and understood throughout the value chain.

An improved and more systematic anti-corruption effort is also evident in the Norwegian Atlas organisations. These increased efforts have resulted in more cases of corruption being reported. The most severe case, involving FEDOMA (supported by NAD), was revealed based on pre-emptive investigations. Investigations into another organisation, PODCAM, were initiated after information of possible misconduct surfaced during the FEDOMA investigations.

¹ The requirement was added to the 2018 partner contract by the secretariat.

² The 2020-2024 anti-corruption plan, see attachment nr 1.

Report on suspicion of financial irregularities in 2016–2019

2016: NAD reported an incident in their programme in Palestine regarding a local DPO that failed to pay office rent to their property owner. This was taken to court by the property owner, resulting in freezing of the DPO's bank account containing 7,000 USD of programme funding. As a counter measure, the DPO also took the case to court. The case is now settled. NAD and Diakonia (Sweden) have repaid their respective shares of the loss.

2017: The Atlas Alliance supported the East Africa Cup sports tournament with 80,000 NOK in 2016 to contribute to an inclusive sports tournament and received good reports on the participation of youth with disabilities. Several Norwegian donor organisations have collaborated since the autumn of 2016 on a major investigation of the Christian Sports Contact (CHRISC) in Kenya, Tanzania, and Uganda, as well as the East Africa Cup. The investigation revealed a misuse of 4,974,059 NOK in the period 2012 to 2016. The Atlas Alliance has repaid 28,860 NOK of its share to Norad.

2018: NABP independently appointed an investigative firm to investigate UNAB in Uganda with regards to a number of corruption issues raised, including regionalism, tribalism, break-ins and fraud. The report unearthed several anomalies that required improvement both from individuals and from the organisation. As a result, the consultants recommended capacity building of both the UNAB board and secretariat on topics such as financial management and on how to conduct board business. Funds from Atlas were frozen after consultation with Norad, while a resolution from the December board meeting in UNAB stated that all those caught up in the corruption scandal should pay up and clean their records. UNAB requires a complete overhaul – right from the board to appointing a management firm to support systems, while gradually handing over the institution to a new secretariat. The findings from the review were shared with other donors to UNAB and a total of 45,423 NOK has been repaid to Norad.

2019: In February 2019, one of NAD's own employees reported a suspicion of possible misuse of power and corruption in FEDOMA in Malawi. NAD notified the Atlas Alliance secretariat and Norad's Fraud and Integrity unit (Whistleblowing channel) and froze all further funding. NAD appointed an investigative firm to do a special audit of FEDOMA for the period 2018 – 2019 (with another

report later prepared for 2016 – 2017). The forensic audit revealed forged documents, undocumented expenses, use of funds on activities not approved in budgets, illegal activity, major weaknesses in internal control, and facilitation fees to the general manager. These findings were shared with other donors, and a close cooperation about this case was initiated with these donors. The Atlas Alliance and NAD have ended the cooperation with FEDOMA. The investigations revealed a total misuse of 1,113,317 NOK of Norad funds provided by NAD. This amount has been repaid to Norad.

2019: An employee in the Diabetes Association of Zambia was accused of theft and production of counterfeit documents. NDA commissioned two different audits which revealed that costs totalling 39,451 NOK were missing documentation. This amount has been repaid to Norad.

2019: Based on a received tip of possible corruption, NAD asked MACOHA to do a limited revision of PODCAM funds. Based on findings in this revision, a forensic review was commissioned. It was determined that PODCAM had lack of oversight and internal control. A lot of transactions were unsupported. Financial obligations were not respected, and statutory pension remittances were not made. In addition, a number of falsified vendor receipts were uncovered. These findings have been shared with other donors and with the Government of Malawi. 814,994 NOK has been repaid to Norad.

Examples of Atlas organisations' and their partners' anti-corruption measures

- To ensure greater transparency, the Atlas organisations have been assisting partners in developing their own financial guidelines. In 2016, such policies had been developed and actively used by 76 % of local partners, which by 2018 had increased to 96 %, a result which reflects the focus the Atlas organisations have had on this. Several local partners have also developed or are in the process of developing separate anti-corruption policies. Most local partners have included clauses in these financial guidelines that covers e.g. anti-corruption, car usage, public announcement of expenditures, and procurement procedures. Some local partners also train members on financial management and anti-corruption measures.
- A majority of the local partner organisations ensure that no single person is financially responsible.

Checks that require two signatories and approval of funds disbursement from both a manager and CEO are among the common measures observed across the various local partners. All partner organisations are required to have a separate bank account for the Atlas funds.

- Both internal and external audits are completed annually by each local partner. In many instances, the Atlas organisations and/or their auditors communicate directly with the auditors of the local partners. Additionally, the Atlas organisations conduct due diligence regularly when visiting their local partners, in which they go through the Atlas financial checklist and guidelines.
- NUDIPU, NAD's partner in Uganda, is in the process of phasing out cash transactions. All payments are now made through mobile funds to reduce incidences related to cash handling. Even fuel for vehicles is paid using a fuel card. The same applies for NAD's project in Zambia.
- The Eye Health Programme of NABP in Rapti and Bahadurgunj organised a social audit meeting in 2018. The purpose of a social audit is to measure and improve an organisation's social and ethical performance. By keeping their stakeholders informed about their services and activities and asking for their feedback, NABP can improve the quality and effectiveness of their services. The meeting was conducted in the presence of Mayor and Deputy Mayor of Lamahi Municipality, representatives from donor agencies, and different political parties, as well as beneficiaries from more than 50 regions. Information on the services provided by the programme was disseminated, followed by discussions and recommendations.
- The custom clearance process in Mozambique is painstakingly complex and slow and provides possibilities for individuals to benefit from facilitating or rescuing imported goods. NABP has in the last couple of years worked intensively to make the Ministry of Health accountable for a transparent and quicker custom clearance of medicines and equipment to the project. However, at the start of 2019 problems arose during importation of a new project ambulance, medical equipment, and medicines. Repeated delays and poor communication from and within the Mozambican Ministry of Health almost led to the goods being lost in a forced auction. Thanks to decisive help from the Norwegian Embassy, NABP's Eye Health Project in Mozambique was able to retrieve all imported equipment including the ambulance.
- NAD's project partners in Uganda, AMFIU and NUDIPU, developed operational financial manuals at organisation and district union level respectively, with all iSAVE Programme District Unions establishing Finance and Procurement Committees to guide effective utilisation of funds. NUDIPU also installed a toll-free line at its office and encouraged iSAVE members to report incidences of financial impropriety.
- In Angola and in Mozambique, NABP projects provide free health care services and have made efforts to ensure that there is limited risk of personnel taking advantage of unknowing patients. So far, they have not encountered any staff demanding payment from patients for medicine, consultations or surgery. Radio announcements are frequently broadcast to inform that services are free of charge and open to all citizens.
- In 2018, in coordination with NFU, EENET developed training materials for PFPID's member organisations on good governance. The material was in Easy Read Language and translated into Nepali. This was a follow-up from work started in 2017.
- In 2018, FFO went through the financial checklist and also performed Due Diligence with local partner NFDN in Nepal and SAFOD in regional Africa. Information was provided on the whistle blowing mechanism of Norad. All seven provinces in Nepal were monitored in 2018; this was important, in particular, with new staff and newly elected boards.
- In Malawi, MUB, the local partner of NABP, has its anti-corruption policy in place after being approved by the Executive Board. The Board has also resolved that, after the 2019 general assembly and elections, all members of MUB's governance structure and management will have to sign a mandatory anti-corruption form. MUB has developed a project scheme to train its grassroots members in anti-corruption in order to establish and sustain anti-corruption culture.
- NABP has two financial controllers (one in India, and one in Nepal) who check accounts and documentation from all projects and communicate with projects to improve standards and check vouchers. Projects have also been asked to document the activities that take place with pictures and other forms of verification ('proof'), for example, recording how many and who took part in events.

Added value

The Atlas Alliance organisations represent an active and vibrant Norwegian DPO community, where the eight most active organisations have more than 300,000 members in total and up to 100 years of collective experience in working for the rights of persons with disabilities in Norway. This experience is brought into their development work, providing an important foundation for the work with the partner organisations. At the end of 2019, the Atlas Alliance secretariat had seven employees and the eight most active organisations, together, have 17 employees (full or part-time) working with Norad-funded projects.

Quality support to partners in the South – added value from the organisations

It is striking how a person with a disability in Norway can find an immediate connection with a person with a disability in another country. Experiences and challenges can be so similar, and this solidarity and common understanding is an important driver for our work. The situation for persons with disabilities in Norway and partner countries presents both similarities and differences. Challenges with the disability and the environment can be similar, but the systems in Norway and partner countries vary greatly. This makes it important to share experiences from Norway whenever relevant but at the same time listen to local DPOs and their expressed needs and experiences. The Atlas organisations are in a unique position to manage this balance.

The Atlas organisations support our partners in a variety of ways, including through:

Organisational development: DPOs are often weaker than other NGOs, and it is important that they have access to long-term partners like the Atlas Alliance. Several of the local partner organisations were established with the assistance of the Atlas organisations, who have years of advocacy and organisational experience in Norway and can share competencies and experiences in the different development stages. For example, FFO has coordinated the CRPD shadow report

in Norway, and has brought this experience to the CRPD trainings they have carried out in Africa.

Operational funding: Many of the Atlas organisations provide financial support to cover the operational expenses of the local partners, and even bring in additional donors. This is important because the local partners can spend less time looking for additional funding, and more time on actual advocacy and service delivery. For example, many donors prefer to finance only project-specific activities, while Norad funding can be used for general operational expenses, which is crucial to be able to run an organisation. Over time, however, it is important for our partners to secure additional funding from other donors for greater organizational independence and sustainability, and NAD organisations will support them in this effort.

Networking: Atlas organisations are often part of national and international networks and, as a result, our partners are invited to be part of a worldwide disability movement where they can gain knowledge, inspiration, tools, and encouragement to fight for their rights in their own countries. This includes international donors, likeminded DPOs in other countries, and like-minded DPOs in the partner organisation's own country. South-South relationships have been established and partners are even preparing joint activities among themselves.

Technical support: The Atlas organisations work closely with their partners to provide high-quality, relevant technical support, for example, on how to secure donor funding, which usually comes with very specific requirements. At the same time, the organisations work hard to ensure local ownership, which is crucial for project success. With many years of experience, the Atlas organisations have mastered this dual approach of local ownership and high international standards.

Laying the groundwork: SINTEF is currently involved with WHO on the new GATE initiative, inspired by the Norwegian system for provision of assistive technology. The living condition studies not only create a baseline in



Youth representatives from NAD and FEDOMA in Blantyre, Malawi, following a debate about the portrayal of persons with disabilities in public media in Norway and Malawi. PHOTO: NAD

the studied countries but also support the advocacy work of local partners. There are many examples of utilisation of results from these studies, including direct influence on policy development in several of the collaborating countries.

Mutual sharing and learning: There is a mutual learning outcome in partnerships that results from sharing experiences and new ideas. For instance, federations in Norway and partner countries both have challenges speaking with one voice on behalf of many affiliates. Through sharing their respective experiences, organisations can learn from each other how to more effectively address such challenges.

Internal coordination and quality assurance – added value from the secretariat

The Atlas Alliance secretariat is tasked with ensuring that the Atlas organisations have the necessary skills,

tools, knowledge, and funds to support DPOs and partners in achieving programme goals in a coordinated, cost effective and transparent way. Throughout the 2016 – 2019 programme period, the secretariat has worked diligently to improve processes and procedures to facilitate the work of the organisations. This includes a common online database with updated documents and tools for project management and applications for funding. This also includes shared strategies, policies, action plans, and other tools. These are a clear added value as they save time and provide the organisations with a standardised set of documents that fulfil the requirements of the alliance and donors. The organisations participate actively in the development of these tools and documents, ensuring a democratic and transparent process. In addition, Atlas organisations that use other or supplementary documents share these with the alliance.

The Atlas organisations meet once a month in the Atlas Alliance’s development advisory committee (‘bistandsfaglig utvalg’) where programme advisors from all the organisations get together to share knowledge, experiences, and ideas. Once a year, the whole alliance, including the board, gets together for the annual meeting.

The Atlas Alliance secretariat participates in different international forums, representing the Atlas organisations that carry out development work, to share experiences and bring back lessons learned from other organisations.

The Atlas Alliance secretariat joined the 11th session of the Conference of States Parties to the CRPD, which took place at the UN headquarters in New York in June 2018. This meeting is held annually to discuss the progress of the implementation of the CRPD. The overarching theme of the 2018 session was ‘Leaving no one behind through the full implementation of the CRPD.’ The Atlas Alliance helps bring the international development perspective to the table.

On 24 July 2018, the UK Department for International Development (UK DFID) hosted the first ever Global Disability Summit in London, UK. The International Disability Alliance and the Government of Kenya co-hosted the summit. The Atlas Alliance secretariat

participated in the meeting, as did high level Norad officials, confirming Norway’s commitment to disability inclusive development.

The Atlas Alliance (represented by the secretariat) and several of the Atlas organisations are members of the International Disability and Development Consortium (IDDC), and were represented at the General Assembly in Birmingham, 29 May to 1 June 2018. The Atlas Alliance participates actively in the consortium, sharing its experiences with IDDC members and bringing information back to the Atlas organisations.

Other tasks fulfilled by the secretariat to add value to the Atlas Alliance include:

- Continue the development and improvement of the data collection and reporting tool Petrus to ensure that we can collect data and show results in an accurate and transparent way
- Initiate joint projects, including the Inclusion Project, real time evaluation and social audit
- Participate in meetings with other Nordic disability umbrella organisations
- Provide advice and support to individual Atlas organisations based on the organisation’s expressed needs and observations made by the secretariat

Monitoring and evaluation

In the framework period 2016 – 2019, the Atlas Alliance began the journey to build a solid M&E system to facilitate successful reporting on both the activities undertaken and their results. More specifically, the goal of the Atlas Alliance is to carry out high quality monitoring and evaluations of the project portfolio to ensure that resources are used efficiently and that they benefit the target populations in the way intended.

Working towards this goal, our work on the M&E system for the 2016 to 2019 period has been guided by: 1) the secretariat and the organisations' desire to collect data and report results in a more accurate, systematic and coherent way through a strengthened monitoring system, and 2) by operationalising the 2015-2020 Evaluation Strategy which built on lessons learned from the previous framework period and incorporated recommendations from the 2014 Scanteam evaluation of the Atlas Alliance.

Implementing a new reporting system

For effective monitoring, it is important to have a system that provides information on all projects and ensures that this information is used to assess their results and impact. During the framework period, the Atlas organisations decided to strengthen their M&E system by developing a new reporting system, Petrus, where partner organisations can, eventually, also access their projects and add project data and narrative analyses. Project financial information is also submitted to Petrus.

The project year 2017 was utilised to adapt this system to the common Atlas Alliance results framework. Petrus was used for the first time in spring 2017 when the organisations delivered their 2016 reports. Budgets for 2017 and 2018, updated baselines and targets, annual plans for 2018 and 2019 and DAC-codes/statistical markers were also delivered from Atlas organisations to the secretariat through Petrus. The system allows aggregation of data on all projects and organisations, as well as by country and thematic areas. It also provides comparisons of outputs and outcomes from year to year.

By 2018, Petrus was more complete and, while the developers were still making changes upon the requests from the secretariat and the organisations, the 2018 reporting process was carried out through Petrus, with all the organisations submitting their quantitative results and narrative reports through the system. In general, the system has proven to be time saving for the Atlas organisations and the secretariat, and it makes the reporting more systematic, predictable, and coherent. Also, with Petrus, the secretariat has been able to more easily track project and programme development throughout the contract period.

While the system improved the secretariat's ability to monitor results and to communicate our achievements as an alliance, by the end of the project period, the alliance started thinking that a more comprehensive system that would allow for closer project monitoring, not just results reporting, was necessary. The work that started in 2019 when Atlas took the lead in the Together for Inclusion consortium allowed this process to take shape and has inspired similar thinking for the Norad framework agreement 2020-2024.

Evaluations and use of results for improved planning

The evaluation work of the Atlas Alliance in this reporting period has been guided by the 2015-2020 Evaluation Strategy. This strategy was developed based on the recommendations from the Scanteam Evaluation in 2014, which suggested that commissioning of Atlas Alliance evaluations be centralised to allow the evaluations to be used strategically across the Alliance and to promote learning.

Acting upon the recommendations highlighted in the evaluation, the Evaluation Strategy called for real time evaluations of at least two of the four thematic areas in the 2016-2019 period. The methodology of real time evaluations was selected because such evaluations can provide good learning opportunities, not only for a particular programme, but also for the whole alliance,

across organisations and thematic areas. One of the other benefits of a real time evaluation is the constant feedback to implementers, which allows them to make changes along the way versus a traditional final evaluation which provides feedback after the fact, when the project is over.

Following up on the recommendations, the Atlas secretariat coordinated two real-time evaluations, one in Malawi and one in Nepal. The objective of the evaluations was to get a more comprehensive understanding of key aspects of the Atlas Alliance's work, evaluate the impact of the work, and identify more effective ways of working. The findings were very useful for the Atlas Alliance and informed an adjustment in programme planning and implementation of projects in a way that was useful for the organisations. The feedback received from the Atlas organisations has been that the interaction with the evaluators has proven beneficial and, in addition, has created a space of confidence and exchange along the way.

The real time evaluations were carried out by the Norwegian Institute for Urban and Regional Research, together with local researchers in Malawi and Nepal. In Malawi, NAD, Signo and NABP were part of the evaluation, while in Nepal, the participating Atlas organisations were NABP, FFO and NFU. The thematic areas of human rights advocacy and inclusive education were chosen for the real time evaluation, mainly for their importance both within the alliance (half of the Atlas Alliance portfolio focuses on human rights advocacy) and within Norwegian development assistance (education is a focus area for the Norwegian government.)

The draft evaluations were completed in 2019 and have provided valuable insight into what works and what can be improved. For instance, strategies to achieve representation in decision making and planning committees have been largely successful in both countries. Some specific impact results, for example, the construction of disability friendly infrastructure, were noted and have been taken into consideration when planning projects for the 2020 – 2025 framework period. The real time evaluation also pointed out areas that show promise for large impact, for example engagement with municipalities on disability friendly planning and budgeting and disability mainstreaming. The evaluation stressed the importance of collective impact and

encouraged DPOs to explore the potential for collective action through cooperation with other organisations. An example of how this advice has already been taken to heart was Atlas Alliance collaborating with mainstream organisations in 2019 as the lead of the Together for Inclusion consortium.

Project evaluations

NABP – Evaluation of AICB, Rehabilitation and training of blind and partially sighted persons in Mewat, Hamirpur and Bharatpur (2019)

The evaluation was carried out in 2019 and covered the community based rehabilitation work done in Mewat, Hamirpur and Bharatpur 2010-2019. The objective of the rehabilitation project is to improve the living conditions of persons with visual impairments in the target areas. Blind and partially sighted persons have access to rehabilitation training, where they learn to live with their impairment and to know about their rights. People experiencing eye problems have access to eye care treatment.

The findings of the evaluation conclude that the project has been effective and efficient in delivering its stated commitments. The project was designed and implemented with a modest goal of providing rehabilitation services to blind and partially sighted persons to enable them to lead an independent and productive life and contribute to their family and their community. This has been achieved. The project has been instrumental in showcasing the potential of blind and partially sighted persons. These results have been very meaningful and relevant to the target groups. Sustaining these results needs continued reflection and strategising.

The learning of this evaluation indicates the potential and opportunity for such CBID projects to deliver results in areas beyond the present scope of the project and deepen the impact in areas such as: a) economic empowerment and poverty reduction b) social Inclusion and c) rights and empowerment – the rights based approach.

NABP – Evaluation of the Lesotho Eye Health Care Project (2019)

The purpose of the project is for that the people of Lesotho have access to trained eye health care

personnel and eye care treatment in order to keep the level of blindness and vision loss as low as possible.

The period under review was 2016 – 2019. The project's main area of work was in education, training and treatment of patients. Outcome: 1 (Treatment and results for patients) Persons suffering from eye disorders and at risk of losing eyesight obtain eye health services and Outcome: 2 (Health care system and education of personnel) Lesotho has a health system with personnel providing quality eye health services to the population.

Findings from the evaluation showed that, during the period under review, the project's intervention continued to contribute to enable persons suffering from eye disorders and at risk of losing their eyesight to access eye healthcare services in Lesotho. The project also provided the health system with personnel that provide quality eye healthcare services to the population. Patients and current and past students who have directly benefitted from the treatment and training, respectively, acknowledge the positive impact the intervention has had on their personal and professional lives.

NAD - Evaluation of the NAD/NFU Supported Inclusive Education Project in Zanzibar (2018)

The project objective was to support the system to become more inclusive and to be able to respond to the diverse learning needs of all children, including those with disabilities. The project has a strong focus on teacher training, with a sequence of training modules that move from general to specific. The project also created a group of Principal Trainers coming from different parts of the Zanzibari education system.

The evaluation showed that the teachers became more confident in their ability to meet the needs of all children, those with disabilities and those without, and they adopted new strategies in their classrooms. They also acquired a deeper understanding of the concept of inclusion and how it is about all children. Parents and School Inclusion Teams also gave positive feedback: for instance, parents of children with disabilities found that their children are being accommodated in a better way, and their needs are being addressed. The evaluation also shows positive impact on learners,

both with and without disabilities, and there has been a steady increase in the number of learners with disabilities and/or special educational needs enrolled in the pilot schools. In addition, drop-out rates have gone down. The children themselves also expressed satisfaction: they were happy to be at school, they felt supported by the teachers, and appeared to become more independent. The evaluation recommended that the teacher training programme be incorporated into the pre-service training curriculum and made compulsory for all future trainee teachers. The recommendations of the evaluation were taken into account when designing the projects for the next framework period.

The project has proven to be a best practice for inclusive education programmes and will be continued and scaled up, which means that more children with and without disabilities can access an education that is truly inclusive and lets them participate and achieve to the best of their abilities. In Zanzibar, the Global Partnership on Education (GPE) will support the implementation of the programme in more schools, while NAD will support the programme both in-service and pre-service, together with the State University of Zanzibar. The same project has been implemented successfully in Zambia, and the modules developed are now being included in the national teacher training curriculum.

A learning review/evaluation was also conducted in Zambia in 2019, which was finalised in 2020.

NABP – evaluation of “Strengthening Portuguese and Spanish speaking Countries members of the African Union of the Blind” (2016–2018)

The objective of the project is to strengthen six member organisations of AFUB with Portuguese and Spanish as their official language. Because they constitute a linguistic minority within the Union, they are not very involved in activities and projects. In the 2016-2019 project period, the project focused on two interrelated outcomes: 1) strengthening the six Lusophone and Spanish member organisations of AFUB to better represent and advocate for their constituency; and 2) ensuring adequate representation of women in decision

making bodies, staff and volunteers both at AFUB and member organisations. The project also aims to improve the communication and cooperation between AFUB headquarters and the member organisations, among other things, by translating important documents from English into Portuguese or vice versa. Another goal of the project is to support AFUB’s advocacy towards the African Union to ensure issues affecting persons with visual impairment are mainstreamed in the planning and decision-making process.

The evaluation concluded that progress has occurred; for instance, all target organisations have established women and youth committees. However, the degree to which these committees actually contribute to increased diversity in the organisations varies. The evaluators recommended that the organisations expand the concept of diversity and include other groups, such as sexual minorities and persons with albinism. They also recommended geographically expanding the current activities so that those living in rural areas can equally benefit from the work of the organisations.

NABP – evaluation of “Organisational Strengthening of Association of the Blind in Cambodia”

The evaluation found important achievements, such as an increased number of donors and external funds, increased level of incomes for the association, and a high number of blind and partially sighted persons having received eye operations, capacity building/trainings, and loans, allowing them greater independence. The evaluators concluded that ‘[t]he biggest strength of this project is the focus on both advocacy and service delivery, including education, training and/or income opportunities.’ The evaluation showed that the association has gradually strengthened its organisational capacity and it found improvements in the democratic structures and matters related

to management and leadership such as planning, reporting, HR, financial management, M&E and involvement of members and staff during decision making processes. The association is now seen as an important civil society actor by both the government and other important stakeholders, something that is very important for the sustainability of the organisation.

NABP – Evaluation of NAB Capacity Building and Rehabilitation projects, and the Eye Health project in Nepal (2019)

The evaluation was commissioned by the Social Welfare Council in Nepal, a government entity responsible for registering, monitoring and coordinating activities of I/NGOs. The evaluation report concluded that the NABP is an effective and successful role model programme, linking the three components of organisational strengthening, rehabilitation, and eye care. Overall, the targets were found to be met, and some of the key findings include:

- The modality of the rehabilitation project is effective and could be replicated in other programmes for similar populations. This model includes assessing blind and partially sighted persons in the local community and providing them support towards their growth and development, through various vocational, educational and income generating schemes in addition to mobility training increasing their self-reliance.
- Eye health services rendered through this project were found to be highly effective and among the best in Nepal. Gender balance was well maintained in all services, and the project has good reach to the poor. Linkage and coordination with local government was strong.

Recommendations included to extend the rehabilitation project to remote districts, which is being done in the 2020-2024 project period.

Advocacy, communication and documentation

In 2012, Norad published the report *Mainstreaming disability in the new development paradigm. Evaluation of Norwegian support to promote the rights of persons with disabilities*. It was revealed that the proportion of targeted Norwegian aid for persons with disabilities had fallen from 1.02 % in 2000 to 0.47 % in 2010. On behalf of the Atlas Alliance, the same team (headed by Annika Nilsson) conducted a similar study for assistance up until 2016. The report concluded that the proportion of assistance for targeted measures for people with disabilities had further decreased – to 0.36 % of all aid.

Norway ratified the CRPD in 2013, and thus is obliged to follow the CRPD article 32, which underlines the states' responsibility to undertake and follow up on international cooperation, development and capacity building.

When entering the 2016-2019 framework agreement period, The Atlas Alliance did not manage to have any increased funding from Norad or other sources. The requirements for matching funds/co-funding was the major reason for organisations ending their development work or reducing it drastically. On the Nordic and international stage, we played a very minor role. Only one Norwegian mainstream organisation had a formalised cooperation/MoU with the Atlas Alliance.

In 2016 the government published a white paper to the parliament, *Common Responsibility for a Common Future, The Sustainable Development Goals and Norway's Development Policy, Meld. St. 24 (2016–2017)*. An ambitious agenda is forecast: 'The 2030 Agenda and the Sustainable Development Goals (SDGs) have set the stage for a concerted global effort to eradicate poverty, in which no one is to be left behind. Meeting the SDGs will require a coherent approach to global, regional and national development.'

Facts based approach: Documentation

The Atlas-alliance has been true to its professed methodology and has produced, processed, and disseminated fact-based information, policies, and

advocacy efforts. We have used the above mentioned reports by Annika Nilsson in all relevant fora during this period to highlight how Norwegian overseas development aid has lagged behind on disability issues.

Furthermore, in close cooperation with the renowned research institution, SINTEF, we have supported and disseminated several living condition studies which have been very important to our local partners, lending evidence and credibility to their advocacy efforts. They have also proven useful for lobbying in Norway.

In addition, in 2018, we commissioned the SINTEF report *The role of stigma in accessing education for people with disabilities in low and middle-income countries: a review of the evidence*, by Gloria Azalde and Stine Hellum Braathen, and in 2017 we commissioned the report *Tracking Inclusion in Norwegian Development Support to Global Education*, by Kathleen M. Jennings.

This report was an eye opener for many, as it assessed Norway's progress on the commitments made in the White Paper on global education. The report found that the verdict is decidedly mixed. While Norway has played an important normative role in advocating for disability inclusion in global education, it is nevertheless the case that these efforts have, thus far, resulted in few verifiable results. The report further finds a global 'implementation gap' with respect to disability inclusive education. Disability inclusion is not (yet) an integral and necessary component of the global education agenda, as evidenced by the fact that disability inclusion is not mainstreamed at the programmatic, sectoral, or strategic levels in Norway, partner countries, or implementing agencies. There is also a troubling lack of decent data on the extent to which children with disabilities have access to education in developing countries.

Maybe the most important report during this period was undertaken by the Atlas Alliance itself, together with Nordic counterparts. In 2018 we published *Nothing*

about us without us – A Nordic Movement for Change. Our co-publishers were DPOs, Denmark, Vammaiskumppanuus /Disability Partnership Finland, and MyRight, Sweden.

The report summarised what were the major decisions undertaken during the London Global Disability Summit of 2018. At the same time, the report was a stocktaking of where Norway, Sweden and Denmark stood concerning official foreign aid policies on leaving no one behind.



10 recommendations from the report were disseminated to the various Nordic Ministries of Foreign Affairs and development agencies:

1. 'The last should come first': Progressive universalism must become a new principle.
2. Funding levels must be adequate.
3. The Nordics should be members of Global Learning and Assessment Development (GLAD).
4. DPOs must be strengthened.
5. Nordic experiences must be shared, including our experiences and practices on inclusive society development – and on how to leave no one behind.
6. More funds should be earmarked for research and mapping regarding Leave no one behind/tracking inclusion.
7. There must be more crosscutting cooperation on issues of disability in ministries, agencies, and embassies.
8. Private sector investments (and especially those receiving foreign aid), must include the Leave No One Behind-agenda.
9. Too strict co-funding rules should be revised and adapted to promote inclusion.
10. The Nordics should co-host a Disability Summit in 2022.

Nothing about us without us

With our solid groundwork done via various reports, the Atlas Alliance has organised several open policy seminars where the reports have been presented, most often with the Ministry being present. Some of the themes have also been revisited during the annual policy week undertaken during the so called Arendal week. The International Day of Persons with Disabilities, 3rd of December, has also been used for open debates on the same issues.

We have met with Norad several times during the period and have informed them of our positions and undertakings. We have had meetings with the major parties represented in Parliament and have lobbied strategically in order to raise awareness and willingness to follow up on Norwegian commitments. This has been a successful strategy, in the sense that we have published our findings, shown what Norway's obligations are, and have dialogued with decision makers on how best to follow up.

We have all along the way stressed the fact that the Atlas Alliance is a movement for and by persons with disabilities, i.e. we have a massive following that we can mobilise.

Communication

During this period, we have used different media outlets to spread our views and have had major opinion pieces in some of the major dailies. But during these years we have come to the conclusion that the paper *Bistandsaktuelt* is the most important outlet for us, as it is read by both politicians and development workers and bureaucrats. We have also focused on both disability and mainstream issues, and this has given us a say in broader groups and discussions. All of what we have published is simultaneously also published on our Facebook and Twitter accounts.

Concrete results

It is never easy to separate one effect from the other when trying to understand how results have come about. We are, though, confident that through our communication and policy and advocacy work we have had a major hand in the following achieved results:

- Together for Inclusion (TOFI) 2019 - 2022: A major new Norwegian initiative where the Atlas Alliance leads a consortium of both DPOs and mainstream organisations. Launched in April 2019.
- Nearly 20 DPOs and NGOs are cooperating in the TOFI-project by May 2020.
- This initiative has just been continued with new funds for a TOFI 2 period for 2020 – 2022. Launched in May 2020.
- An upcoming Norwegian Strategy for inclusive development
- A more flexible take on matching funds for DPOs
- A Global Disability Summit to be staged in Oslo in 2021/2022, with the Atlas Alliance co-hosting the Civil Society Forum together with the International Disability Alliance.

Lessons learned and the way forward

In this reporting period, the Atlas Alliance organisations have experienced that internal issues, national and local politics, and government commitment influence the achievement of targets. Many projects have reached their targets; others still have some work to do in order to set realistic ones. Establishing exact baselines have also been difficult, since statistics on persons with disabilities often are inadequate.

In many of our project countries, local partners experienced unforeseen challenges connected to shifts in the political environment, security issues and/or economic instability. The political changes in Nepal caused issues for our partners there, who have spent time and resources adapting to a new political sphere and re-establishing offices in new regions. In Angola, inflation has made NABP's partner ANCAA unable to carry out several activities and many blind and partially sighted persons have dropped out of braille classes as they cannot afford transportation. In Lesotho, NABP's Eye Health Care Project experienced changing plans of the Ministry of Health and frequent replacement of key ministerial staff, hospital staff and politically appointed staff, preventing the project from conducting surgeries and in general slowing down decision making in the health sector.

The Atlas Alliance secretariat and organisations have worked extensively to improve our systems for results monitoring. Through regular dialogue with and visits to local partners, results monitoring, organisational assessments, and evaluations, the Atlas Alliance organisations have gained useful experiences and extensive thematic and geographic knowledge that was used to plan the next programme period, 2020-2024.

Although the 2016-2019 results framework worked relatively well, some indicators proved to be difficult to report on, either due to the challenges getting reliable data, or due to other factors making attribution difficult to measure. The Atlas Alliance submitted an updated

results framework to Norad in November 2017, which better reflected the work of the Atlas organisations simply by rewording some indicators, and rearranging others. This framework provided the basis for the results framework for the period 2020-2024.

A summary of the key lessons learned are listed below.

- **Local ownership:** Local ownership and commitment of local authorities are important success factors and necessary to achieve results. FFO's partner SAFOD changed their approach from centralised workshops to country-specific workshops to ensure increased impact and sustainability through local ownership and targeted interventions. In NAD's CBID project in Palestine, the strategy of strengthening community ownership has worked well and improved the sustainability of the program. In Palestine, with its frail government, the strategy of cooperation with municipalities has proven effective as they are close to the ground and more aware of the problems of their communities. For RHF, training of health and community workers at district and referral hospitals as well as CBID programmes has been important, improving care at local level.
- **Long term interventions:** It takes time to change attitudes, build competence, and develop sustainable organisations and services in low- and medium-income countries. Developing long term training strategies and high-quality interventions are important. In Zambia, NAD experienced that the best way to achieve impact, is to work in the same area for the whole period of the four-year agreement rather than changing areas every year.
- **Government collaboration:** Close collaboration with local government is crucial for achieving results and ensuring sustainability. In a country like Lesotho, where top politicians and government frequently change, advocacy should target staff in



Tony from Zimbabwe, using his wheelchair made by LOREWO Zimbabwe with support from SINTEF. PHOTO: CAPTURED MOMENTS PHOTOGRAPHY

the bureaucracy. In the changed country context in Nepal, there is a challenge of advocating for ensuring the rights of persons with disabilities at province and local level since the representatives are all new and the policies are being developed. In the new context, many policy processes must restart from scratch. In NAD's DiDRR project in Uganda, close collaboration with the Office of the Prime Minister has made it easier to collaborate with mainstream DiDRR actors. In Malawi, RHF has had a good working relationship with the Environment Health Office, making it easy to get support to implement the project.

- Sustainability:** Many local partners, such as the Diabetes Association in Zambia and FFO's partner SAFOD, have invested in resource mobilisation to ensure that they can continue the interventions after the Norwegian Atlas organisations pull out. There is also a need to motivate more members to be committed to, and active in, the organisations. Many DPOs rely on a few active members, which poses a high risk on sustainability. Professionalising the organisations is key, with clear long-term vision and strategic plans, appropriate policies and guidelines, and full-time paid staff committed to the opportunities that arise.

- **Harmonisation:** In Tanzania, NFU and NAD has prioritised the development of a solid model for how inclusive education can be implemented. The model can be duplicated and customised to other contexts, providing a solid foundation for all stakeholders to develop and respond to their particular requirements. In Malawi, the successful participatory process involving key CBID stakeholders (government, FEDOMA/DPOs and other disability actors) in developing the CBID model and training packages has required considerable time, funds and human resources but has resulted in a harmonised model, better quality trainings and impact tracking mechanisms.
- **Concentration:** FFO's partner SAFOD now aims to maximise the resources for different (but interrelated) interventions, rather than try to spread to as many countries as possible. This has led to higher impact, despite focusing on fewer countries. In Angola, the concentration of different projects in the same province has given NABP's partner ANCAA more leverage in cooperation with local government departments and local politicians.
- **Ability to adapt:** In face of natural disasters (such as the earthquake in Nepal in 2015, and the floods in Malawi and the tropical cyclone Idai in Mozambique in 2019), our partners has shown an ability to adapt to an adverse situation. Timing of activities with regards to rainy seasons is also a lesson learned by several partners.

The way forward

The 2016-2019 period proved to be a period of learning and growth for the Atlas Alliance, laying the foundation for the 2020-2024 framework agreement period. The secretariat and the organisations have all taken many steps to improve the quality of project planning, implementation and monitoring, both in Norway and in the project countries, and enter the new period with a higher level of professionalism.

In the area of results monitoring and evaluation, the importance of standardising measurements and methods across organisations and across countries became very clear. It is difficult to gather and compare results if they are not measured the exact same way. The results framework for 2020-2024 is therefore much more comprehensive, including a detailed indicator definition guide for each indicator, explaining in detail the definition of the indicator, its purpose, unit of measure and disaggregation, its data source and frequency, who is responsible and how quality control should be carried out. Lessons learned from Atlas' other Norad agreement, Together for Inclusion, signed in 2019, have also been valuable for the developing the new framework agreement.

The learning curve in anti-corruption was also steep in the 2016-2019 period, as described in the specific chapter on the topic. All these lessons learned are included in the new anti-corruption plan that guides the work of the Atlas Alliance. Both the secretariat and the organisations that have experienced corruption, embezzlement or other related issues, have shared freely of their experiences with the other organisations in the alliance. Because of this, all the organisations have strengthened their financial management, donor coordination, and transparency at all levels.

The Atlas Alliance secretariat, Norwegian organisations and local partners have all worked hard to meet and exceed the financial and operational requirements in an increasingly professionalised aid environment – and continue to do so. We are proud to be part of an alliance that over the years has grown into a professional and serious actor in the development field, and to be considered a resource for our NGO and government partners when it comes to inclusion, and our ultimate goal of fulfilling the rights of persons with disabilities.

Financial overview

TABLE A – OVERARCHING FINANCIAL OVERVIEW 2016–2019

	1	2	3	4	5	6
	Approved budget for reporting year	Total expenditure in reporting year	Approved total budget for agreement period	Total expenditure to date	Deviation (3) - (4)	Deviation % (5) as % of (3)
	2019	2019	2016–2019	2016–2019		
Project costs - Atlas Alliance Secretariat (including the Inclusion Project, Living Condition Studies and the Atlas Alliance Secretariat)	12 326 924	11 118 569	38 275 131	37 066 776	1 208 355,13	3,16
Project costs - grant recipient (technical advice and travel costs)	7 619 324	8 240 662	30 367 053	30 988 391	-621 338,17	-2,05
Project costs - local partner	61 604 244	61 903 834	223 356 862	223 656 452	-299 590,10	-0,13
= Total Project costs	81 550 492	81 263 065	291 999 045	291 711 619	287 426,86	0,10
minus other external funding	10 282 374	10 373 655	26 531 049	26 622 330	-91 281,00	-0,34
= Project costs, basis for calculation of grant recipient's own contribution	71 268 118	70 889 410	265 467 996	265 089 289	378 707,86	0,14
minus grant recipient's own contribution (min. 10%)	5 737 940	6 971 858	22 253 112	23 487 030	-1 233 918,40	-5,54
= Norad share of Project costs	65 530 178	63 917 552	243 214 885	241 602 258	1 612 626,26	0,663
plus Norad contribution to administrative costs (up to 7%)	3 615 464	3 612 596	14 898 016	14 895 148	2 867,91	0,02
= Total Norad grant	69 145 641	67 530 147	258 112 900	256 497 406	1 615 494,17	0,63

TABLE B – OVERVIEW OF PROJECT EXPENDITURE 2016–2019

	1	2	3	4	5	6
	Approved project budget 2019	Total Project expenditure 2019	Total Norad grant (2016-2019)	Total expenditure of Norad grant (2016-2019)	Deviation of expenditure of Norad grant (3) - (4)	Deviation % (5) as % of (3)
Africa, sum	46 211 814	46 351 915	176 992 927	176 896 515	96 412	0,05 %
Angola	2 638 277	2 640 754	11 028 077	10 861 403	166 675	1,51 %
Lesotho	1 315 230	1 362 677	7 595 278	7 458 363	136 915	1,80 %
Malawi	6 475 984	6 246 924	31 852 002	32 161 103	-309 101	-0,97 %
Mozambique	2 114 321	2 129 237	9 017 317	8 894 329	122 988	1,36 %
Regional Africa	12 665 578	12 886 812	44 013 432	44 062 971	-49 538	-0,11 %
Southern Africa						
Tanzania	3 383 369	3 545 047	8 398 652	8 862 355	-463 703	-5,52 %
Uganda	8 064 190	8 475 937	28 126 567	27 732 962	393 605	1,40 %
Zambia	9 554 865	9 064 527	36 961 602	36 863 030	98 572	0,27 %
Asia, sum	11 946 666	11 727 880	49 551 184	50 014 375	-463 191	-0,93 %
Cambodia	614 742	638 412	2 471 519	2 401 271	70 249	2,84 %
India	401 651	377 656	2 200 621	2 170 141	30 480	1,39 %
Laos	850 268	908 510	3 450 518	3 638 783	-188 265	-5,46 %
Nepal	4 162 808	4 217 671	19 194 607	20 840 092	-1 645 485	-8,57 %
Palestine	5 226 512	4 869 834	19 499 429	18 276 969	1 222 460	6,27 %
Regional Asia	690 685	715 798	2 734 490	2 687 121	47 369	1,73 %
Atlas Alliance Secretariat and the Inclusion Project	10 987 162	9 450 353	31 568 790	29 586 516	1 982 274	6,28 %
Total	69 145 641	67 530 147	258 112 900	256 497 406	1 615 494	0,63 %



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