



# CASE STUDY ON THE ENGAGEMENT OF ORGANISATIONS OF PERSONS WITH DISABILITIES (DPO) IN VOLUNTARY NATIONAL REVIEWS

STAKEHOLDER GROUP OF PERSONS WITH DISABILITIES  
MICROSOFT OFFICE USER

## The International Disability Alliance

The International Disability Alliance is an alliance of eight global and six regional organisations of persons with disabilities. We advocate at the UN for a more inclusive global environment for persons with disabilities and their organisations. The Convention on the Rights of Persons with Disabilities (CRPD) is our touchstone. We are invested in ensuring that the 2030 Agenda and the Sustainable Development Goals are inclusive and in line with CRPD. We support organisations of persons with disabilities worldwide to take part in UN and international human rights processes, and use international accountability mechanisms.

With member organisations globally, IDA represents the estimated one billion people worldwide with disabilities. This is the world's largest and most frequently overlooked marginalised group.

GENEVA OFFICE



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## ACKNOWLEDGMENT

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We would like to thank all the members of the International Disability Alliance and the International Disability and Development Consortium for their support and contributions, as well as others who contributed to this report. While we have acknowledged contributions in certain parts, we were not able to adequately acknowledge everyone in all of the report as we have had multiple contributors in various sections. That being said, we could not have produced and completed this report without the contribution and collaboration of everyone involved and we are very grateful to each and every one of you for both small and significant contributions, as they all matter. And we are certain that our achievements highlighted in the report would not have happened without the collective efforts of countless people globally.



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## FOREWORD

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*“Inclusiveness means that all people can participate as partners, rights-holders and full citizens, not as subjects or mere beneficiaries. Relevant international instruments often exist, such as the Convention on the Rights of Persons with Disabilities, but are not always respected.”*

**- H.E. Oh Joon, President of ECOSOC at the 2016 HLPF <sup>1</sup>**

*“The Agenda 2030 has provided the platform through which the global disability movement could influence sustainable development. In ensuring that the pledge to “leave no one behind” would become more than rhetoric, we have made our presence felt at the High Level Political Forum over recent years. As, persons with disabilities, we remain committed to working with governments so that the Sustainable Development Goals are fully realised.”*

**-Colin Allen, Chair of the International Disability Alliance**

*“For the first time in history, the 2030 Agenda challenged the exclusion of persons with disabilities and other marginalized groups from sustainable development, by establishing the over-arching principle of ‘leaving no-one behind’. The 2030 Agenda created a new impetus for the implementation of the CRPD. As such, it has the ability to provide the allocation of new resources, capacity building and gathering of necessary data. To implement 2030*

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<sup>1</sup> HLPF 2016 Official Summary available at:

<https://sustainabledevelopment.un.org/content/documents/10858SummaryPresident%202016%20HLPF%20FINAL.pdf>

*Agenda for persons with disabilities means nothing else than to implement the Convention on the Rights of Persons with Disabilities.”*

**-Vladimir Cuk, Executive Director, International Disability Alliance**

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## ACRONYMS

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<b>APFSD</b>	Asia Pacific Regional Sustainable Development Forum
<b>AP-RCEM</b>	Asia-Pacific Regional Civil Society Engagement Mechanism
<b>ARFSD</b>	The Africa Regional Forum on Sustainable Development
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSA</b>	Central Statistical Agency
<b>CSO</b>	Civil Society Organizations
<b>DPO</b>	Organization of Persons with Disabilities
<b>DRF</b>	Disability Rights Fund
<b>ECA</b>	Economic Commission for Africa
<b>ECE</b>	Economic Commission for Europe
<b>ECLAC</b>	United Nations Economic Commission for Latin America and the Caribbean
<b>ECOSOC</b>	Economic and Social Council
<b>EDF</b>	European Disability Forum
<b>ERFSD</b>	European Regional Forum on Sustainable Development
<b>DSS</b>	Department of Social Services
<b>FETAPH</b>	Fédération Togolaise des Associations de Personnes Handicapées
<b>FYP</b>	Five Year Plan
<b>GTP</b>	Growth and Transformation Plan
<b>HIES</b>	Household Income and Expenditure Survey
<b>HLPF</b>	High Level Political Forum
<b>ISTAT</b>	Italian Agency on Statistics
<b>ICT</b>	Information and Communication Technologies
<b>IDA</b>	International Disability Alliance

<b>JONAPWD</b>	Joint National Association of Persons with Disabilities
<b>JPUF</b>	Jatiyo Protibondhi Unnayan Foundation
<b>LAC RFSD</b>	Latin America and the Caribbean Regional Forum on Sustainable Development
<b>MDGs</b>	Millennium Development Goals
<b>MGNREGA</b>	Mahatma Gandhi National Rural Employment Guarantee Act
<b>MGoS</b>	Major Groups and other Stakeholders
<b>MoSPI</b>	Ministry of Statistics and Programme Implementation
<b>NITI Ayoog</b>	National Institution for Transforming India
<b>NBS</b>	National Bureau of Statistics
<b>NGO</b>	Non-Governmental Organization
<b>PKSF</b>	Palli Karma Shohayak Foundation
<b>SDGs</b>	Sustainable Development Goals
<b>SGPwD</b>	Stakeholder Group of Persons with Disabilities
<b>UD</b>	Universal Design
<b>UN</b>	United Nations
<b>UNCSD</b>	United Nations Conference on Sustainable Development
<b>UNDP</b>	United Nations Development Programme
<b>UNECE</b>	UN Economic Commission for Europe
<b>UNICEF</b>	United Nations International Children’s Emergency Fund
<b>UNFPA</b>	United Nations Population Fund
<b>VNR</b>	Voluntary National Review
<b>WHO</b>	World Health Organisation

# CHAPTER I: INTRODUCTION

## CHAPTER I. INTRODUCTION

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On September 25, 2015, Heads of States gathered to adopt the 2030 Agenda for Sustainable Development. For the first time, persons with disabilities were included within a sustainable development commitment. The inclusion of persons with disabilities in the 2030 Agenda was not accidental, but rather it was due to the consistent and dedicated advocacy by persons with disabilities and allies, organized under two global alliances, the International Disability Alliance and the International Disability and Development Consortium. This advocacy, conducted throughout the negotiation process, solidified the concept that persons with disabilities must be recognized as equal partners in the sustainable development process by Governments, the UN system, civil society and other stakeholders.

While the advocacy led by persons with disabilities, to push through the 2030 Agenda, required advocacy efforts to be focused at the global level. But since its adoption, the role of DPOs has shifted to an increased focus on advocating at the national level as Member States and civil society are looking at the implementation phase of the Sustainable Development Goals (SDGs).

The increased focus on national-level implementation and the result of global outcomes from 2 years of implementation and monitoring, has provided a new environment and opportunities for DPOs to engage directly with their governments. The 2030 Agenda has additionally introduced a new framework to address the different and varied challenges to sustainable development by promoting a high-level of stakeholder engagement and participation, as well as approaching the various sectors of sustainable development in an integrated way. For persons with disabilities and their representative organizations this means an increased opportunity to engage directly with their governments and to engage with all ministries involved in development processes- not only with those associated with social affairs or disability. Due to this interlinked and interconnected approach to development, now disability is a cross-cutting issue that must be addressed within all sectors.

Within the second year of SDG implementation, it is critical that the national, regional and global level policies and actions are integrated as well. National-level policies and programming must feed into the global reporting processes that all culminate with the High-level Political Forum (HLPF or Forum).

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## HIGH-LEVEL POLITICAL FORUM

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The High-level Political Forum (HLPF) on Sustainable Development is the United Nations' central platform for the follow-up and review of the 2030 Agenda. This platform provides civil society an opportunity to bring issues regarding the implementation of the 2030 Agenda from the national level to the attention of the global leaders. The engagement of such a diversity of stakeholders within the follow-up and review of a development commitment is new to the global-level, including the Millennium Development Goals (MDGs). The HLPF adopts a Ministerial Declaration, provides political leadership, guidance and recommendations on SDG implementation and follow-up; keeps track of progress of the SDGs; initiates coherent policies informed by evidence, science and technology and country experiences; as well as addresses new and emerging issues. The HLPF convenes yearly at the United Nations Headquarters in New York and is centered around an overarching theme and a selected number of highlighted Sustainable Development Goals (SDGs). HLPF 2017 has adopted the theme of "Eradicating poverty and promoting prosperity in a changing world." Thus, the activities, side events and panels during eight-day Forum will revolve around poverty eradication.

*Right picture: Colin Allen, Chair of IDA and Chair of Word Federation of Deaf, 2017 HLPF*



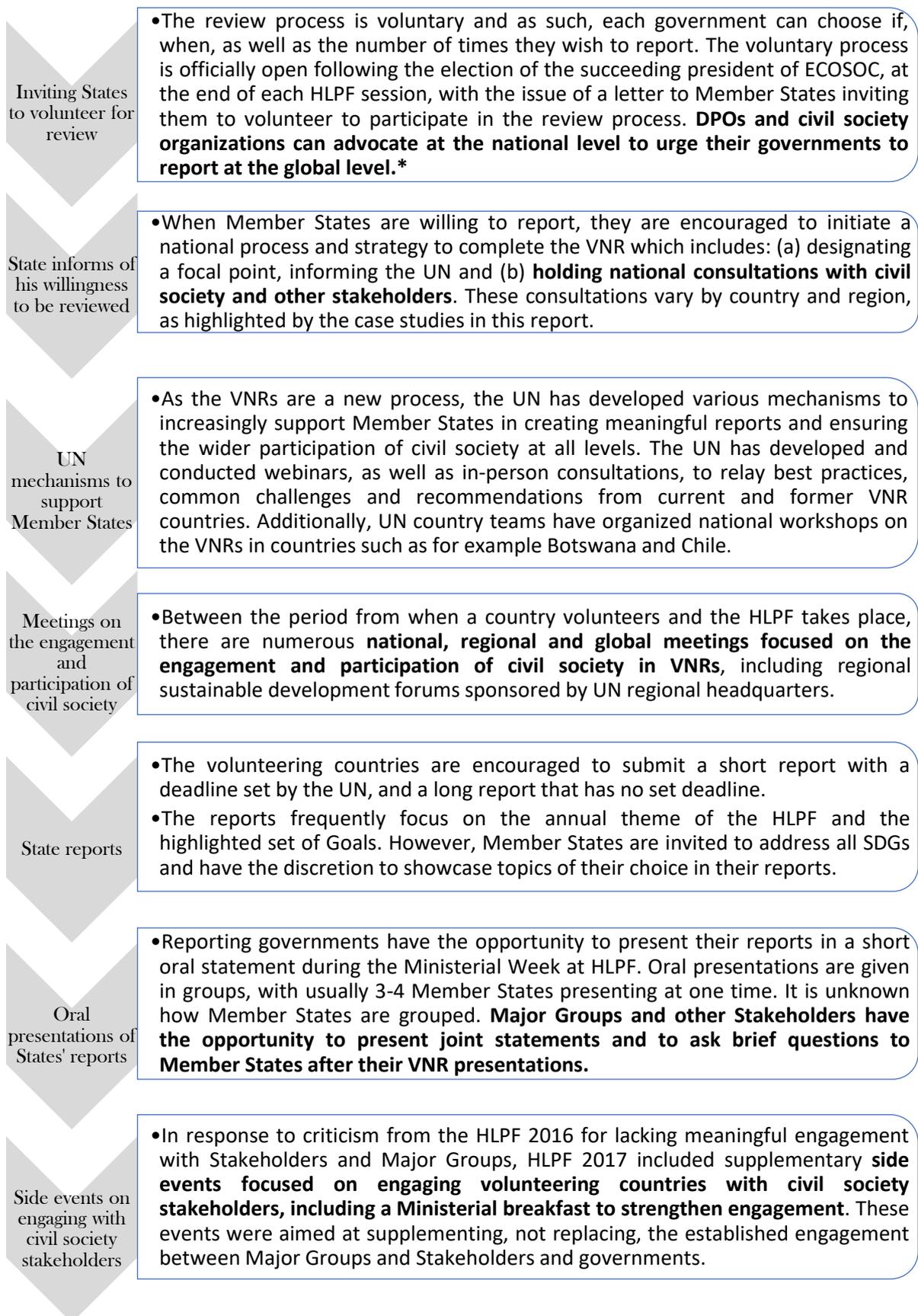
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## VOLUNTARY NATIONAL REVIEWS

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A key component of the follow-up and review mechanisms of the 2030 Agenda are the Voluntary National Reviews (VNRs). These national reviews are expected to serve as a basis for the regular reviews by the HLPF. This case study will focus on the engagement of DPOs at the national, regional and global level, and how their work connects to the global platform.

The current process for the Voluntary National Reviews is as follows:



#### For further information:

- The Secretary General has provided further guidance to Member States on the format of the VNR reports. [Click here to read the “Proposal for voluntary common reporting guidelines for voluntary national reviews at the high-level political forum”](#).
- The UN Secretary-General further published an additional document entitled *Q&A for Voluntary National Reviews at the 2017 HLPF* that addresses such topics as expectations on the statistical data reported, format of the oral presentations and the ways the UN will support countries in their preparation for the VNRs. [Click here to read the document](#).

As a review mechanism, the VNRs overarching aim is to facilitate the sharing of experiences, including successes, challenges and lessons learned, with a view on accelerating the implementation of the 2030 Agenda. The VNRs also seek to strengthen policies and institutions within governments, and to mobilize multi-stakeholder support and partnerships for the implementation of the Sustainable Development Goals.

The number of countries volunteering for the Voluntary National Reviews has doubled from last years’ 22 countries to 44<sup>2</sup> in 2017. Additionally, a number of countries have volunteered for HLPF 2018.<sup>3</sup> This illustrates the increased interest and value placed on the voluntary national reports and how they effectively inform on the progress toward implementing the SDGs.

\*The HLPF encourages Member States to “conduct regular and inclusive reviews of progress at the national and sub-national levels [in implementing the SDGs], which are country-led and country-driven” (paragraph 79). As further stipulated in paragraph 84 of the 2030 Agenda, regular reviews by the HLPF are to be voluntary, state-led, undertaken by both developed and developing countries, and shall provide a platform for partnerships, including through the participation of major groups and other relevant stakeholders.

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## Stakeholder Group of Persons with Disabilities

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<sup>2</sup> Originally 44 countries volunteered to report in 2017, however shortly before HLPF 1 country has withdrawn from reporting, consequently only 43 countries underwent the review.

<sup>3</sup> <https://sustainabledevelopment.un.org/hlpf>



*Picture on the left: Stakeholder Group of Persons with Disabilities at the UN Headquarter in New York, July 2017.*

While the HLPF has an intergovernmental character, it has maintained, in line with the vision of the 2030 Agenda, a multi-stakeholder format in which stakeholders from civil society engage actively and meaningfully alongside country representatives. Civil society representatives have the right to fully engage within global-level sustainable development processes through the Major Groups and other Stakeholders format.

With the 9 Major Groups being established in 1992 under the resolution of Agenda 21, the importance of substantively engaging with the Major Groups was reaffirmed in the lead-up to and during the United Nations Conference on Sustainable Development (UNCSD), also known as Rio+20. The outcome document of the Rio+20 Conference: “The Future We Want” expressly addressed the Major Groups’ role as vital in developing sustainable societies and, importantly, established “other stakeholders” that officially recognized persons with disabilities<sup>4</sup> as a key stakeholder in sustainable development.

Member States subsequently decided upon the modalities of stakeholder participation within the UN General Assembly resolution “Format and organizational aspects of the high-level political forum on sustainable development.”<sup>5</sup> Member States specifically invited persons with disabilities “to autonomously establish and maintain effective coordination mechanisms for participation in the high-level political forum and for actions derived from that participation at the global, regional and national levels, in a way that ensures the effective, broad and balanced participation by region and by type of

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<sup>4</sup> para.43

<sup>5</sup> [A/RES/67/290](#)

organization.”<sup>6</sup> This means that for the first time persons with disabilities were invited to collectively organize as a civil society group that encompasses the vast and disparate diversity of the disability community to advocate collectively within sustainable development processes. The International Disability Alliance and International Disability and Development Consortium subsequently informed and invited, through their global networks, interested participants to discuss the establishment, organization and engagement of a Stakeholder Group of Persons with Disabilities (SGPwD). The establishment and organization of the Stakeholder Group of Persons with Disabilities involved a lengthy process in which resulted in the finalization of Terms of Reference.<sup>7</sup>

The creation and organization of the Stakeholder Group of Persons with Disabilities was crucial in order to effectively exercise the rights given to stakeholders and can only exercise these rights through the Major Groups and other Stakeholders (MGoS) coordination mechanism. As with all major groups and other stakeholders, the Stakeholder Group of Persons with Disabilities has the right “to attend all official meetings of the forum; to have access to all official information and documents; to intervene in official meetings; to submit documents and present written and oral contributions; to make recommendations; to organize side events and round tables, in cooperation with Member States and the Secretariat.”<sup>8</sup>

As designated within the Stakeholder Group of Persons with Disabilities’ Terms of Reference, membership is open to all persons with disabilities, organizations of persons with disabilities, non-governmental and other organizations working on the rights of persons with disabilities, and non-governmental donors working within this space. Critically, the Stakeholder Group of Persons with Disabilities is tasked with connecting the national, regional and global levels on the follow-up and review of the SDG implementation, and to represent the incredibly diverse global disability community as much as possible. As such, the Stakeholder Group recognized the importance of promoting and supporting the engagement of persons with disabilities from the national to global levels. While the disability representation at HLPF serves significant importance in terms of the ensuring disability inclusion within the follow-up and review of SDG implementation, the engagement of persons with disabilities within their governments voluntary national review process is vital in reflecting the perspectives and issues facing persons with disabilities at the national level.

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<sup>6</sup> para 14. A/Res/67/290

<sup>7</sup> Source: <https://sustainabledevelopment.un.org/majorgroups/personswithdisabilities>

<sup>8</sup> Para 15



**Graphic description:** Above is a picture where three circles are connected with arrows labeled “advocate”. In the top circle is written “National level/ Government”. It leads to the second circle located at the right bottom. In this second circle is written “regional level”. The second circle leads to the third circle, located on the bottom left corner. In third circle is written “Global level”. The third circle leads back to the first circle. In the middle of the three circles stands a fourth and last circle where is written “DPOs”.

## **CHAPTER II: METHODOLOGY**

## CHAPTER II: METHODOLOGY

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*Note: This chapter explains how information was collected to compile this report. The country chapters contain information received from DPOs and partners as of 30st of November 2017. In addition, country chapters contain relevant sections excerpted from of national reports submitted to the UN. These are excerpts using the language of the national government. We would like to thank all, who have collaborated and contributed to this report.*

### **1. Creation of a Working Group on VNRs**

In preparation for HLPF 2017, and in particular, to increase the engagement of persons with disabilities with VNR reporting countries, the Stakeholder Group of Persons with Disabilities established a Working Group on VNRs. The Working Group was open to all interested in participating, with a particular focus on those who were working within the 43 volunteering countries for the HLPF 2017.

Conducting webinars on a monthly basis, the Working Group hosted sessions on the concept and processes of the VNRs, providing examples of how the national preparatory processes were being conducted.

### **2. Development of a two-phase survey process**

#### **2.1. Defining the target**

The Working Group additionally decided to assess the engagement of Organisations of Persons with Disabilities (DPOs) in the format of a two-phase survey process plus a follow up phase. Utilizing networks and alliances, the Stakeholder Group of Persons with Disabilities put a call out - through list serves, collaborating partners, and other forums - for participation in a qualitative survey regarding the national-level engagement level of persons with disabilities within VNR countries reporting at the HLPF 2017 and their advocacy efforts to engage with their governments in the implementation of the SDGs.

The outreach targeted national DPOs working within the 43 countries volunteering to report at the HLPF 2017. Out of the 43 volunteering countries 13 were selected based on the strength of DPOs' engagement and activities, regional diversity and interest from the SGPwD members. A subsequent webinar was held introducing the idea behind the qualitative report and relaying the processes.

## **2.2. Development of the survey questions**

The two-phased questionnaire was developed to not only analyze the situation and the engagement of persons with disabilities and DPOs at the national level, but to additionally analyze the inclusion - or lack of inclusion - of persons with disabilities within the submitted short VNRs, and when available, the long reports.

As reflected in the case studies, the questionnaire asks for basic statistics on persons with disabilities, being fully aware that there is a substantial lack of both quantitative and qualitative data on persons with disabilities at the national level and within SDG implementation. Whilst there was a request for citations, the lack of general statistics and quantitative data means the qualitative data collected by persons with disabilities was at times observational and ambiguous.

To gain qualitative data, a two-phase questionnaire was developed as follows:

### **2.2.1. Phase I**

Phase I of the questionnaire aimed to provide an overview of the situation of persons with disabilities at the national level. Questions focused on any known overarching statistics on disability, national and international laws regarding disability that the nation adopted, and thematic areas such as women with disabilities, health, poverty and accessibility. Phase I questions additionally focus on the level of engagement the country has with SDG implementation, the follow-up and review process and the degree of engagement with DPOs and civil society at the national level.

In analyzing the level of engagement between DPOs and national governments, the questionnaire asks for specific information on advocacy efforts, such as the formation of joint umbrella DPOs, position papers and statements submitted to government, national consultation participation, and other related activities.

### **2.2.2. Phase II**

Phase II of the questionnaire aimed to analyze the main messages, and when available the full VNR reports, of the 2017 volunteering countries for inclusion of persons with disabilities. A copy of the published short and/or long VNR report was sent with the Phase II of the questionnaire to the same DPOs that were sent Phase I. The analysis of the published reports by the DPOs was meant to identify

if the advocacy requests, as elaborated upon in Phase I, were addressed by the national government in their report, and if not, what key messages need to be advocated for at the global level.

This phase ultimately highlights the connection between national-level advocacy and the global level. As found within the case studies, the inclusion of disability in VNR reports varied greatly. Such analysis also informed DPOs and those at the global level as to where to focus advocacy efforts, providing an opportunity, if countries did not highlight disability at the national level, to emphasize it within oral presentations at the global level.

### **2.2.3. Follow-up Phase**

After the conclusion of the HLPF 2017, the oral presentations of countries on the VNRs were analysed and highlighted key areas where countries have mentioned disability and disability related policies and programmes. These analyses are included within the case study chapters.

### **2.3. Structure of this report**

The answers received from the two-phased questionnaire, and the follow-up analysis on the oral presentations, are summarized in this report organized by country chapters. The synthesis chapter aims to provide a visual summary of the responses received from each country. The country chapters are structured to include; status of persons with disabilities, engagement in the voluntary national review process, thematic issues—poverty alleviation, healthcare, women with disabilities and accessibility—and analysis of the submitted VNR report.

*The information summarized in the country chapters was derived from DPOs and partners working at the national level on SDG implementation and information may be subjective. The amount of information that was provided also varies from country to country as well as in language.*

*In addition, country chapters contain a section, that is providing excerpts from national reports. These sections use the exact language of the national governments.*

*Please note if you wish to make any comment please feel free to email: [nfranzoni@ida-secretariat.org](mailto:nfranzoni@ida-secretariat.org)*

## **CHAPTER III: REGIONAL CONFERENCES**

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Engagement within the implementation of the 2030 Agenda must occur at the national, regional and global levels, and the three tiers must continuously feed into each other in order to ensure that SDG implementation is relevant, effective and reaches all populations.

Regional-level engagement within sustainable development is new for all actors, including the UN, and the level and format of engagement varies largely from region to region. HLPF 2017 marked the first time that regional sustainable development forums were announced in all regions. For many of these regional forums, which were hosted by UN regional bodies, there was very little time between announcing these forums and when they were held, in addition to announcing the location of these forums. Despite these often-tight timeframes, persons with disabilities engaged in all five of the forums on sustainable development held in 2017.

As outlined at the global level, persons with disabilities as a stakeholder group have the same rights at the regional level to intervene, submit position papers and documents, hold side events and engage fully as a civil society stakeholder. Whilst at the global level there is the aforementioned Major Group and other Stakeholder coordination mechanism, many of the regional level forums have yet to establish strong civil society coordination mechanisms to engage in sustainable development processes. One exception is within the Asia-Pacific region that has a strong and well-established coordination mechanism, the Asia-Pacific Regional Civil Society Engagement Mechanism (AP-RCEM).

The engagement of persons with disabilities at the regional level is summarized below:

### **1. The Africa Regional Forum on Sustainable Development (ARFSD)**

The Economic Commission for Africa (ECA) convened its third session of the Africa Regional Forum on Sustainable Development (ARFSD 2017) in Addis Ababa, at the UNECA compound, 18 - 21 May 2017.

Persons with disabilities participated and observed three high-level panels, each consisting of 7-9 government speakers and also a parallel session on different goals of focus on the HLPF. Before the launch of the official opening ceremony, the Major Groups and other Stakeholders (MGoS), inclusive of representatives from DPOs, came together and discussed joint statements. The agreed

statement contains two explicit references in SDGs 1 and 9. Governments made requests for their services to be accessible for all citizens, and references in national statements to issues of marginalization and at-risk populations. Additionally, a presentation on how the 2030 Agenda (the global) and Agenda 2063 (the continental one) can be reconciled. A clear comparison of Goals and indicators was presented to the participants and the presentation of the creation of the SDG center for sustainable development in Africa. The MGoS further was able to host a side event to discuss how to realize leave no one behind.

### **Find more information**

The Africa Regional Forum on Sustainable Development (ARFSD):

<https://www.uneca.org/pages/overview>

IDA's website: <http://www.internationaldisabilityalliance.org/african-regional-forum-2017>

## **2. Asia Pacific Forum on Sustainable Development (APFSD)**

The Asia Pacific Forum on Sustainable Development had a large delegation representing diverse countries and disabilities from the Asia-Pacific region. With such a large delegation, persons with disabilities from the Asia-Pacific region held a pre-meeting on 25 March to discuss strengthening of regional networks for the inclusion of persons with disabilities in sustainable development and strategically planned for the upcoming civil society forum and the official APFSD. Since APFSD has a strong civil society coordination mechanism, a three-day-long civil society forum was held, in which a position paper addressing the theme “Eradicating poverty and promoting prosperity in a changing Asia-Pacific for persons with disabilities” was developed. Persons with disabilities were additionally able to unify their messages as a stakeholder group, under the ‘Disability Constituency’, and was able to connect and interlink messages with the wider regional civil society. The formal Ministerial segment of the Asia-Pacific Forum on Sustainable Development was also attended by persons with disabilities, in which the Disability Constituency made interventions and delivered speeches on environmental protection policies, disaster risk reduction planning and implementation, attaining and maintaining agricultural and land rights, maternal and reproductive health programs, in addition to many more issues important to the Asia-Pacific region.

### **Find more information**

Asia Pacific Regional Sustainable Development Forum (APFSD):

UNESCAP: <http://www.unescap.org/2030-agenda/regional-processes-and-dialogue>

IDA's website: <http://www.internationaldisabilityalliance.org/escap-march2017>

Asia Pacific Regional CSO Mechanism (AP-RCEM): <http://asiapacificrcem.org>

### **3. The European Regional Forum on Sustainable Development (ERFSD)**

The European Regional Forum on Sustainable Development followed up on and reviewed their implementation of the SDGs in the UN Economic Commission for Europe (UNECE) region. The Forum focused on practical value-added and peer learning, it created a regional space to share policy solutions, best practices and challenges in SDG implementation and helped identify major regional and sub-regional trends.

As an intergovernmental mechanism, the Regional Forum on Sustainable Development was convened by UN ECE, in close cooperation with the regional UN system. It was open to the participation of all relevant stakeholders. Representatives of the European Disability Forum (EDF) attended the Regional Forum on Sustainable Development in Europe. The participation of EDF contributed to persons with disabilities being systematically mentioned as a group that needs to be meaningfully included for strong Sustainable Development Goals (SDGs) in Europe and in the UN ECE region.

#### **Find more information**

The European Regional Forum on Sustainable Development (ERFSD): <https://www.unece.org/info/ece-homepage.html>

IDA's website: <http://www.internationaldisabilityalliance.org/events/ece-rfsd-2017>

### **4. Latin America and the Caribbean Regional Forum on Sustainable Development (LAC RFSD)**

This multi-stakeholder Forum took place from 26 - 28 April 2017 in Mexico City, Mexico at the Secretariat of Foreign Affairs of Mexico and brought together Latin American and Caribbean governments members of the Forum, members of parliament, the UN System, financial institutions and Development Banks, regional and sub-regional integration organizations, civil society, the private sector and academia.

The Forum included presentations of the annual report on regional progress and challenges in relation to the 2030 Agenda for Sustainable Development, prepared by the ECLAC secretariat, presentations of various stakeholder reports, peer learning sessions for the member countries of the Forum presenting their voluntary national reviews, thematic dialogues related to the 2017 HLPF theme, a

Latin American and Caribbean civil society consultation, and multi-stakeholder side events.

### **Find more information**

Latin America and the Caribbean Regional Forum on Sustainable Development (LAC RFSD): <https://www.cepal.org/en>

IDA's website: <http://www.internationaldisabilityalliance.org/eclac-rfsd-2017>

## **5. Economic and Social Commission for Western Asia**

The Arab Regional Forum for Sustainable Development brought together Arab governments and sustainable development stakeholders to discuss progress and to share their experiences in the implementation of the SDGs in the Arab region. The membership to the Forum stems from the Doha Declaration on the Implementation of the 2030 Agenda for Sustainable Development. Representatives from the Arab Organization of Persons with Disabilities attended the Forum, and addressed Member States emphasizing that for persons with disabilities accessibility and discrimination are the two main obstacles to full participation in society and further appealed to the Arab States to consider these issues when drafting their national implementation plans of the SDGs.

### *The Arab Sustainable Development Week, Cairo*

As a follow-up to the forum the Arab Sustainable Development Week was held 14 - 17 May in Cairo. During the closing ceremony, the Arab Organization for Persons with Disabilities recommended: “Adopt(ion) of measures and policies to ensure that persons with disabilities, including women, children, youth and the elderly, are protected from poverty and ensure that they have equal access to economic resources, basic services and new technology, and their right to the highest attainable standard of health, and available to persons with disabilities.”

### **Find more information**

Arab Regional Forum for Sustainable Development (ARFSD):

<https://www.unescwa.org>

IDA's website: <http://www.internationaldisabilityalliance.org/arab-regional-2017>

# **CHAPTER V: COUNTRY CASE STUDIES**



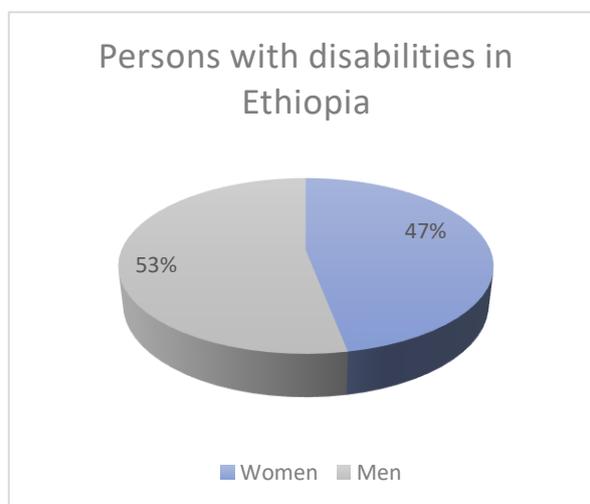
## CHAPTER IV. COUNTRY CASE STUDIES

### ETHIOPIA<sup>9</sup>

#### 1. Status of Persons with Disabilities

##### *Women account for 47% of persons with disabilities.*

As of 2007, the Central Statistical Agency (CSA) estimated that there was 805,535 persons with disabilities, or 1.1% of the population, a much lower prevalence than the 2011 World Bank and WHO statistics which state that 15 % of every population is made up persons with disabilities (World report on disability 2011). The Ethiopian 2007 Population and Housing Census in addition cited that women account for 47% of persons with disabilities, and men at 53%.<sup>10</sup> Ethiopia expects to publish an updated census by the end of 2017.



*Graphic description: The above image is a pie graphic entitled "Persons with disability in Ethiopia". It illustrates the portion of women with disabilities living in Ethiopia (47%) compared to the portion of men with disabilities living in Ethiopia (53%).*

As Ethiopia is continuing to build its statistical capacities to collect and disaggregate data by disability, including being encouraged by national and international disability advocates to incorporate the Washington Group Short Set of Questions, it has an extensive number of national policies addressing disability. Currently Ethiopia has in place the Higher Education Proclamation no.650/2009, the Special Needs Education Program Strategy in 2006, the Proclamation No. 568 of 2008 on the Right to Employment of Persons with Disabilities, Proclamation 621/2009, Directive no.1, Amendment on disability related issues, Ethiopian Building Proclamation no. 624/2009 , Article 33, Guideline on Article 33, Proclamation no. 624/2009, Proclamation no.391/2004-TVET proclamation, Article 56 and 58, National Social protection policy, National Plan of Action on Disability (2012-2021), and the Social Welfare policy 2015. All of these laws seek in one form or another to protect the rights of

<sup>9</sup> Information for this chapter was derived from information provided by *Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD)*

<sup>10</sup> [https://www.cbm.org/article/downloads/82788/Research\\_report.pdf](https://www.cbm.org/article/downloads/82788/Research_report.pdf)

persons with disabilities. In addition to national policies, Ethiopia ratified the UN CRPD in 2010<sup>11</sup> and are continuing to align their domestic disability policies with the CRPD.

## 2. Engagement in the national review process



*Left picture: Ethiopian DPO representatives with representatives of the Ethiopian government, 2017 HLPF*

With regard to the 2030 Agenda, the Ethiopian government is currently engaged with different development partners, both international and domestic, to create and promote awareness-raising activities about the Sustainable Development Goals. For instance, in 2016 the government partnered with UNDP to raise the awareness with selected strategic partners on the SDGs. Along with the government and UN agencies, the Ethiopian media has played a role in promoting awareness regarding the SDGs. The government has additionally drafted a national plan entitled “Growth and Transformation Plan II (GTP II)”, of which persons with disabilities and their representative organisations contributed to. The GTP II has made clear references to certain Goals Ethiopia wishes to prioritise according to domestic needs. Specifically, Ethiopia has prioritised Goal 6 to “Ensure availability and sustainable management of water and sanitation for all” and unified the efforts of such sectors as education, health, social and water to make water and sanitation services accessible through a program called “One WASH”. Ethiopia has additionally prioritised Goal 4 to “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” to increase accessibility and quality for all.

As a country volunteering to report within the 2017 Voluntary National Reviews, Ethiopia has conducted several formal consultations within the government and civil society. The National Plan Commission of Ethiopia has hosted several formal consultations with the civil society on national plans to implement the SDGs and the ways civil society can participate and engage. Persons with disabilities were actively involved in these consultations and officially presented

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<sup>11</sup> <http://indicators.ohchr.org/>

through written submission to the government their concerns on bridging the significant gaps which leave persons with disabilities behind in the national five-year plan. Disability related accommodations were provided to ensure the participation of persons with disabilities during these consultations, however they were provided by the umbrella organisation of persons with disabilities.

### **3. Thematic Issues**

#### *Poverty Alleviation*

Ethiopia has a Social Welfare Policy in which has explicit stipulations to benefit and include persons with disabilities in poverty alleviation schemes. In this regard, the Social Welfare policy includes the provision of school stipends, education subsidies and provision of revolving fund for persons with disabilities. In general persons with disabilities can control their own money, with the exception of those who have visual impairments.

#### *Healthcare*

Persons with disabilities do not have equal access to health services as the general population.

#### *Women with Disabilities*

Women and girls with disabilities encounter greater stigma and discrimination, heightened poverty, increased vulnerability to harassment and abuse and are in general less able to access basic services. There are currently no statistics regarding the prevalence rate of violence against women with disabilities as compared to men with disabilities or non-disabled persons. In addition, there is no reliable data regarding the literacy or employment rate of women with disabilities.

#### *Accessibility*

There are current policies in which mandate increased access to the physical environment, transportation, information and communications technologies, systems and other services however the implementation of such policies is lacking.

#### **4. Relevant sections of reports submitted by national government**

The stakeholders from the regional states that participated in the process included representatives from pastoralist communities, youth associations, women associations, the private sector, and the academics; The stakeholders from the federal government comprised representative from the associations of the disabled, religious organizations, civil society organizations (CSO), non-governmental organizations (NGO), higher education institutions, research institutions, professional associations, youth associations, women associations, the private sector, opposition parties & development partners. The SDG-integrated GTP II was subsequently endorsed 1st by the council of ministers and then by the House of Peoples' Representatives (HPR), then its implementation commenced.

Existing institutional forms and mechanisms have been used in implementing the SDGs and GTP II. GTP II is the first five-year phase (2015/16 to 2019/20) of the 15 years SDG implementation span (2015-2030). Having been endorsed by the government, GTP II and its integral part SDGs have been under implementation with close monitoring and evaluation at all levels of government administration. All executive organs of the federal government, the regional states and city administrations implement SDGs as an integral part of GTP II. The government has also effectively coordinated and engaged various stakeholders (private sector, CSOs, NGOs, youth and women associations, disabilities, pastoral communities) by organizing them in the form of public wing under the appropriate executive organs in expediting the joint implementation of the development plans.

One of the 2030 Sustainable Development Agenda is to eliminate poverty and hunger. The government of the FDRE through implementing its SDG-integrated GTP II focuses on eliminating poverty by addressing the needs of those citizens who make vulnerable parts of the society, children, youths, women, the disabled, the elderlies, and those who lead low level of livelihood. It addresses those who have poor access to quality-social and economic infrastructure and those districts and communities who are exposed to shortage of rain and food.

#### ***Social Security and Protection***

Existing social systems/institutions have been anchored well; further social security related services have been provided that benefits the society. The Social security coverage has grown and has been made to include the elderlies, the disabled, and other vulnerable parts of the society and these shall continue with utmost attention as well. There now exists a great plan for offering direct developmental safety-net- supports; the plan is drawn for use in the coming 5 years

to alleviate poverty from those parts of the society who have lost their abilities to engage in productive works. Planned beneficiaries from the rural community shall be 1,113,676 & from urban communities 115,120 totaling 1,228,796. The elderly, the disabled, those parts of the societies who are most vulnerable altogether (women and children) could be in the order of 886,000 & shall all receive the direct safety-net supports. Among the rural communities, the elderly and the disabled receiving direct support is close to 1,113,676.

Parallel to the safety-net programs, social protection services have been offered for those vulnerable to social problems. These have been in the order of 584,849 in 2015/16 and 196,801 in the first six months of 2016/17 adding up to 781,650 (51 percent women) altogether. They received various social protection services (management and counseling, skills training, materials/equipment/utensils & financial supports). The beneficiaries comprise 224,703 elderly, 78,739 disabled, 20,367 home-less, 7350 sex-workers, 7655 beggars, 274,334 children and families, 113,819 others (living in difficult situations).

**Physical rehabilitation (for the Disabled):** Physical rehabilitation services were offered in the last one and half year for 99,397 disabled people; 76,978 of those who received the services could now be productively engaged. The services rendered comprised such services as providing wheel-chairs (5,108), crutches (29,724), man-made body parts (13,847), repair services for crutches and manmade body parts (12,185), physiotherapy services for the disabled (13,274), Brails (1074) and white-canes for the blind and the visually impaired (1,623). Physical rehabilitation centers have increased in number from 16 to 18 (the two newly built are near commissioning in Afar and Somali regions). Six more shall be built in the remaining period of GTP II; the distribution of the centers shall be across the nation to create access to the centers at closer proximity for all.

### 1. Status of Persons with Disabilities

In Kenya, extreme poverty has been increasing since 1999, rising from 18.8% in 1994 to 33.7% in 2005, and has since fallen to 25.1% in 2013.<sup>13</sup> According to the latest available data (2005), 45.2% of the population live below this line, of which 76.9% live in rural areas (Development Initiatives, 2016).

Lack of available, high-quality, timely and reliable data on disability remains a challenge. The Kenya 2009 Population and Housing Census Analytical Report on Disability 2012 indicates that 3.5% of the Kenya population is made up of persons with disabilities while the Kenya National Survey for Persons with Disabilities 2008 found that 4.6% of Kenyans experience some form of disability. Once again, this estimate is way below the 2011 World Bank and WHO statistics which states that 15 % of every population is made up persons with disabilities (World report on disability 2011). During the next national census in 2019, the Kenyan government is being requested to facilitate the collection, analysis and dissemination of disaggregated data by disability, through utilizing widely accepted tools such as the Washington Group Short Set of Questions.

At a policy level, Kenya's Constitution and the 2003 Persons with Disabilities Act both address the rights of persons with disabilities. With Kenya ratifying the UN CRPD in 2008, there is a current effort by the Kenyan government to further align the national 2003 Persons with Disabilities Act with the CRPD and the Kenyan constitution.

### 2. Engagement in the national review process

Kenya has been proactive in its national level SDG implementation. In June 2016, the Ministry of Devolution and Planning published the Final Status Report on the progress towards achieving the Millennium Development Goals in Kenya. Kenya used the momentum of the MDGs and the publication of the final status report to establish an SDG Unit which is responsible for the overall management of the SDG implementation process in Kenya, including planning, accounting, reporting and evaluation. To transition from the MDGs to SDGs, the unit developed a substantive roadmap with several actions points to effectively begin

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<sup>12</sup> Information for this chapter was derived from United Disabled Persons of Kenya with inputs from various meetings with stakeholders among them Kenya Association of Intellectually Handicapped, Ecumenical Disability Advocates Network, All Africa Conference of Churches, Users and Survivors of Psychiatry in Kenya, Leonard Cheshire Disability, VSO and Sense International.

<sup>13</sup> World Bank WDI Kenya <http://data.worldbank.org/country/kenya>

national level implementation of the SDGs. The key actions within the roadmap are as follows:

- *Stakeholder Mapping:* The Kenyan government are identifying key stakeholders to support effective SDG implementation, including private organizations, academics, civil society groups, and faith based organizations. They are currently forming a stakeholder engagement framework to effectively coordinate the participation of civil society.
- *Advocacy and Awareness:* Increasing advocacy and awareness began during the national launch of the SDGs in September 2016, including creating ongoing publicity material to reach the Kenyan public. The unit is in the process of translating the goals into Swahili.
- *Domestication and Localization:* There has been a memo disseminated to all Cabinet Secretaries to mainstream SDGs. The ministry has linked the SDGs with Vision 2030 and Medium Term II. Guidelines to mainstream the SDGs in County Integrated Plans are currently being developed. The SDGs will further be mainstreamed in sector plans and annual work plans at the local level.
- *Resource Mobilization:* Two types of resources have been identified - human and financial resources. The government will finance the implementation of SDGs through budgeting. The SDG unit has been co-opted as a member of the aid effectiveness group. It will also work with other stakeholders like the private sector to raise resources for the implementation of the SDGs.
- *Tracking and Reporting:* For Kenya, the first step was to prepare an end term report on the MDGs. The Kenya National Bureau of Statistics has developed 230 indicators of which 128 data can be generated easily. Work on the remaining indicators is ongoing. Kenya has volunteered to be reviewed in 2017 by the HILPF.
- *Capacity Building:* A training program has been developed to build the capacity of different stakeholders on the SDGs. The county-level chief economist and finance officers have already undergone the first capacity building training.



*Left picture : Kenyan DPOs representatives (on the left) discussing with a Nigerian DPO representative (on the right) during a meeting at the 2017 HLPP.*

DPOs have been involved within this SDG engagement roadmap, primarily through awareness raising and advocacy, contributing to resource mobilization and participating in budget processes, and social monitoring and reporting. Despite their involvement peripherally, DPOs were not substantively consulted in creating the national SDG roadmap. Kenyan DPOs have prepared their input on the SDG progress in Kenya and submit it to the unit in two weeks that is by 4<sup>th</sup> April 2017. The Civil Society is in the process of preparing its submissions through the SDG Forum Kenya. The disability sector is participating in this process and has been tasked with reporting on goal 1, 17 and a statement on leave no one behind. Members agreed to use the SDG Forum and other channels to make their submissions. Members will also explore the possibility of developing a shadow report.

Whilst preparing for the VNRs, Kenya has held multiple national-level consultations with civil society on SDG implementation which were inclusive of persons with disabilities. In addition, the government held a forum specifically engaging national Kenyan DPOs. Civil Society as a whole have organized themselves forming the SDG Forum. DPOs, in particular United Disabled Persons of Kenya are members of this forum and coordinated the inputs on disability issues within consultations and reports, particular with regard to Goal 1 and 17.

### 3. Thematic Issues

#### *Poverty Alleviation*

Kenya estimates that 67% of persons with disabilities in Kenya live in poverty<sup>14</sup> (2.97 million people), and face a lack of adequate standards of living and social

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<sup>14</sup> Global Disability Rights <http://www.globaldisabilityrightsnow.org/infographics/disability-kenya>

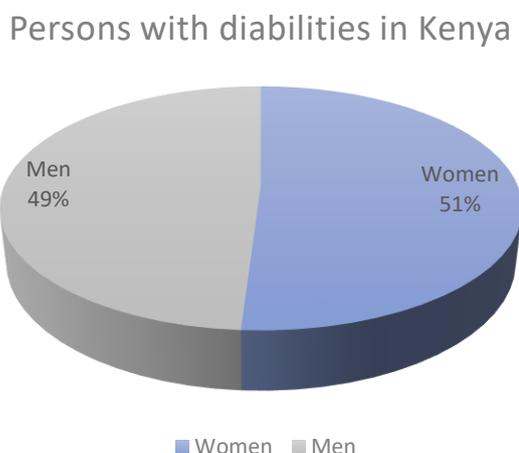
protection at both national and county levels. As such, due to the mutual reinforcing cycle of poverty and disability many Kenyans with disabilities have little access to health and education, clean water and sanitation, have inadequate housing and live in over-crowded, unsanitary and unsafe areas. DPOs, in collaboration with wider civil society, have been actively engaged in the monitoring of government programmes addressing poverty alleviation to ensure all are accountable and inclusive of persons with disabilities. Civil society has additionally lobbied to make social protection schemes and programming universal to all, and to facilitate access for persons with disabilities to public services.

Though the Government adopted the National Social Protection Policy in 2012, which includes benefits for persons with disabilities and the establishment of a cash transfer programme for persons with “severe disabilities”, the disability community has advocated to extend the coverage of social protection schemes beyond persons with “severe disabilities” in order to ensure an adequate standard of living to all persons with disabilities currently not eligible for social protection schemes and to ensure the standardization of support services and social assistance for persons with disabilities.

Whilst incremental, Kenya’s civil society has seen results from this advocacy. There has been an increase in the National Development Fund’s support of person with disabilities within educational assistance, the Economic Empowerment and Revolving Fund, Infrastructure and Equipment, and within cash transfers for households of persons with severe disabilities. In addition, the Health Insurance Subsidy Programme now benefits children with disabilities, the school food programme was expanded, the government has committed to preserving 1% of public procurement for persons with disabilities, and the National Council for Person with Disabilities (LPO) has agreed to financially support persons with disabilities who win government tenders and are not financially viable. Whilst substantial progress has been made in expanding services and the inclusion of persons with disabilities, DPOs and civil society continue to make recommendations to increase participation and inclusion. Amongst the recommendations, DPOs have encouraged the Kenyan government to make the cash transfer programme universal to all persons with disabilities, by making the qualifications based on disability as the determining factor and not just poverty. Further recommendations include funding national day care centres for children with disabilities to enable parents to work and to fully implement the aforementioned programme on LPO Financing.

## Women with Disabilities

Kenya is estimated to have a population of 1.3 million persons with disabilities, about 3.5% of the total population (KNBS, 2010), out of whom 51% are women. The rights and fundamental freedoms of persons with disabilities in general and women and girls with disabilities in particular are guaranteed within the various international and national legal frameworks.



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*Kenya is estimated to have a population of 1.3 million persons with disabilities about 3.5% of the total population out of whom 51% are women.*

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*Graphic description: The above image is a pie graphic entitled "Persons with disability in Kenya". It illustrates the portion of women with disabilities in Kenya (51%) compared to the portion of men with disabilities in Kenya (49%).*

Whilst the enactment of the Persons with Disabilities Act (2003) remains an important historical milestone in the Kenyan disability movement, its implementation has been slow, resulting in multi-layered barriers, such as inaccessible health services, poor access to public transport and information, limited access to education and therefore low educational attainment, higher rates of sexual and gender-based violence, forced medical treatment/procedures, including forced sterilization. Women with disabilities in particular still face barriers in accessing justice due to the unresponsiveness of the criminal and civil justice system and are excluded from social and rehabilitative services which often lack a disability-perspective. In regard to political participation, Women with disabilities in Kenya continue to undergo discrimination and exclusion in an environment where gender inequality remains widespread and participation in public processes are discouraged. Many women with disabilities, and persons with disabilities generally, lack national identity cards and access to polling stations, thus encountering significant barriers in exercise their right to vote. Women political aspirants and candidates face violence and intimidation, lack of campaign financing and cultural constraints, barriers which are intensified for women with disabilities wishing to enter politics. Women with disabilities consequently have very limited opportunities to influence government decision making processes, to hold governments to account and to demand that their rights are upheld.

As a signatory to the Convention on the Rights of Persons with Disabilities (CRPD), Kenya has an obligation under Article 6 ‘to ensure that women and girls with disability are not treated unfairly because of their gender and because of their disability.’”

The UNCRPD Committee considered the initial report of Kenya (CRPD/C/KEN/1) at its 206<sup>th</sup> and 207<sup>th</sup> meetings (see CRPD/C/SR.206 and 207), held on 18 and 19 August 2015, respectively, and adopted key concluding observations that relate to enhancing rights of women and girls with disabilities. The Committee was concerned about the multiple forms of discrimination faced by women with disabilities and the absence of measures to prevent and combat different forms of discrimination against them. Concerned was additionally expressed about the lack of information on public policies and programmes on gender equality that include the rights of women and girls with disabilities. As a result, the Committee recommended that Kenya should; systematically collect data and statistics on the situation of women and girls with disabilities living in rural and urban areas, belonging to ethnic minorities and pastoralist communities; strengthen the mandate of the National Gender and Equality Commission with allocation of human, technical and budgetary resources specifically aimed at the advancement of the rights of women with disabilities; and adopt a national strategy with a timeframe and indicators, to address intersectional discrimination against women and girls with disabilities, including those living in rural and urban areas, and ensure their effective participation in the design, implementation and monitoring of such strategy.

In March 2017, Kenya has been requested by the Secretariat of the United Nations to submit to the General Assembly a report on the situation of women and girls with disabilities. In this report, Kenya is requested to provide to the secretariat the following information:

- Progress in mainstreaming disability issues as an integral part of relevant sustainable development strategies, with a specific focus on current efforts to advance the rights of women and girls with disabilities, including legislation and relevant policies, and their enforcement and monitoring;
- Progress and current efforts for improved disability-specific indicators and their applications in analysis, monitoring and evaluation of the situation of women and girls with disabilities in economic and social development and capacity building;
- Recommendations for specific actions to be taken at national, regional and international levels to implement a gender-sensitive and disability-inclusive 2030 Agenda for Sustainable Development.

In response to this mandate, the United Disabled Persons of Kenya has been working closely with women led member organizations and the Ministry of Labor Social Security and Services, the focal point for disability issues, in preparation of the Kenya's response report.

Nationally, the Kenyan Constitution provides affirmative action to address gender equality.<sup>15</sup> Nevertheless, the implementation of the constitutional provision that requires no more than two thirds of members of an elective or appointive body shall be of the same gender has suffered repeated setbacks. To date there is no legislative or policy framework to guide the attainment of this two thirds constitutional threshold, creating another discriminatory barrier for women with disabilities. Even during the national debate around the two third gender provision, women with disabilities were rarely involved in the various consultations and forums across the country. Their rights and unique issues were subsequently not articulated.

The Kenyan Constitution additionally embeds inclusion and protection of the marginalized as national values that underpin good governance, transparency and accountability.<sup>16</sup> Notwithstanding the provisions of Article 54 (2) of the Kenyan Constitution, the government has been slowing in laying down policies and administrative guidelines towards 5 % progressive representation in elective and appointive public offices held by persons with disabilities, thus delaying the progressive realization of this affirmative action policy and delaying the full participation of women with disabilities in county level government processes. In instances where representation of women with disabilities has increased, it has primarily been due to special ad hoc quotas set by the government, thus leaving the voices of women with disabilities marginalized at best. The actualization of these constitutional provisions requires active and sustained participation by women with disabilities themselves, particularly through existing government spaces and offices. Access for women with disabilities to these forums has been challenging for multiple reasons - their access to knowledge on their rights and entitlements as women and disabled person is limited, access to critical women's rights spaces to ensure their representation has been difficult to establish as the persons with disabilities movement is not integrated into the mainstream human rights or women's rights movements and spaces.

Through the system of government, delivery of services, decision making, resource allocation and budgeting functions are much more responsive to the people. However, women with disabilities are not included within lobbying and advocacy activities, and due to discrimination and lack of access, many women with disabilities are not involved in capacity building programmes which explain

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<sup>15</sup> Kenya Constitution, Article 81 (b)

<sup>16</sup> Kenya Constitution, Article 10 (2)

government obligations and responsibilities and how to engage effectively with the devolved government structures to influence decision making processes and service delivery functions. Key among these are reasonable accommodations<sup>17</sup> through providing sign language, braille and other communication formats/technology accessible to persons with disabilities.

Within the response report to the Secretary General, Kenyan DPOs are proposing recommendations which will enhance the capacity of women with disabilities and their organizations to hold the Kenya government to account on its obligations towards promoting and protecting the guaranteed rights of women with disabilities. The response will focus on developing women and girls with disabilities' technical capacity and skills to engage with the government, to lobby and advocate for their rights, to strengthen the organizations that represent them and to better leverage the space and gains of women's rights movement in Kenya to include the rights of women with disabilities. By drawing upon the strength of strategic partners, the action will interlink the voices of women with disabilities with those of women generally, thus enhancing the integration of the rights of women with disabilities into the rights of women, reducing the existing gap between the two groups and the real experiences of women with disabilities verses the guaranteed rights. The response will have an additional measure to increase knowledge on disability mainstreaming among the duty bearers in targeted counties.



Left picture: Newspaper article entitled “Address needs of the disabled in drive to meet development goals”, written by Anderson Gitonga Kiraithe, executive director of the United Disabled Persons of Kenya, Nairobi

<sup>17</sup> Article 7 of the Kenya Constitution

#### 4. Relevant sections of reports submitted by national government

In its commitment ensure that no one is left behind, the Government has been and will continue to implement a number of social protection (SP) programmes. Such programs and interventions are implemented by different stakeholders that include Government ministries and agencies, the private sector, communities, households, and other non-state actors. They include constitutionally created Equalization Fund provision of free primary school education and tuition free secondary school as well the expansion of Technical and Vocational Educational Training (TVET) institutions to the village level, Women Enterprise Fund, Youth Enterprise Development Fund, UWEZO (Ability) Fund, Procurement Preferences and Reservations (30 per cent affirmative action policy for women, youth and persons with disabilities) in public procurement, National Youth Services Capacity Building Initiatives and the Kenya Youth Empowerment Project (KYEP). These programmes aim at addressing the plight of the less disadvantaged in society, combat poverty, and promote equity.

For many years now the government has empowered women which is critical in effectively combating poverty, hunger and disease in the country and also a way to stimulate development and achievement of the other SDGs In pursuit of this goal, the government has undertaken initiatives aimed at promoting gender equality and empowerment of women with the aim of ensuring equal access, control and resource distribution to improve livelihood for the marginalized categories of people, including women, people with disability (PWDs).

Kenya acknowledges that development is primarily about people and therefore is adopting a human rights-based approach to development. In 2010, a new Constitution was endorsed which has a comprehensive Bill of Rights which sets out both the rights extending to all individuals and those of specific groups, including children, youth and persons with disabilities. Specifically, the right to the highest attainable standard of health, education, accessible and adequate housing and water and sanitation, as well as the right to food are all guaranteed in the Constitution as enforceable rights. Chapter four on the bill of rights clearly articulates that “The purpose of recognizing and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realization of the potential of all human beings”.

Recognizing the critical role played by the stakeholders in the SDGs process, the review was highly consultative involving government Ministries, Departments, Agencies (MDAs); sub national governments; development partners; Civil Society Organizations (CSOs); special groups including youth and persons with disabilities, and the private sector in order to increase ownership in the process. This involved the engagement of representatives from these stakeholders and integration of their inputs to form the Voluntary National Rep

The tools were then shared with stakeholders with a deadline for submission. It should be noted that the entry point for the private sector, CSOs, sub national governments, youth and persons with disabilities was their umbrella bodies for ownership and ease of follow-up. These included Kenya Private Sector Alliance (KEPSA), SDGs Kenya Forum, the Council of Governors (CoG), National Youth Council and Association of Persons Living with Disability. The umbrella bodies held consultations with their members, and prepared reports which formed the basis for this report.

The Kenya Constitution provides citizens with the right to participate in the decision-making process and further directs the national and sub national legislatures respectively to "facilitate public participation" in their work. Therefore the preparation of the development plans and all the strategies are guided by the Constitution and are required to be participatory by involving all stakeholders. The Medium Term Plans are prepared through consultative processes which help in ownership and awareness creation and involve the following; County consultation forums; Sector Working Groups- which consist of Ministries, Departments, Agencies, development partners, academia, women, youth, persons with disabilities, media, private sector, and CSOs. Alongside the MTPs are the Sector Plans (five-year cycle) which highlight in detail programmes, projects and policies for implementation during the medium term period.

Under the Social Pillar, Kenya's journey towards prosperity also involves the building of a just and cohesive society, enjoying equitable social development in a clean and secure environment. This quest is the basis for transformation in eight key social sectors; Education and Training; Health; Water and Sanitation; the Environment; Housing and Urbanization; as well as in Gender, Youth Sports and Culture, Equity and Poverty Reduction. It also makes special provisions for Kenyans with various disabilities and previously marginalized communities. These policies (and those in the Economic Pillar) will be founded on all-round adoption of Science, Technology and Innovation (STI) as an implementation tool.

Other programmes include Hunger and Safety Net Programme, Women Enterprise Fund, Youth Enterprise Development Fund, UWEZO (Ability) Fund, Procurement Preferences and Reservations (30 per cent affirmative action policy for women, youth and persons with disabilities) in public procurement National Youth Services Capacity Building Initiatives and the Kenya Youth Empowerment Project (KYEP). These programmes aim at addressing the plight of the less disadvantaged in society, combat poverty, and promote equity.

The National Social Safety Net Programme (NSNP) whose objective is to improve the wellbeing of and increase resilience among specific vulnerable groups in Kenya is one of the major government initiatives to help meet the SDGs. The programme targets the vulnerable groups who are faced with multiple challenges in their daily life such as inability to afford the basics and various other forms of deprivation. The NSNP comprises of four cash transfer programmes namely: Hunger Safety Net Programme Cash Transfers (HSNP-CT); Orphans and Vulnerable Children- Cash Transfers (OVC-CT), Older Persons- Cash Transfers (OP-CT) and Persons with Severe Disability- Cash Transfers (PWSD-CT).

To address the plight of the less disadvantaged in society, combat poverty, and promote equity, the social protection safety net in form of cash transfers was enhanced in 2016/17 as follows: Kshs. 7.9 billion for Orphans and Vulnerable Children (OVC); Kshs. 7.3 billion for elderly persons; Kshs. 1.5 billion for those with disabilities; Kshs. 0.4 billion for street families rehabilitation; and Kshs. 0.4 billion for Children Welfare Society. Other interventions include: Equalization Fund and National Government Constituencies Development Fund (CDF). In 2016/2017 Financial year the government allocated Kshs 68.7 Billion (USD 65 million) about 4.4% Per cent of total revenues for direct poverty reduction programmes.

### *Achieve Gender Equality and empower all Women and Girls*

The government has recognized that women empowerment is critical in effectively combating poverty, hunger and disease in the country and also a way to stimulate development and achievement of the other SDGs. For a long period of time now, the government has undertaken initiatives aimed at promoting gender equality and empowerment of women with the aim of ensuring equal access, control and resource distribution to improve livelihood for the marginalized categories of people, including women, people with disability (PWDs) and other vulnerable groups.

The Constitution of Kenya, under the Bill of Rights, obligates the State to address the needs of the vulnerable persons in the society with emphasis on protection of the marginalized groups in the society among them women and, persons with disability (PWDs). The government has enacted laws to protect women inheritance of their father's and or spouse's properties including land and the laws over ride customary laws and considerations. The constitution also created the National Gender and Equality Commission whose mandate is to promote gender equality and freedom from discrimination. There has been mixed progress in the achievement of this goal and its targets. The table below shows the proportion of women in senior leadership positions

Another affirmative program geared towards achievement of gender equity is the Access to Government Procurement Opportunities (AGPO) which reserves 30% of all public procurement at both the National and County governments to women, youth and persons with disabilities.

Other programmes include Hunger and Safety Net Programme, Women Enterprise Fund, Youth Enterprise Development Fund, Affirmative Action Social Development Fund, National Government- Constituency Development Fund, UWEZO (Ability) Fund, Procurement Preferences and Reservations (30 per cent affirmative action policy for women, youth and persons with disabilities) in public procurement National Youth Services Capacity Building Initiatives and the Kenya Youth Empowerment Project (KYEP). These programmes aim at addressing the plight of the less disadvantaged in society, combat poverty, and promote equity

To ensure increased access to justice for the vulnerable members of the society and persons with disability, the government is implementing an effective legal aid scheme hinged on the constitutional requirement. Towards this, the legislative vehicle for legal aid through the National Legal Aid Act 2016 has been enacted

## NIGERIA<sup>18</sup>

### 1. Status of Persons with Disabilities

In Nigeria, there are no clear statistics on the number of persons with disabilities, as currently the National Bureau of Statistics (NBS) in Nigeria does not deliberately collect or disaggregate data by disability. DPOs in the country estimate the number of persons with disabilities based on the calculations from the WHO World Report on Disability which states that persons with disabilities represents 15% of any given population. As such, with a total population of 182 million,<sup>19</sup> an estimated 27 million Nigerians live with disabilities.

Whilst there is no national disability law in Nigeria, Nigeria ratified the UN CRPD in 2010 including the optional protocol. Several states, including Lagos, Plateau, Ekiti, have since enacted comprehensive disability laws which are being increasingly aligned with the provisions of the UN CRPD.

### 2. Engagement in the national review process

Nigeria has made inroads to increasing awareness regarding the SDGs and the VNR process. In 2016, Nigeria's Federal Ministry of Women Affairs and Social Development held an awareness raising workshop on the SDGs. Recently the office of the Senior Special Assistant to the President on the SDGs created a Core Working Group Members on SDGs, of which civil society



*Above picture: Ekaete Judith Umoh, rerepresentative and President of a Nigerian DPO (JONAPWD), at a side event entitled: "Multi-stakeholder engagement in national reviews: a dialogue between VNR Countries and Major Groups and other Stakeholders", during the 2017 HLPF.*

organizations are represented, and disseminated the Secretary Generals VNR Guidelines, the 2016 VNR Synthesis Report, and the 2017 VNR Flow Chart. On the 25th of April 2017, there was a National Stakeholders Consultation regarding

<sup>18</sup> Joint National Association of Persons with Disabilities (JONAPWD) Yobe State Chapter Nigeria

<sup>19</sup> Source: <http://www.population.gov.ng/index.php/80-publications/216-nigeria-s-population-now-182-million-dg-npopc>

the 2017 Nigerian VNR held in Abuja. The forum was conducted through plenary and strategic breakout groups with a wide range of civil society stakeholders, and focused on the thematic goals under review for 2017. Although persons with disabilities have not been engaged in the CSO consultations on SDGs in Nigeria, persons with disabilities were invited to the Stakeholders Consultation that took place on the 25<sup>th</sup> of April. Currently, the umbrella organization, the Joint National Association of Persons with Disabilities (JONAPWD), is engaging with the office of the Senior Special Assistant to the President on SDGs to ensure that disability is included within ongoing consultation and the VNR process. JONAPWD has increasingly engaged with other agencies and ministries within the government including the Office of the Statistician General, the Bureau of Statistics and the Ministry of National Planning, to increase awareness and inclusion of persons with disabilities in national SDG implementation. In addition to meeting with the government, JONAPWD has set up Technical Working Groups on SDGs—ensuring that relevant agencies of government are adequately represented -- at state and national levels to produce a comprehensive report on addressing disability in implementing the SDGs in Nigeria. Further, JONAPWD have developed a nationwide awareness raising workshop to engage a diverse cross-section of civil society and government on mainstreaming disability in SDG implementation. As the Nigerian umbrella organization for DPOs, JONAPWD is coordinating recommendations and inputs of DPOs to produce a shadow report on the status of persons with disabilities in SDG implementation and has officially written to, and has commenced engagement with the Federal and state governments on the SDGs.

### 3. Thematic Issues

#### *Poverty Alleviation*

The national and state governments in Nigeria currently implement several policies aimed at ending poverty and most of these policies include persons with disabilities. For example, persons with disabilities currently benefit from the Social Investment Programme (SIP) of the Federal government of Nigeria which provides interest-free micro-credit loans; the Conditional Cash Transfers; the Graduate Employment Schemes; and others. There is also the 200 billion Nigerian within the Financial Inclusion and Micro/Small/Medium Enterprises Development Fund of the Central Bank of Nigeria, of which 2% is set aside for persons with disabilities at an interest rate of 9%.

Meanwhile, there is currently no Social Protection Policy in Nigeria. Persons with disabilities do not receive special social benefits including school stipends, disability pensions, food vouchers, food transfers, user fee exemptions for health

care or education or subsidized services. Persons with disabilities in Nigeria are significantly impacted by major financial barriers such as inaccessible financial/banking institutions, financial products and services; lack of financial/business support services; poor access to financial information; inability of blind persons to privately and independently recognize and manage currencies; as well as other barriers. Persons with disabilities are additionally frequently denied financial credits by banks and financial institutions because they are considered too vulnerable to be business actors who have the capacity to repay loans.

### *Healthcare*

Persons with disabilities in Nigeria lack adequate and equal access to health services. Less than 5% of the population of persons with disabilities in Nigeria have access to basic or primary health services because public and private health service providers lack awareness and knowledge on how to effectively address the health challenges faced by persons with disabilities. In addition, most health facilities are located in very inaccessible locations and buildings and also lack required health infrastructures and facilities.

There are no assistive aids and technologies to support the health and rehabilitation of persons with disabilities. Although the Nigerian federal and state government operates rehabilitation centres for persons with disabilities, these centres are too few and far between, and are lacking basic resources of modern facilities. Further, there are no legal and policy frameworks for the oversight of the administration, management and development of the rehabilitation centres in Nigeria.

### *Women with Disabilities*

Women and girls with disabilities in Nigeria experience much more severe socio-political and economic exclusions compared with men and boys with disabilities and the larger population.

Even within organizations of persons with disabilities (DPO) in Nigeria, the voice and participation of women and girls is significantly low. Most DPOs are male dominated and within general women and gender organizations, women and girls with disabilities are also marginalized. In Nigeria, there are no credible statistics on disability issues. In fact, Nigeria has no official data on disabilities especially those which disaggregate issues which affect men and women with disabilities.

### *Accessibility*

Nigeria's official Building Codes policies provide that all public buildings, infrastructure and spaces need to include accessibility features. In addition, Nigeria's Information, Communication and Technology laws and policies recognize the accessibility needs of persons with disabilities. However, these laws and policies are rarely implemented as most public buildings; infrastructure including roads, transport systems, recreational centers, are not accessible. Access to ICT for persons with disabilities is very difficult due to high cost and poor technological development.

#### **4. Relevant sections of reports submitted by national government**

This report provides information on the progress and status of implementation of the Sustainable Development Goals (SDGs) in Nigeria. It highlights key policy and institutional as well as regulatory measures that have been put in place to create the necessary enabling environment for mainstreaming of the SDGs into national policies and plans as well as programmes along with the necessary coherent coordination. The report is the outcome of wide and in-depth consultations undertaken by the Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs), with the support of the United Nations Development Programme (UNDP), with a wide array of stakeholders that included line Ministries, Civil Society Organizations; organized Private Sector, the Academia; Development Partners; youth groups; women's organizations; persons with disabilities, as well as, Media Organizations.

The second step was a one-day 'National Consultative Workshop' (NCW) that allowed for deeper presentation and discussion by various stakeholders on pre-informed thematic areas around the reported select SDGs. Participants at the workshop included some 200-plus representatives of select members of the multistakeholders drawn from the following:

- Federal Ministries, Departments and Agencies (MDAs);
- 36 States of the Federation and the Federal Capital Territory;
- Committee on SDGs from the National and State Assemblies;
- Civil Society Organizations (CSOs), and other gender-based Non-Governmental Organizations (NGOs);
- International Development Partners (IDPs); Implementation of the SDGs: A National Voluntary Review
- Private Sector Group;
- The Media; and
- Joint Association of Persons with Disability (JONAPWD)

In partnership with relevant stakeholders, the OSSAP-SDGs has undertaken numerous publicity and advocacy programmes in order to create and enhance awareness about the SDGs across the length and breadth of the nation. The awareness process targeted key institutions and decision-makers for purposes of ensuring seamless policy integration and for forging the enabling environment for the proper mainstreaming and implementation of the SDGs within the national fabric. Some of the key national stakeholders targeted in this respect were the sub-national Governments; parliamentarians; heads and staff of Ministries, Departments, and Agencies (MDAs), Civil Society Organizations, the Academia, vulnerable population, groups and persons with disability; organized youth groups, Media; heads, and members of traditional institutions - among others.

New innovations like the ‘Unconditional Cash Transfer’ programme (UCT) provides social security allowance for the physically disabled people and the elderly. This empowers people living with disability to earn a living and engage in vocations that will eventually get them out of poverty.

Action Aid in FCT trained 6,000 women and youths on livelihood schemes such as Garri processing in six skills acquisition centres with 116 grinding mills. Livestock and other petty trading was coordinated in a 50- business awareness session for women in seclusion and persons with disabilities.

Most States in Nigeria set up skills acquisition centres to train the youth, women and those living with disability. The trainees are trained and provided with agricultural inputs like fertilizer, to boost their yield. Agricultural extension services and programmes such as intervention in agricultural processing for crops like rice, yam and cassava are also provided and achieved through land development scheme and provision of farming equipment.

Nigeria’s development and progress is heavily linked to access to quality inclusive and equitable universal education for all gender groups, including those with disability. A critical review of the table 3.4.4 (below) shows huge improvements in access to girl-child training while in some instances, such as the measure of youths and adults in formal and non-formal education and training in the last 12 months; 51% of females have access as compared to only 49% of the males. The variance in percentage of children who are developmentally on track in health, learning and psycho-social well-being are comparatively insignificant between male and female. A programme such as the home-grown school feeding is very effective in enhancing school enrolment and incentivizing learning.

The NERGP places emphasis on Vocational and Technical Education, Information and Communication Technology, technical engineering and

scientific programmes with the objective of ensuring that youths and people living with disabilities acquire basic skills that will be useful and applicable in the job market.

Programmes such as the CCT have targeted women in order to expand their capabilities of escaping poverty. Many of the programmes have built-in mechanisms for providing improved sources of livelihood while widows, old people and those living with disability are also included on special target groups.

Government Enterprise and Empowerment Programme (GEEP). This programme is aimed at providing access to financial services to traders, market women and women cooperatives, artisans and Medium, Small and Micro Enterprises (MSMEs); enterprising clusters/youth, farmers and agricultural workers. In addition to contributing to financial inclusion which contributes to SDG 8, with specific emphasis on target 8.3 that aims to promote development-oriented policies that support activities, decent job creation, entrepreneurship, creative and innovation, and encourage the formalization and growth of micro-small, and medium sized enterprises, including through access to financial services. It also contributes to SDG target 8.5 that aims to achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work on values by 2030. It is also along with SDG 5 on gender equality through its “markemoni” activities, which in all, align with the theme of eradicating poverty and promoting prosperity.

With the good Advancement on Partnership and Collaboration, the country has established platforms with organized sectors, with a view to advancing effective implementation of the SDGs. In this regard, the Private Sector Advisory Group (PSAG) and the Donors’ Forum on the SDGs have been inaugurated as early as 2017. The CSOs Group on SDGs is already working towards the realisation of some SDGs targets and recording giant strides on inclusive education in collaboration with the Joint Association of Persons with Disability (JONAPWD) and Women 2030 in Nigeria.

It can be said that in various parts of the country, women are occupying higher positions and they are also advancing on actualizing rights to inheritance and acquisition of property. The women are beginning to influence personal and family decisions, while increasingly advancing in entrepreneurship, businesses and professional life. Furthermore, the country has advanced in developing and enforcing policies which will ensure that the special developmental needs and concerns of persons with disability and the girl-child are integrated into the educational systems at national and sub-national levels. The government is already refurbishing the educational infrastructure to add ramps and appropriate

playing, teaching and toilet facilities. The curriculum of Teachers Training Colleges are being revised to ensure inclusion of teaching skills that are responsive to learning needs of persons with disability.

The report makes available information on progress and status of implementation of the Sustainable Development Goals (SDGs) in Nigeria. It highlighted key policy, institutional and regulatory measures drawn to create an enabling environment for mainstreaming of SDGs in national policies, plans and programs, and its intelligible synchronisation. The NVR however is a product of an in-depth and consultative analysis with a wide assortment of stakeholders drawn from line ministries, civil society organizations, organized private sector, academia, development partners, youth groups, women organizations, persons with disability and media organization, which has satisfactorily aligned with the expected coverage of information requirement that constitutes the core body of the report.

The need to further deepen the involvement of the Local Government Authorities, People with Disabilities, Aging Group, Youth and Women is critical, as the SDGs cannot be meant by 2030 if any critical section of the stakeholders are left behind. Furthermore, the report has provided information on Nigeria's progress on policy and strategy response to the SDGs, baseline status on 69 select indicators with projection on their path to target agenda 2030. It also contained a highlight of how the country has made ownership of the goals through multi-stakeholder sensitization and advocacy campaigns. It provides information on how the Country has incorporated SDGs in national policies, plans and budgets while integrating the three dimensions of SDGs, the economic, social, and environmental dimensions. The report also provided facts on progress on institutional mechanisms for effective implementation of the SDGs and resource mobilization initiatives.

### 1. Status of persons with disabilities

Due to the lack of a national survey on persons with disabilities in Togo, there is unreliable data on persons with disabilities. The national statistics institute survey from 2015 indicates that persons with disabilities represent 2.2% of the population (enquête QUIBBE 2015: Questionnaire Unifié des Indicateurs de Base et du Bien Etre), but there is no data on how many women or men with disabilities are in Togo. Despite the unreliable data in Togo, FETAPH bases its work on the WHO and World Bank report (2011) that estimates that 15 per cent of the global population comprises of persons with disabilities. In addition, FETAPH advocates and raises funds for robust data collection on persons with disabilities in Togo.

Togo has Law n° 2004-2005 related to the social protection of persons with disabilities, which was adopted in 2004 and the CRPD and its optional protocol was ratified seven years later in 2011.

### 2. Engagement in the national review process

The government of Togo has carried out awareness-raising activities on the Sustainable Development Goals (SDGs). Specifically, since the end of the Millennium Development Goals in 2015, the Togolese government through the department of planning has been disseminating information on the SDGs. After the adoption of the 2030 Agenda for Sustainable Development in September 2015, many SDG-focused workshops were carried out and official communications on the SDGs shared, especially on the integration of the SDGs in the national development process.

There have been formal consultations between the government and civil society on SDG implementation. In December 2015 in Lomé, the department of development planning organized the first francophone training workshop on the integration of SDGs into national development planning. Civil society, including

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<sup>20</sup> Fédération Togolaise des Associations de Personnes Handicapées (FETAPH) is the umbrella organisation of DPOs in Togo that provided the feedback for this report.

the umbrella organization of persons with disabilities (FETAPH) participated in this two-day meeting.

The national federation of persons with disabilities organization (FETAPH) participated in the consultations at the national level represented by one or two persons on behalf of the whole community of persons with disabilities. Additionally, at the regional level, some member associations were invited. During the discussions, persons with disabilities clearly expressed their challenges and vision concerning their vital human rights (for example, access to health services, education, employment, accessibility and so forth). No specific accommodations were provided for persons with disabilities during these workshops.

If organizations of persons with disabilities are not included in the process, FETAPH plans to send letters to the government officials concerned in order to claim participation for persons with disabilities.

### *SDG National Plan*

FETAPH is not aware if there is a national plan to implement the SDGs in Togo, but currently there is synergy between civil society organizations and Ministries elaborating on the National Development Plan, which is incorporating the SDGs. It is also important to note that in Togo there are many civil society umbrella organizations, which participate in the governmental workshops and meetings. Regarding organizations of persons with disabilities, a Follow-up Committee on the inclusion of people with disabilities was created by the Ministry of Social Affairs in 2016. FETAPH is a member of this committee creating a synergy between government, partners and civil society on the rights of persons with disabilities.

## **3. Thematic issues**

### *Poverty-eradication*

There are specific policies to eradicate poverty, such as the policy of social protection, policy of employment, and national health policy. Persons with disabilities, through their DPOs are involved in the elaboration of these policies. The issue lies in the real inclusion at the implementation stage in which technical efforts and financial commitments are required to improve the quality of life of

persons with disabilities. Although, one positive example is that the national fund for inclusive finance provides microcredit to women with disabilities.

Social protection systems and measures do cover persons with disabilities in Togo. There is a pilot cash-transfer program in two regions, although there is no data on the number of children with disabilities covered. In addition, eye care and physiotherapy are covered by the national health insurance for persons with disabilities working in the public sector.

In Togo, there are no legal barriers preventing persons with disabilities from being in control of their own financial resources. The problem is that many persons with disabilities, especially in rural areas, do not have financial resources because of the lack of livelihood opportunities for them.

### *Health*

Persons with disabilities can access general health services, which are open for all people, although there is no policy regarding access to health services for all. The challenges emerge with specific services, such as with a childbirth table. Also, health and rehabilitation services are not affordable for persons with disabilities due to poor economic conditions.

There are various barriers for persons with disabilities when trying to access regular health services. They include lack of accessible buildings and materials; difficult access to reproductive, maternal and child health for persons with disabilities; and the high cost of technical and rehabilitation materials for persons with disabilities (wheelchairs, tricycles, prosthesis, canes, etc.).

In Togo, there is one national and four regional public centres providing physical rehabilitation support and assistive devices for persons with disabilities. The problem is that the quality of these materials is not always good nor sustainable. Furthermore, those devices are not affordable since there is no social-protection system to subsidize those devices for mobility and thus the social inclusion of persons with disabilities.

### *Women and girls with disabilities*

The main challenges that women and girls with disabilities encounter in Togo include lack of access to health services including assistive devices (canes, wheelchairs, tricycles, hearing devices orthopaedic etc.); lack of access to inclusive

education, including professional training; and lack of access to employment (public and private) including financial and material support for more autonomy.

There are no statistics on if women and girls with disabilities experience high rate of abuse or violence in Togo, but there are a great number of girls and women with disabilities in “non-comfortable” marital situations, and often, women and girls with disabilities are seen with kids without husbands.

### *Accessibility*

Togo does not have regulations requiring that public building and facilities must be accessible to persons with disabilities, and consequently persons with disabilities do not enjoy equal access because the buildings (especially the old ones) are inaccessible. From advocacy actions, the government is making efforts and new buildings (primary schools, markets, courts and so forth) are accessible to persons with ramps. In terms of transport, not all infrastructure is accessible. For example, transport by bus is not accessible for persons in wheelchairs, but the new airport in Lomé respects the minimum standards of accessibility. Information and communication technologies are accessible to some persons with disabilities, but not all. For example, on national television, there is now a sign language interpreter providing access to news to deaf and hard of hearing persons. However, this is only during a brief period during the day (1 pm) when most people are not home. Private television does not provide interpretation. In order to continue and strengthen the advocacy in this area, the umbrella organization (FETAPH) is looking for funds to organize a national survey on accessibility for all types of persons with disabilities in Togo.

#### **4. Analysis of 2017 VNR Submission**

The government of Togo referenced persons with disabilities three times in the 2017 VNR. Specifically, the Ministry of Social Action supported 47 persons with disabilities in Lomé with food and granted micro credits to 53 women with disabilities through a partnership between the National Fund for Inclusive Finance and the Ministry of Social Action for vulnerable women. In addition, there was a grant that provided 60 tricycles and 60 wheelchairs to 120 persons with disabilities in 2015 by the Ministry of the Environment in partnership with the Ministry of Social Action to increase the resilience of persons with disabilities during natural disasters.

In addition to the references regarding persons with disabilities, the Fédération Togolaise des Associations de Personnes Handicapées (FETAPH), the Togolese umbrella organization of DPOs, participated in data collection through the VNR questionnaire. FETAPH also participated in a validation workshop which took place in Lomé during 8 to 9 June. During this meeting, it was discussed that the SDGs are not yet implemented in Togo, and consequently not much has been carried out yet.

FETAPH was able to present its advocacy requests and inputs, and was prepared for this largely due to the information provided through the VNR questionnaire. But it was difficult to get the advocacy requests into the report due to various reasons. First, the report needed to be as concise as possible, so written recommendations were not included, but we were able to share them orally. Second, the Goals under review in 2017 (SDGs 1, 2, 3, 5, 9 and 17) were not directly related to persons with disabilities.

The inputs from the umbrella organization (FETAPH) were not concretely addressed in the report, but FETAPH was involved in the elaboration of the National Development Plan. The national plan includes persons with disabilities under the following thematic issues employment, education, health, and accessibility. The plan will be validated over the course of 2017 and its implementation will begin in 2018.

FETAPH recommends to the government of Togo to include within their oral statements at the High-level Political Forum to (1) adopt the national law related to the protection of persons with disabilities and its enforcement decrees, (2) the establishment of inclusive education in Togo, and (3) the inclusion of persons with disabilities into national statistics in general.

#### **5. Relevant sections of reports submitted by national government**

The eradication of poverty in all its forms is therefore at the heart of all our policies. The need to eradicate poverty, to address inequality and achieve social exclusion in our country form part of the NDP priority areas. This is why efforts must be pursued in improving existing policies, develop reliable statistical data and strengthen our analytical monitoring evaluation capacities. These policies contribute in improving livelihoods and access to basic social services for the most vulnerable populations, including young people, women, the disabled, PLHIVs, and the elderly.



## BANGLADESH

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### **1. Status of persons with disabilities**

The prevalence rate of disability in Bangladesh leaves much room for debate. The national census (2011) claims the rate to be 1.41%, while the Household Income and Expenditure Survey (HIES 2010) also conducted by the Bangladesh Bureau of Statistics (BBS) estimated prevalence at 9.07%.

As the disability prevalence rate is ambiguous, measuring poverty amongst persons with disabilities is additionally difficult. The Department of Social Services (DSS) is currently conducting an identification survey of persons with disabilities in Bangladesh. So far, 1.5 million people with disabilities have been identified and their information has been entered into a national database. The National Statistical Office is currently collecting data on persons with disabilities in Bangladesh.

Despite the ambiguity of statistics, Bangladesh has adopted two national laws specifically referencing and protecting the rights of persons with disabilities: (1) Rights and Protection of Persons with Disabilities Act, 2013 and (2) Neuro-Developmental Disabilities Protection Trust Act, 2013. Most of the provisions within these two laws are in line with the CRPD, of which Bangladesh ratified in November of 2007.

### **2. Engagement in the national review process**

Achieving the SDGs is a political commitment of Bangladesh. The government of Bangladesh is proactively working to align all national policy frameworks and development planning with the SDGs to ensure implementation at all levels. The government has already completed the mapping analysis of the Ministries by targets in the implementation of SDGs aligning with the 7<sup>th</sup> Five Year Plan (2016-

20) and the Data Gap Analysis for Sustainable Development Goals (SDGs) in Bangladesh Perspective. However, initiatives to raise awareness of the SDGs at local or national levels are yet to be visible. Most of the district and sub-district level administration, duty bearers and policy makers at local and national levels do not have basic knowledge of the SDGs and how they impact persons with disabilities. There remains a significant gap in developing initiatives to demystify the SDGs for duty bearers as well as the general public.

There have been formal consultations between the government and civil society on SDG implementation in Bangladesh. Many NGOs, forums and networks have been conducting various consultations, seminars and workshops on SDG implementation. No initiative led by the government to consult between government and civil society is seen till date. However, the NGO Affairs Bureau and the Citizen's Platform for SDGs, Bangladesh jointly arranged a conference titled “Role of NGOs in Implementation of SDGs in Bangladesh” at the Bangabandhu International Conference Centre. The conference emphasized the partnership between government and civil society organizations in implementing the 2030 Agenda, as well as for the Bangladeshi government to make budgetary allocations for implementing the SDGs through partnerships, rather than relying wholly on foreign assistance.<sup>21</sup> Additionally the conference highlighted as a priority that marginalized groups such as persons with disabilities, Dalit and coastal and island people must be included at all levels to make progress towards implementing the SDGs.

Despite progressive efforts from civil society, the government has organized very few consultations on the SDGs. The Bangladesh National Commission for UNESCO conducted a day-long National Consultation on SDG 4 and the Dissemination of GEM Report 2016 on 8 March 2017 in which persons with disabilities and DPOs did not participate. The same agency also conducted a day-long workshop on SDG 4.7 on 22 April 2017 which also was not inclusive for persons with disabilities. However, persons with disabilities were invited to participate in the aforementioned conference on 18 May 2017, which was organized by the Citizen’s Platform for SDGs in Bangladesh, and the meeting venue was accessible for persons with disabilities.

To effectively engage persons with disabilities in the full process of SDG implementation, monitoring and review, a collective platform “Disability Alliance on SDGs” was formed on 9 March 2017, which consists of DPO Networks, NGOs and INGOs working with people with disabilities. The alliance has taken advocacy initiatives to ensure the engagement of persons with disabilities in the VNR 2017 process. The alliance has conducted two national level DPO

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<sup>21</sup> <http://www.theindependentbd.com/post/95140>

consultations and two district level DPO consultations to collect the messages of those working at the grassroots level and their inputs to the progress, gaps, challenges and ways forward. A position paper has already been developed based on the findings from these consultations. This position paper will be submitted to the Principal Coordinator at Prime Minister's Office. Meanwhile, one member of the VNR report drafting committee within the government has already communicated with the alliance requesting a synopsis of their findings as it relates to the SDG implementation for persons with disabilities.

Furthermore, to increasingly engage persons with disabilities systematically within SDG implementation, Access Bangladesh Foundation sent a letter to the Convener of SDGs implementation and Monitoring Committee on the 2<sup>nd</sup> of April 2017. Access Bangladesh is planning to organize a formal meeting with the convener for the systematic engagement of persons with disabilities.

The DRF Grantees Coordination Committee is advocating for increased participation and inclusion within the Government's preparation of their VNR report. Access Bangladesh Foundation and Bangladesh DRF Grantee Coordination Committee jointly organized a consultation on "Voluntary National Review: Engaging Persons with Disabilities" at the CIRDAP Auditorium, Dhaka on 4 May 2017. A total of 19 representatives from 13 DRF Grantees participated in the consultation. The event was focused on the major issues related to persons with disabilities to be included in the National Report of the Bangladesh Government. It was also discussed how DRF Grantees can be engaged into the VNR 2017 process. A report of the consultation has been sent to the Disability Alliance on SDGs to incorporate into their report which will be submitted to the Government SDGs Monitoring and Implementation Committee.

### *SDG National Plan*

There has been no specific national plan for SDG implementation in Bangladesh. However, there have been many policy documents which generally guide the overall development plan and implementation of government's activities. Currently, live documents that are directly impacting the development planning and implementation of the SDGs consist of Vision 2021/Perspective Plan of Bangladesh, the Bangladesh Delta Plan, National Sustainable Development Strategy, National Social Safety Net Strategy (NSSS), Five Year Plan etc. The Five Year Plans (FYPs) are considered as a national landmark policy document to govern the development interventions in the public sector and provide direction to the overall national development for a period of 5 years. The 7th FYP is for the period of fiscal year 2016-2020, and the government has identified interlinks between the 7th FYP with the SDGs. Besides, the

government would have 8th and 9th FYPs during the life span of SDGs. Moreover, the government has already conducted the Mapping Analysis of the Ministries by Targets to identify the roles and responsibility of the relevant actor in implementing SDGs.

A high level Inter-Ministerial Committee to Monitor the SDGs implementation has been formed with 15 key implementing ministries. The committee is led by a senior secretary who is designated as the Principal Coordinator (SDGs). The committee updates the Honourable Prime Minister on progress and prospects of SDG implementation every six months.

### 3. Thematic issues

#### *Poverty Alleviation*

The safety net programs or schemes of the government can be divided into four major categories: (a) cash transfer (allowances), (b) food security (social protection), (c) micro-credit programs (social empowerment), and (d) development sector programs (social empowerment). Under these four categories, in the fiscal year 2016-2017, the government has taken a total of 143 programs or schemes with a total budget of BDT 452.3 billion. For persons with disabilities 10 such schemes have been taken, with coverage of 1.177 million persons with disabilities and an annual allocation of BDT 7.56 billion. While this apparently looks like a considerable amount, actual direct costs amount to BDT 6.74 billion against 6 schemes, which calculates to only about 1.5% of the entire national social safety net program. In other words, the planned safety net programs offer each person with disabilities BDT 477 per month, or a mere BDT 16 (USD 0.20) per day.

The largest scheme for persons with disabilities is the allowance for financially insolvent persons with disabilities, where 750,000 persons with disabilities receive an allowance amounting BDT 600 per month. However, under the newly adopted National Social Safety Net Strategy, this will increase over the next five years to BDT 1,600 per month, and coverage will increase to 1 million poor people with disabilities. By 2020, the government plans to have 145 schemes with a coverage of 3.57 crore citizens (almost 20% of the national population) at a cost of BDT 600 billion.

Under the micro-finance scheme, which was initiated more than ten years back, DSS used to provide a loan amounting BDT 10,000 to acid survivors and people

with disabilities. A decade later, the loan amount is still BDT 10,000. This is not justified and due to inflation, the economic value of the same amount has gone down significantly.

The Government of Bangladesh in recent years has shown a keen interest to increase its generation of electricity, to bring the entire country under the network, in order to extend basic services across the nation. This has promoted the growth of micro-industries and entrepreneurs that have paved the way to increase quality of life at the grassroots level. Besides the government, cell phone operators have also covered almost the entire country, enabling access to information, through the internet within the hands of people. As this has been done without discrimination, persons with disabilities have benefitted equally with others. There still is some room for improvements though, as some services are yet to become fully accessible to persons with visual impairments.

Inheritance and control over land and other forms of property had been a massive concern for persons with disabilities in Bangladesh, as they have most commonly been deprived of their rightful share even by close family members. The Rights & Protection of Persons with Disabilities Act, 2013 has put that concern to rest, ensuring these as a right. There still are confusions however, for persons with psychosocial disabilities especially, as the Mental Health Act has still not been enacted, and so discriminatory provisions under the century old Lunacy Act 1912 still prevails, despite it being technically abolished.

The government operates a specific micro-finance scheme for persons with disabilities, which is free of any interest, but only at a 5% simple service charge. Within the non-government sectors, several NGOs have opened their respective micro-finance programs for persons (especially women) with disabilities. And in almost all cases, persons with disabilities have demonstrated better regularity and efficiency in handling, utilizing and returning their loans. However, if the large players in this arena, such as BRAC, the Grameen Bank or the Palli Karma Shohayak Foundation (PKSF) made it mandatory to ensure a certain percentage of each group are persons with disabilities, access to income would have increased manifolds. The schedule banks have also been instructed to provide loans to persons with disabilities. But in most cases the instruction is not being followed diligently.

Besides the safety net programs, the government also leases out land and ponds (or water bodies) to poor people, families or clusters to utilize and earn a decent living. The land is generally barren non-agriculture land, and so people set up micro or cottage industries, or farms for chicken or cattle rearing. The ponds are

used for fish and/or duck farming. Unfortunately, the proportion of such leases to persons with disabilities is still very negligible.

Where government employees have children with a disability, after their retirement from the service, a pension is provided throughout the lifespan of the disabled child. This is a positive measure adopted by the government to ensure quality of life.

### *Health*

To some extent persons with disabilities enjoy equal access to health services. However, the inaccessible infrastructure (in most cases) and the procedural system pose challenges to the persons with disabilities in availing health services. Although the Disability Rights and Protection Act 2013 upholds the right of access to health services and the act provides schedule to take necessary actions to ensure accessibility, many persons with disabilities are still out of reach. No special provision or special mechanism is being followed by the public and private health service providers to ensure the access to services.

Bangladesh has done remarkably well in its vaccination and immunization programs over the years, and outshines its neighbors in this area. Diseases like small pox and polio, which has left a long trail of death and disability in the country in the past, have successfully been eradicated. Also, the health service delivery infrastructure of Bangladesh has gradually become quite extensive, even deep into the grassroots level. While there are 128 government hospitals at the secondary and tertiary levels, there are 484 hospitals at the upazilla and union levels.<sup>22</sup> The number of functional hospitals beds is almost 47,000 in government hospitals, and a further 75,000 in almost 5,000 private clinics and hospitals across the country, that are registered with the government. In addition, there are almost 13,000 active community clinics at the grassroots level.

Unfortunately, few of these institutions are fully equipped to handle the challenges faced by persons with disabilities. Hospitals lack accessibility features, and the personnel are also not fully supportive. Alternative communication systems also remain a challenge for the patients with such communication disorders.

Child Development Centers have been set up in only a few of the 36 medical college hospitals operated by the government. Each hospital has a functional

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<sup>22</sup> Health Bulletin, 2015, Directorate General of Health Services

orthopedics unit and there is also a national orthopedic hospital at the capital city, however, provisions for physiotherapists, occupational therapists, speech and language therapists etc. are rare or totally absent. The Jatiyo Protibondhi Unnayan Foundation (JPUF) (under the purview of the Ministry of Social Welfare) however operates 103 one-stop disability service centers, offering these services. Each center also has a specialized corner to deal with children with autism. They also have 32 mobile vans taking the services to the remote rural areas. Besides providing the necessary therapy services, these centers also provide assistive devices free of cost to the poor people with disabilities. But there is no proper coordination or an official referral mechanism between these centers and the mainstream hospitals, as the two systems are operated under two different ministries.

Under the Vision 2020 program, there is a fairly robust national eye care program to prevent avoidable blindness among both children and adults. In recent years, the government has also chalked out a plan in pursuit of the Sound Hearing 2030 program, and has provided cochlear implants free of cost to poor people with hearing impairments. Providing disability specific care from district and upazilla level hospitals are also being piloted in a few districts in collaboration with NGOs active in the field. The medical education curriculum at the graduation level is also being updated to accommodate some basic disability issues, such that medical doctors are more sensitized to the challenges faced by persons with disabilities.

Mental health is a highly neglected issue in Bangladesh, with only about 0.5% of the national health budget spent on this area. According to a study (2011) conducted by the National Institute on Mental Health, there are about 14.5 million adults in the country with some or other form of mental health disorders. About 20% of children aged 12-17 years have a mental illness of some degree. A more recent study was conducted by ICDDR,B (2015), which opined that mental disorders in Bangladesh are a serious but overlooked problem, and that better data, awareness and more mental health practitioners are needed to address the unmet needs for mental health care. Mental health disorders, such as depression, anxiety, addiction, schizophrenia and neurosis have a serious impact on the health situation in Bangladesh.

The review found that the overall prevalence of mental disorders in Bangladesh is between 6.5 to 31% among adults, with disorders such as depression, anxiety and neurosis most commonly reported. The prevalence of mental disorders was much higher in overcrowded urban communities than rural ones, and among the poor. Women were vulnerable across all settings. The study also found that data on mental disorders among children are scarce, but prevalence is estimated to be

between 13.4 to 22.9%. Behavioral disorders were common among socially disadvantaged children, such as those living in urban slums. The evidences suggest that psychiatric disorders among children are also associated with malnutrition, low education of parents and a family history of mental illness.

However, due to the strong social stigma attached to mental disorders in Bangladesh, prevalence in both children and adults is likely to be disguised or underestimated. At the same time, a lack of knowledge, superstitious beliefs and social stigma prevent individuals with mental health conditions from seeking care. Beliefs that mental disorders are untreatable or the result of evil influences also play a role. Women are both more vulnerable to experiencing mental disorders and less able to access treatment due to their lower social status.

General health services are available but due to inaccessibility both infrastructural and informational all types of persons with disabilities are not able to avail these services. Specialized services for persons with disabilities like spinal injury management in the government hospitals are very limited.

Assistive devices are not widely available at rural level. They are also costly. Particularly the imported assistive devices are very costly. Therefore, the poor people with disabilities are unable to avail the necessary assistive devices due to the lack of financial ability to purchase them. There is also very limited scope for availing tailor made assistive devices for the persons with disabilities due to the unavailability of technology and high cost of the production. Especially the poor people with disabilities can't even imagine in having one tailor made assistive devices. This poses a risk of further deterioration of the disability of that person.

### *Women and girls with disabilities*

Despite NGO interventions for minimizing the gender parities, women and children with disabilities are still the most vulnerable groups in Bangladesh. For the very poor women, the government covers their protection through safety net schemes. There are also Allowances for Widows and for Deserted & Destitute Women besides the other general development programs that the government operates for persons with disabilities.

The largest challenge remains with integrating women with disabilities in mainstream development programs. Even within small to large NGOs working with persons with disabilities, women with disabilities had historically been left out. The scenario is changing with DPOs being established and expanded across the county, and even federating bodies of women with disabilities gradually

encouraging them to take leadership roles. At the grassroots level, changes are taking place with both male and female persons with disabilities alike, actively taking part in local decision-making circles.

Violence against women unfortunately remains widespread across Bangladesh. Undue influence, to some extent administrative failures, a lack of social resistance and weak implementation of laws are the top reasons that lead to the perpetrators going free. Dowry violence, rape, acid violence and stalking (sexual harassment) are the most common forms of violence against women in Bangladesh. For women with disabilities the situation is worse. They face emotional abuse in addition to physical and sexual abuse. A study conducted over 310 adolescent girls and adult women with disabilities in 21 districts of Bangladesh found that 75% of the women faced emotional abuse, 82% faced physical abuse and 37% faced gender based violence.

After a woman with a disability is raped, even if the perpetrator is caught and taken to court, women with visual impairments are not given the opportunity to identify the person definitively, deaf and hard of hearing women cannot communicate with the judge or the lawyers effectively due to accessibility barriers, and women with intellectual disabilities are not taken seriously. Women with disabilities thus are thought of as easy targets. As disability multiplies a woman's marginalization, they are often dependent on comparatively better off or influential families. More often than not, the people who should have been their protectors find them easy victims of abuse.

Provisions protecting the rights of women with disabilities must be included in the Dowry Prohibition Act 1980, the Domestic Violence (Prevention and Protection) Act 2010, the Family Court Ordinance 1984, Victim Witness Protections Law and other pending law reform initiatives. Moreover, in cases of violence, exploitation and torture on disabled women, legal provisions related to summons of persons, trial in absentia, adjournment and appeals (Sections in Chapter VI, Section 339 B, Section 344 and Sections contained in the Code of Criminal Procedure) should be strictly complied with.

### *Accessibility*

Bangladesh has a National Building Code in which accessibility has been addressed properly, but in practice, the building code is not followed and the government monitoring mechanism is weak. Consequently, most buildings in Bangladesh are inaccessible. Though some buildings like hospitals, educational institutions, and shopping malls have ramp facilities, but few have accessible toilets. Bus and launch stations, parks, tourist spots are not accessible. Some rail

stations are accessible. Currently, there are no accessible buses. In some cases, information and communications technologies are accessible, but are very limited.

In the area of communication infrastructure, the Government of Bangladesh has embarked on a number of massive projects. Roads are being widened into 4-lane carriageways, large bridges and flyovers, elevated expressways and elevated train services are being built. The railway system is gradually being upgraded with new tracks and renovated or newly constructed rail stations. However, almost all built infrastructure in the country is unfriendly to persons with disabilities. In recent years the Ministry of Housing and Public Works has issued a circular compelling all new public buildings to accommodate principles of universal design. As such, 10,000 newly constructed schools have built a ramp and made provisions for accessible toilets. But due to a lack of proper monitoring, most of the ramps have failed to meet the accepted standards in their slopes and lengths. Also, in most cases, the toilets have been relocated behind the school building, without ensuring continuity of the corridors, and thus they have lost their accessibility features. Almost all public offices across the country lack accessibility features. There is still not a single public transport that is suitable for use by persons with disabilities.

#### **4. Relevant sections of national reports submitted government**

The government of Prime Minister Sheikh Hasina, for the first time, has formulated a comprehensive National Social Security Strategy (NSSS) to consolidate all safety net programmes to support its citizens who need it most. Distressed people particularly women, children, aged and disabled persons have been given due priority under NSSS.

#### *Special initiatives of Bangladesh on 'leaving no one behind', 'access to information' and 'tracking SDGs' Persons with Disability*

Special initiatives of Bangladesh on 'leaving no one behind', 'access to information' and 'tracking SDGs' Persons with Disability Bangladesh has made significant progress in addressing rights of persons with disability that helps ensuring Leaving No One Behind. The promise of Digital Bangladesh has opened a new arena which have been making disability inclusive e-service, webs, and other ICT-based services. Government has been encouraging and promoting a culture of innovation in ensuring the rights of persons with disability. Bangladesh is one of the countries who signed the United Nations Convention on Rights of Persons with Disability (UNCRPD). In favour of persons with

disabilities the government has enacted two laws; Rights and Protection of Persons with disabilities Act 2013 and Neuro-development Trust Act 2013.

With regard to SDG-1, the initiatives taken by the Government include: a) Small Loan facilities for persons with disabilities with 5% service charge by Department of Social Services; b) Allowances for insolvent persons with disabilities; c) Children with disabilities avail pension facilities after death of parents holding govt. job; d) Persons with disabilities can avail benefit of Government Family Saving Certificate; e) Support including stipend for students with disabilities, training and rehabilitation services for persons with disabilities, education for autism and intellectual disabilities, hearing impaired and visually impaired etc. Regarding SDGs-2, people with disabilities are able to purchase 10 Taka per kilo rice through the government scheme.

In line with SDGs-3, people with disability are brought to the coverage of health care facilities. The initiatives are: physiotherapy, occupational therapy, speech and language therapy, counselling services through 103 Disability Support and Service Centres in 64 districts; assistive devices at free of cost for persons with disabilities; therapy services through 32 mobile vehicles; identification, assessment, therapy, counselling, referral services for autistic children through Autism Resource Centre; awareness raising and training program for prevention of disabilities; priority basis health services to persons with disabilities in the community clinics; forming Child Development Centres in government medical hospitals; establishing institute of Paediatric Neuro Disorder and Autism; cochlear implant for hearing impaired; mental health services through National Institute of Mental Health etc.

In terms of SDGs 5, residential facilities for job seekers and working women with disabilities; Schools and separate hostels for intellectual, hearing impaired, visually impaired and autistic children; and residential facilities for victim women with disabilities have been established. Also, disability issue has been included in the Bangladesh National Building Code 2015 (Draft), Dhaka Building Construction Act 2008, National Industrial Policy 2016, Bangladesh 67 Industrial Design Act 2016 (Draft), National Web Accessibility standard 2016 (draft) which are relevant to SDGs 9.

UDCs ensure that the underserved, such as rural women, people with disabilities and the elderly - regardless of their literacy and ICT literacy - can access vital information and services. A typical UDC is about 4 km from the average rural citizen's home, whereas a government sub-district office is about 20 km and a district office is over 35 km. These onestop service centres are essentially micro-enterprises run by 'citizen entrepreneurs' - 1 male and 1 female. They leverage modern technology to provide citizens, both free and fee-based access to public services (land records, birth registration, telemedicine, passport and overseas job

application as well as application to various other government services) and private services (mobile financial services, insurance, various types of computer and vocational training, etc.).

## INDIA<sup>23</sup>

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### 1. Status of Persons with Disabilities

Per the 2011 national census, India has an estimated 26, 810, 557 persons with disabilities - approximately 2.21% of the population. With the 1995 Persons with Disabilities Act, the amended and passed through parliament in 2016 to expand the definition of disability from 7 impairments – blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and mental illness - to a definition of disability that covers 21 impairments, including disabilities resulting from acid attacks, Parkinson’s Disease, cerebral palsy, haemophilia, multiple sclerosis, autism and thalassaemia amongst others. Such an expansion in India’s definition of disability is predicted to drastically alter the census results estimating the population of persons with disabilities in 2021. Disabled Persons Organisations are expecting that the new expansion of the definition of disability when collecting data will align India’s national data on persons with disabilities, closer to that of the UN global statistics of disability affecting 10-15% of the world’s population, and subsequently better inform national policies towards SDG implementation.

India has several legal frameworks in which support the rights of persons with disabilities including the 1995 (amended in 2016) National Disability Rights Act and the Convention on the Rights of Persons with Disabilities (CRPD) which was signed in 2008—without the optional protocol. The disability community has been involved through advocacy in national level SDG implementation, but they have not been formally consulted by the government. While the Government of India has not undertaken awareness-raising activities regarding the Sustainable Development Goals (SDGs), there have been formal consultations conducted between the government and civil society organizations on SDG implementation. The first major consultation between civil society and the Indian government occurred in November 2016, and was organized by civil society. This consultancy included members from organizations of persons with disabilities (DPOs) and

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<sup>23</sup> Information derived from survey completed by Mr. Ketan Kethari of Sightsavers India

their presence highlighted the critical need to include persons with disabilities in SDG implementation. However, the attendance of persons with disabilities in this consultation was noticeably limited and spurred wider civil society to recommit to increasing the participation of DPOs in such processes, and to advocate for the provision of disability related accommodations for full participation.

## 2. Engagement in the voluntary national review process

An active proponent of the 2030 Agenda, the Government of India has made significant steps to outline its vision of SDG implementation, led by the National Institution for Transforming India (NITI Aayog).<sup>24</sup> NITI Aayog has been tasked in addition to framing national SDG implementation, with being the central agency in which collects high quality data on the SDGs indicators and targets. Additionally, the Ministry of Statistics and Programme Implementation (MoSPI) is supporting this effort by coordinating between ministries to produce such data reflecting the SDG goals and targets.

Based on answers of the responding DPOs there was little to no engagement of persons with disabilities in national consultations.

## 3. Thematic issues

### *Poverty Alleviation*

India has implemented a variety of programmes to alleviate poverty and have instilled quotas to ensure that persons with disabilities are included in such programmes. However, there remains a severe disparity of persons with disabilities living in extreme poverty comparatively with the general population. This disparity is borne from discrimination and prejudice in accessing financial programmes and services, as well as lack of accessibility of newer technologies within banking and financial services which has created a new set of barriers.

Among the several economic empowerment schemes, persons with disabilities are granted disability pensions from the government-- however the amount is often so low that the pension is seen as symbolic. Persons with disabilities are additionally included within the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) in which guarantees 100 days of employment to those who live in rural provinces and who are below the poverty line. The

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<sup>24</sup> Source: <http://www.niti.gov.in/content/niti-aayogs-role>

MGNREGA in some states ensure 150 days of employment to persons with disabilities.

### *Health*

The extent of access to health services for persons with disabilities in India is not well documented. However there have been increasing services in which provide assistive devices, which are often sponsored by private organizations or non-profits. Additionally, whilst assistive devices are provided there are not adequate or consistent methods of maintaining these devices—particularly in rural areas. Women and girls with disabilities in India, as the world over, are not prioritized within development programming.

## INDONESIA

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### 1. Status of persons with disabilities

Regarding the total number of persons with disabilities in Indonesia, there are no reliable numbers at this point because many persons with disabilities are not counted as many do not have a civil ID, have no access to participate in surveys, and live remotely and are excluded from censuses. Consequently, there are varying estimations on the number of persons with disabilities. For example, according to LPEM FEB Universitas of Indonesia Research Centre there are 31 million persons with disabilities in Indonesia (2016) or an estimated 12.5% of the total population. On the other hand, findings from the Survey Sosial Ekonomi Nasional (Susenas/National survey bureau/BPS) in 2012, indicated the number of persons with disabilities to be 6,008,661.

Indonesia ratified the CRPD in November of 2011, but has not signed nor ratified the optional protocol. Regulation no 8 from 2016 is the newest law on persons with disabilities. This regulation is much better than the previous one: regulation no 4 from 1997. Despite, the improvement, the law is not 100 per cent consistent with the CRPD, but fairly consistent since the law was passed after Indonesia ratified the CRPD.

The National Statistical Office/BPS started collecting data on persons with disabilities in 2015. They have partnered with UNFPA-WHO-UNICEF, other Ministries and government institutions, researchers, and Organizations of Persons with Disabilities to develop a research instrument on disability by adopting the Washington Group Short Set of Questions. The research instrument was launched on May 7, 2014, but there has not been an update since.



### 2. Engagement in the national review process

*Left picture: Indonesian DPO representative, 2017 HLPF*

The Indonesian government is not undertaking any awareness-raising activities on the Sustainable Development Goals (SDGs). In addition, the umbrella DPO is unaware of any formal consultations between the government and civil society on SDG implementation and thus persons with disabilities are not participating in this process. Since DPOs are not included in this process, persons with disabilities would like to get involved and participate in meeting government officials. This will be done by meeting with key government officials with written collective responses on the connection between the SDGs and the rights of persons with disabilities in development sectors at the local and national levels.

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*Indonesia has an SDG national plan, but persons with disabilities were not involved in the creation of the plan.*

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DPOs in Indonesia did not prepare an advocacy request to the government with regards the voluntary national review of the SDGs implementation. Currently,

local DPOs are carrying out awareness raising on the SDGs for the disability movement and local government since there is a lack of awareness of the SDGs and the voluntary national review of the SDGs implementation at local level. Even at the national level, only a few Ministries understand the context of SDGs and its implementation. Indonesia has an SDG national plan, but persons with disabilities were not involved in the creation of the plan.

### 3. Thematic issues

#### *Poverty Alleviation*

Indonesia does not have specific policies for ending poverty that are inclusive of persons with disabilities. In Indonesia, the social protection systems and measures do not include persons with disabilities. Only the national cash-transfer program managed by the Ministry of Social Welfare is inclusive of persons with disabilities. There is no inclusive social protection at the national level even for health care, education or disability pensions. In the Yogyakarta Province, there is a provincial healthcare program that covers health care and assistive devices for persons with

disabilities, but this is not in place in other provinces. In Jakarta, the former Governor Basuki provides local governmental health insurance that covers persons with disabilities. It is important to note that Indonesia is a decentralized country, thus there is local autonomy in which provinces can manage and create policies and programmes at the district level as long as they follow national laws and regulations.

The majority of persons with disabilities are not able to control their own money due to stigma that they are unable to control and to manage money because of their disability. In particular, people with psychosocial disabilities, people with intellectual disabilities, and even blind people still have difficulties opening bank accounts or receiving bank loans. Consequently, stigma and discrimination are major barriers among persons with disabilities in this area.

### *Health*

Persons with disabilities do not enjoy equal access to health services in Indonesia. Most persons with disabilities in Indonesia are poor and lack access to government health insurance. Only in a few cities/districts can persons with disabilities enjoy access to health services. For example, in Jakarta and Yogyakarta, persons with disabilities have access to health services because the government has political will and commitment to implement inclusive disability policies. While there is access, services are not fully accessible and there is a need for improvement.

The coverage status of essential health services for persons with disabilities in the Yogyakarta Province (not the general coverage in Indonesia) is as follows:

- (1) Maternal health care - there is “Jampersal,” a local government insurance that covers women with disabilities who give birth
- (2) Infectious diseases
- (3) Non-communicable diseases
- (4) Therapy and early intervention for children with disabilities

National health coverage does not have an inclusive and integrated approach to address the challenges faced by persons with disabilities. The most concerning for Indonesian citizens with disabilities is that in 2019 all local health insurance plans will be nationalized, which means all health coverage at the local level will be integrated in the national health insurance program. In fact, the current national health insurance program does not align to CRPD principles. It will take a long time for the principles to be adopted and implemented in the national health coverage in Indonesia. For example, affordable assistive devices are not yet budgeted in the national health coverage program.

### *Women and girls with disabilities*

Women and girls with disabilities face many challenges in Indonesia. The patriarchal culture in Indonesia places women and girls with disabilities in more at-risk situations compared to men with disabilities. Moreover, stigma and discrimination cause women and girls with disabilities to encounter many difficulties in accessing education, employment and health care. Consequently, this creates increased rates of poverty among women and girls with disabilities.

Women and girls with disabilities experience a high rate of abuse and violence with approximately 30 per cent of women and girls with disabilities in Indonesia who encounter abuse and violence. For example, inappropriate health treatment is one of the roots of violence against women and girls with disabilities. Also, many women and girls with disabilities experience violence and abuse carried out by shamans or traditional healers. But, unfortunately, only a few of these cases are reported.

Due to the aforementioned, gender and disability is a critical issue in implementing disability-inclusive development in Indonesia.

### *Accessibility*

Although Indonesia has regulations stating that public buildings and facilities must be accessible, persons with disabilities do not enjoy equal access the physical environment, transport, information and communications technologies, systems and other services open to the public. Accessibility has not been an important consideration in Indonesia and only a few cities provide accessibility in public spaces. More recently, there has been a movement to push for accessibility in Indonesia, but the implementation is far from ideal. For example, all the buildings in the District Offices of Boyolali are built with ramps, but then some of them are used for parking instead, thus blocking the accessibility features into the buildings.

#### **4. Relevant sections of national reports submitted by governments**

The implementation of the no-one left behind principle is also reflected in the data disaggregation for Indonesian SDGs. Indonesia has already developed 87 of the total 241 global indicators, and the rest is still being developed. In addition, to ensure alignment with its national priorities and circumstances, Indonesia also has 234 proxy indicators. The operational definitions, calculations, benefits, data sources, data collection frequencies and disaggregation of each indicator have been developed to ensure that no-one is left behind. Several disaggregations are

not yet available for all indicators, for instance the disaggregation of disability groups and migration status. Indonesia will endeavour to ensure the availability of data disaggregation through various existing sources and surveys. Data sources



### 1. Status of persons with disabilities

There are no clear numbers regarding number of persons with disabilities, including disaggregated by gender. However, there are statistics collected yearly on persons who are provided with disability specific support, however this does not reflect accurately the number of Danes with disabilities.

### 2. Engagement with the VNR Process

Denmark has volunteered to report out on their SDG implementation for HLPF 2017, however Denmark is not undertaking awareness raising activities regarding the SDGs at this time. Despite lack of awareness raising activities, the Danish government is concerned regarding the low level of awareness and knowledge of the SDGs, and so there are expectations that Denmark will work with CSOs to develop more awareness-raising activities in the coming year. In general, persons with disabilities have not engaged in the overall SDG implementation in Denmark.

Denmark has conducted consultations between the government and civil society however the space and opportunity for Civil Society Organisations to contribute has been limited, including for DPOs. On a bilateral basis, DPOs have met with the Ministry of Finance over the last two months, albeit not extensively, preceding the publication of the Danish VNR report.

There has been limited coordination between the civil society networks and the Danish Ministries, and the meetings that have been conducted with civil society are with low-level administration within the government. Despite this limited amount of engagement, Danish DPOs, as part of the wider civil society, have engaged with the government advocating for the inclusion of disability specific issues in relation to the SDG's. DPOs highlighted both national perspectives and perspectives from Danish Development Aid. The consultations with the government have been in physically accessible facilities, there has not been to date any other accommodations provided or requested of the government.

To ensure Danish DPOs and persons with disabilities generally are increasingly included within the VNR process, there has been a strong effort to increase

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<sup>25</sup> The information for this summary was provided by the umbrella organization Disabled Peoples Organizations Denmark.

attendance at the HLPF 2017, to conduct bilateral meetings with the Danish delegation whilst there, and to attend side events which engage VNR countries.

There are immediate plans to publish a national plan in Denmark for SDG implementation. Additionally, there is not a formal monitoring mechanism for national implementation and are opposed to a multi-stakeholder platform in which CSOs lobby together and can be involved in the monitoring and review processes.

### **3. Thematic Issues**

#### *Poverty Alleviation*

There are no current poverty alleviation policies specifically addressing persons with disabilities, and the present government removed the poverty line as soon as it took office.

#### *Women with Disabilities*

Women with disabilities in Denmark, as elsewhere are more prone to be victims of physical and domestic violence, are more likely to be unemployed, and often experience more prejudice regarding parental rights.

### **4. Analysis of 2017 VNR Report**

*NOTE: The full VNR report submitted by Denmark has not been analysed yet and comments below are based off of the initial Main Messages.*

Unfortunately, there were no references to persons with disabilities within Denmark's VNR main messages for HLPF 2017 and references to CSOs in general were limited. CSOs in Denmark submitted a comprehensive position paper with recommendations on the draft of the national SDG-plan. The Danish government, however, asked for a revised CSO submission limiting comments to the activities of CSO's only. CSOs were later able to submit an additional document in which contained additional comments, and within this draft persons with disabilities and the leave no-one behind principle was included and highlighted.

The SDG CSO coordinating group, in which includes DPOs, has been very critical of the government and the recently submitted national SDG plan. In the national plan persons with disabilities are mentioned, but insufficiently, not taking

into account or accurately reflecting the inputs and expertise of Danish persons with disabilities. As reflected in the more detailed part of the national plan – where Denmark goes into depth on all the 17 goals- it states that persons with disabilities have equal access to water and sanitation. This is contradictory to actual access to water and sanitation within Denmark, and does not take into account that Denmark’s many older buildings are not accessible or not fully accessible, and therefore, access to water and sanitation is non-existent or not sufficient for persons with physical disabilities. As another example, support for persons with disabilities in higher education is promoted as an example of full implementation of equal rights, not considering the problems faced in higher education by persons with disabilities leading to a lower enrollment rate and higher dropout rates.

In the national plan the government recognizes that persons with disabilities are not active within labor markets as much as the general population and announces that action will be taken, however discrimination and prejudice are not taken into account explicitly. Additionally, references to gender does not consider the situation for women with disabilities, particularly as it is recognized that they encounter an even lower rate of labor market activity, are more prone to violence, and encounter non-accessible crisis centers. Furthermore, inequalities in healthcare are also not considered, despite statistics that reflect that persons with disabilities have lower life expectancy – especially persons with psychosocial disabilities and those with learning disabilities.

The Danish government has removed the poverty line. Persons with disabilities are among those who are most likely to live in poverty and have difficulty accessing early retirement pensions and social benefits rarely provide enough for adequate standard of living.

For DPOs in Denmark who wish to contribute and participate in SDG implementation and VNR processes, it is often difficult to gain space within the larger CSO SDG group which is heavily populated with environmental groups and other agenda specific organizations who play a dominant role. DPOs end up having a very limited space to advocate.

Denmark’s DPOs recommend to complete and dedicated commitment to the leave no-one behind principle. In addition, DPOs urge the government to collect data more regularly and systematically on persons with disabilities (and other groups at risk), with the clear purpose to ensure targeted initiatives and to close the gaps. DPOs have documentation, but not all information is collected regularly and repeatedly and they recognize that there is no “quick-fix”. Long term and persistent action in the form of targeted policies, plans and programmes is

needed to close the gaps. Healthcare, the labor market, education, accessibility (based on the CRPD) are the most needed areas of action in Denmark.

## **5. Relevant sections of national reports submitted by government**

Increase participation in employment, including persons with disabilities. a. Total employment rate. b. Share of persons with disabilities in education or employment. 4,8,10.

In the project “Mening og mestring” (“Mastering/Coping course”), Disabled Peoples Organisations Denmark, DPOD, has in collaboration with four Danish municipalities developed methods to develop new coping strategies and skills to include persons with disabilities in the labour market. The project is used as an example in our collaboration with disability umbrella organisations in Ghana and Uganda.

### *Short on some basic structures of Danish Society*

Denmark is a small country with a well-educated and ageing population of 5.7 million inhabitants (25 per cent of the population is 60 years or more). The labour market activity rate is high - 79 per cent (first quarter of 2017) - and nearly as high for women (76 per cent) as for men (81 per cent). Two-thirds of the labour force works in the private sector and one-third in the public sector. The Danish welfare state is universal and comprehensive. It gives free access to health care and education to the highest level, social services and care for families with children and the elderly as well as social benefits for the unemployed, the disabled, and the elderly including a universal state old age pension for all citizens. The welfare system is governed by the state and run by 98 municipalities (health care is run by five regional bodies). Municipalities are under state regulation also responsible for the provision of water, electricity and sanitation as well as for the environment and physical planning. All water provision comes from ground water and major parts of the production of electricity are sustainable, based on electricity from windmills. Furthermore, parts of the heating come from biomass.

These basic structures are important in relation to the description of the SDGs in a Danish context. The fact that the majority of Danes work, that there is a universal state old age pension and benefits for unemployed and disabled persons is important in economic terms. The fact that all Danes have free access to health

care, education, and social services for families with children and for the elderly and that all households have access to water, electricity, heat and sanitation plays an important role for a variety of the sustainable development goals.

## ITALY<sup>26</sup>

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### 1. Status of Persons with Disabilities

The Italian Agency on Statistics (ISTAT) has calculated that 6% of population, estimated at 3 million persons, live with a disability. Recently, however, ISTAT has applied the International Classification of Functioning, Disability and Health (ICF) methodology towards collecting data on disability and renewed its estimate to 25.3% of population, or 13 million Italians living with a disability. In addition to population statistics, Italy collects data disaggregated by disability on quality of life, employment, and education. However, DPOs have criticised that the collection methods are not based on article 31 of the CRPD. Additionally, data on disability is not provided with the same frequency as other general data collected by ISTAT. For example, unemployment data for the general population is published every 3 months, whereas the last data collected on the unemployment of persons with disabilities was in 2013.

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*Italy has an estimated 1,000 laws and policies in which concern persons with disabilities, and are implemented and align with the CRPD to various degrees.*

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Italy ratified the UN CRPD along with the optional protocol in 2009. After the ratification of CRPD the government adopted a Program of Action on

Disability, based on the Convention, however it has yet to be fully implemented and applied. In addition, Italy has an estimated 1,000 laws and policies in which concern persons with disabilities, and are implemented and align with the CRPD to various degrees.

### 2. Engagement in the Voluntary National Review Process

Italy, as a volunteering VNR country at HLPF 2017, has developed a national strategy to implement the SDGs. The Italian government has conducted a public consultation with civil society and other actors on the Italian strategy for SDG implementation in March 2017. DPOs were not involved in the consultation however Disabled Persons International- Italy, the Italian network on Disability and Development and the Italian Federation to Overcoming Handicap presented

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<sup>26</sup> Italian Network on disability and development

a document containing recommendations and inputs to mainstreaming disability within the Italian strategy on SDG implementation in April 2017.

Regarding national strategies, tasked with leading on the updating and implementation of the national SDG strategy, the Ministry of the Environment has involved both governmental and non-governmental actors in drafting a proposal for updating the National Strategy for Sustainable Development to align better with the 17 Goals and 169 targets of Agenda 2030.<sup>27</sup>

Whilst the National Strategy for Sustainable Development references persons with disabilities, DPOs criticize that it is only with regard to quoting the actual 2030 Agenda, and not with regard to mainstreaming the inclusion of persons with disabilities or taking any strategic approach to addressing issues. Currently within the Strategy, disability is referenced as follows: with regard minors with disabilities (page 14); in the area of governance, rights, inequalities and poverty (page 21); in employment (page 25); in education (page 27); combatting violence (page 28); environmental and infrastructure (page 52); the accessibility and sustainability of cities (page 53); restoring ecosystems and favouring urban and rural ecological connections (page 54); quality employment (page 64); environmental preservation (page 67); migrants and asylum seekers and the inclusion of ethnic and religious minorities (page 84); elimination of all forms of discrimination (page 85); combat gender discrimination and to ensure equality of rights (page 87); combat all discrimination and to promote respect for diversity (page 88) and at page 95 and 100 taking up the themes as mentioned above.

DPOs have criticized that persons with disabilities are not included in a systematic and action oriented way in all goals.

In response to the National Strategy on SDG Implementation as well as the concluding comments of the CRPD review of Italy, Italian DPOs have drafted recommendations to mainstreaming and addressing the issues of persons with disabilities within SDG implementation. Recommendations (not exhaustive) include:

1. Incorporate the systematic participation of organizations of persons with disabilities at the national level within monitoring bodies of SDG implementation in Italy.
2. Promote, within social and gender specific services, prevention of violence against women with disabilities, as well as cultural and technical attention to the identification of violence related to disability.

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<sup>27</sup> <http://www.minambiente.it/pagina/la-strategia-nazionale-lo-sviluppo-sostenibile>

3. Promote training courses for justice personnel, anti-violence centers, emergency services and, in general, workers working with women and persons with disabilities to be able to recognize and identify abuse. Include targets which include women with disabilities and children with disabilities
4. Include persons with disabilities in the target of people at risk of poverty through implementing appropriate policies to ensure that additional costs incurred by barriers, obstacles and discrimination. Include in the indicators the additional costs that persons with disabilities incur to be able to fully participate as other citizens on community rights and lives.
5. Include in the target population which should be reduced of unemployment persons with disabilities, with particular emphasis on women with disabilities, by including them in all active labor market policies appropriate and reflect reasonable accommodation.
6. Carry out a comprehensive review of national and regional legislation with a view to harmonise definitions of disabilities and person with disabilities in accordance with the CRPD, and incorporate a reasonable accommodation definition conforming to the CRPD, as well as the language definitions of signs and other forms of non-verbal expression as valid forms of communication.
7. Provide adequate funding for the implementation of the actions included in the National Action Plan to implement the Convention and the National Strategic Plan on SDG Implementation, including the establishment of a National Human Rights Organization and an independent monitoring mechanism for the CRPD and 2030 Agenda. Adopt the necessary measures to establish structured and meaningful consultation with persons with disabilities, including women and children, through their representative associations, with sufficient funding to realize their empowerment and active participation.
8. Define and adopt essential levels of social benefits (LIVEAS) in a perspective of fostering the inclusion of persons with disabilities, not just in terms of assistance.
9. Include in the indicators the level of accessibility of transport, public services, public buildings, and public web sites.
10. Incorporate the most representative organizations of persons with disabilities at national level in the system and monitoring bodies of SDGs in Italy.
11. Include in the indicators the participation of organizations of persons with disabilities and their families in the decisions taken and in the systems and monitoring bodies of the SDGs.

### 3. Thematic Issues

#### *Poverty alleviation*

Italy has numerous legislative policies regarding poverty alleviation and social protection systems which provide access to health service, inclusive education at all school levels, support to employment, pensions and social benefits, reduction of taxes, and social services at the local level for persons with disabilities. However, DPOs comment that the level of accessibility to these services is generally inadequate and the funds for social services have been reduced in recent years.

Austerity measures adopted in 2011 resulted in a sharp and radical cut in spending on social services, which was considered low from the beginning. The National Social Fund went from 2, 527,000,000 in 2008 to 312,992,666 in 2015, of which only 278,192,953 were allocated to the regions and autonomous provinces<sup>28</sup>. According to Eurostat data for 2009, Italy spent on disability 438 euros per capita annually, comparatively with the European average of 531 euros. Due to austerity policies, only the zero cost actions are foreseen in the Biennial Action Plan on Disability Rights Promotion and Integration of Persons with Disabilities (PAB)<sup>29</sup> for the promotion and implementation of the Convention. No economic resources have been devoted to the implementation of the Convention nor to the support of the participation of the representative associations of people with disabilities in the drafting, implementation and monitoring of legislation, policies and actions affecting people with disabilities at all levels of government including the 2030 Agenda.

In recent years, according to the VII Report to the Italian Parliament on the implementation of Law 68/99 on the employment of people with disabilities<sup>30</sup> the annual employment of persons with disabilities has fallen by more than 30% (only 18,295, the lowest since 2004). In addition, the statistics on the matter are available only two years, as opposed to general employment which publishes data every 3 months. The total unemployment rate of persons with disabilities is

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<sup>28</sup><http://www.regioni.it/newsletter/n-2778/del-04-08-2015/dossier-politiche-sociali-aggiornamenti-dopola-legge-di-stabilita-14246/>

<sup>29</sup> Decree of the President of the Republic 4th October 2013 Adoption of the two-year action program for the promotion of the rights and integration of people with disabilities, Source: [http://www.osservatoriodisabilita.it/images/documenti/programma\\_d\\_azione.pdf](http://www.osservatoriodisabilita.it/images/documenti/programma_d_azione.pdf)

<sup>30</sup> VII Report to the Parliament on the Status of Implementation of the Law on Disability Rights (2012-2013). Presented to the Minister of Labor and Social Policies (Poletti), sent to the Presidency on 4th August 2015. Chamber of Deputies, DOC CLXXVIII, no. 1.

missing from available data. According to an estimate by the Italian Federation for the Overcoming of Handicap, the unemployment rate of persons with disabilities is more than 80%<sup>31</sup>, compared with an unemployment rate of 11.9% in the general population. Law 67/06 on discrimination based on disability additionally does not fully meet the obligations arising from the ratification of the UN CRPD. In particular, it does not include the definition of reasonable accommodation and does not explicitly recognize the lack of reasonable accommodation as a form of discrimination based on disability.

In addition, Law 67/06 remains cumbersome in nature and does not offer concrete application, effectively preventing both citizens and government bodies from addressing discrimination, both directly and indirectly.

In terms of the autonomy of persons with disabilities to manage their resources, there has recently been a surge in independent living programmes and regional governments have passed legislation regarding this, however persons with disabilities in Italy generally live with families and as such, their money and resources from pensions are frequently controlled by the family.

### *Health*

In general, health services are available for persons with disabilities. The problems in accessing health services stem from architectural barriers, lack of rare disease services, coverage of complex assistive devices and the differences between rural and urban regional access to health services

### *Women with Disabilities*

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***In Italy, women with disabilities are half of the disability population.***

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In Italy, women with disabilities are half of the disability population, however they consistently face increased, multi-faceted discrimination, in particular to accessing employment, where only 40% of all persons with disabilities employed are women.

Although it is recognized that women with disabilities are more exposed to sexual, physical and psychological violence, there are no specific references in Law No 66 "Norms against Sexual Violence"<sup>32</sup> adopted in February 1966, and contains only a generic reference to protecting persons with disabilities against violence regardless of gender. The lack of explicit references to women with disabilities

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<sup>31</sup> See web site: [www.condicio.it](http://www.condicio.it)

<sup>32</sup> [http://www.solideadonne.org/pdf/legislazione/scheda\\_legge\\_66\\_1996.pdf](http://www.solideadonne.org/pdf/legislazione/scheda_legge_66_1996.pdf) Beneficiaries of the law are men and women, adults or minors, forced to perform and undergo sexual acts. Children are guaranteed special protection.

contribute to the lack of information regarding violence and abuse suffered by women with disabilities in Italy. In two recent official reports on sexual violence and mistreatment <sup>33</sup> there was again no reference to women and girls with disabilities. DPOs state that the absence of data shows the indifference and the little attention from the Italian authorities. This is additionally demonstrated by the complete lack of references to women with disabilities in the "Action Plan on Sexual and Gender Violence" adopted on the 7th July 2015.

Women with disabilities are not included in prevention policies and rarely are included into violence related statistics, despite being perceived as "easy targets" and being twice as likely to be exposed to risks of physical and sexual violence. A study shows that 39-68% of girls and 16-30% of children with intellectual disabilities will be sexually abused before reaching their 18th birthday.<sup>34</sup> The risk of being subjected to violence or abuse is high, especially for women with intellectual and psychosocial disabilities living in institutions. Dependence on others also exposes women with disabilities to risk of violence, and when seeking justice, they often cannot access protective services or legal services. Emergency and counseling services are often unaware of the increased risk women with disabilities face, due to lack of disability awareness.

Authorities responsible for collecting rape cases need to be trained on how to approach women with disabilities when reporting episodes of violence, maltreatment and abuse. The statistics show that among the many cases brought before the judge, only a few of them are perpetrated against women with disabilities. This means that either violence is not reported or woman with disabilities are not seen as credible due to reporting and access barriers. The 2006 ISTAT report <sup>35</sup> on violence against women did not provide information on women with disabilities, however, it is promising that some data relating to women with disabilities and women with ill health appear in the ISTAT report "Violence Against Women" published in June 2015.<sup>36</sup> The report specifies that physical or sexual violence reaches 36% among those who claim to have bad health, and 36.6% of those with serious limitations. However, statistics on sexual violence as a whole is less affected by health conditions, with the exception of women with chronic limitations and chronic illness, which reaches to 24% and for severe forms of sexual assault, such as rape and attempted rape 10 % --as opposed to 4.7% of women without health restriction.

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<sup>33</sup> "Violence and Maltreatment against Women" commissioned by the Ministry of Rights and Equal Opportunities and conducted between January and October 2007 by the National Institute of Statistics (ISTAT), based on the results of a study on women's safety and sexual harassment and harassment " Conducted by the ISTAT between 2008 and 2009.

<sup>34</sup> Sobsey, 1994, as reported in Reynolds, 1997 cited in Rousso 2000

<sup>35</sup> [http://www3.istat.it/dati/catalogo/20091012\\_00/Inf\\_08\\_07\\_violenza\\_contro\\_donne\\_2006.pdf](http://www3.istat.it/dati/catalogo/20091012_00/Inf_08_07_violenza_contro_donne_2006.pdf)

<sup>36</sup> [http://www.istat.it/it/files/2015/06/Violenze\\_contro\\_le\\_donne.pdf?title=Violenza+contro+le+donne+-+05%2Fgiu%2F2015+-+Testo+integrale.pdf](http://www.istat.it/it/files/2015/06/Violenze_contro_le_donne.pdf?title=Violenza+contro+le+donne+-+05%2Fgiu%2F2015+-+Testo+integrale.pdf)

## *Accessibility*

Italy has substantial legislation on accessibility including that which applies to buildings, transport, city environments, parks, web sites, TV, and communications. Implementation of this legislation however is often lacking particularly within rural areas. Frequently, there are violations of public property law, commercial law, transportation regulations, and policies regarding the accessibility of public web sites<sup>37</sup>. In spite of the progress of recent years, the number of violations, often not monitored remains high.

Persons with disabilities are often ignored, due to the lack of awareness and professional competence of public authorities, when making recommendations to identify and eliminate barriers to accessibility. Information, communications and other services, such as electronic based and emergency response services, often do not respond to the needs of the majority of people with disabilities. Accessibility guidelines for facilities or public services are largely ignored, and accessibility trainings for professionals are not included in the curriculum for architects and engineers and for those who develop hardware and software. Public communications rarely provide information in sign language for the deaf, or in Braille for the blind, large-print for people with low vision, and easy-to-read language for people with learning or cognitive disabilities. New design, information and technology developments, do not apply the philosophy of “universal design” so as to meet the needs of the community as a whole.

A significant number of essential products and services commonly used by persons with disabilities are still difficult to access including computers and applications, ATMs, machines for automatic check-in, touch-screen electrical appliances, digital television equipment and related services, audiovisual communication services and related tools, on-line banking, electronic books and e-commerce services. Public web sites or web sites providing public services are still largely inaccessible in spite of legally binding legislation on the subject. DPOs have advocated for the curriculums of university and technical programmes for architects, engineers and public servants to include technical expertise relating to disability, not just as a stand-alone ‘specialty’ but mainstreamed throughout all degrees.

Another element to increasing accessibility in Italy is strengthening the monitoring of regulations, particularly on transport. In the last 15 years, the European Union has adopted directives and regulations that have been implemented in the fields of air, rail, and water transport by introducing mandatory accessibility standards

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<sup>37</sup> See web site <http://www.superando.it/?s=barriere+architetoniche>

for airports, trains, city buses and ships. Unfortunately, despite the fact that there are data on the number of assisted passengers, implementation of the EU regulations are slow and further data is not being collected. Thus, there is a lack of statistics on the level of implementation of the UN Convention on Transport (national, regional and local) and on the proper use of resources used in these standards, an essential element in ensuring and monitoring the level of accessibility. Even in the use of the European Structural Funds (bound to use the accessibility criterion for people with disabilities) there continues to be no detailed information on compliance with the relevant rules.

A significant gap is represented by the lack of monitoring of the number and quality of accessibility services offered, as well as professionals who have gained professional certification in the field of accessible architectural solutions or accessibility to communications and electronic support information. Organizations of persons with disabilities and their experts are not involved in the qualitative evaluation of the procedures and, furthermore, the progress made is not measured.

#### **4. Relevant sections of national reports submitted by governments**

##### ***GOVERNANCE, RIGHTS AND COMBAT INEQUALITIES***

Improve young people and minors' living conditions, combating: trafficking of young people, women, children and adolescents; work exploitation of children; new forms of slavery; juvenile crime; disabled minors; minors' sexual exploitation; all forms of abuses, among which sexual mutilations; sexual violence; sexual diseases (HIV AIDS); discriminations on the citizenship rights.

Humanitarian aid actions will be set in coherence and complementarity with the general strategic guidelines of the Italian Development Cooperation. Particular attention will be paid to those areas considered crucial for the survival and improvement of essential living conditions such as the protection of refugees and displaced people, health, food safety and access to water. At the same time, attention will be paid to cross-cutting issues such as promoting the status of women, and protecting children, elderly people and people with disabilities.

### 1. Status of Persons with Disabilities

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#### *Persons with disabilities are estimated to comprise of 20% of Sweden's population*

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Persons with disabilities are estimated to comprise of 20% of Sweden's population however data on disability is lacking and generally inconsistent. In a statement in December 2016 Statistics Sweden remarked that "In Sweden there is no uniform definition of who has a disability. Based on the Living Conditions Surveys, ULF / SILC, it is possible to describe the living conditions of people who have visual impairment, hearing impairment, impaired mobility, severe asthma and / or allergy problems or severe anxiety disorders, anxiety or anxiety. With this definition, 29 percent of the population aged 16-64 years have a disability."<sup>39</sup>

Statistics Sweden additionally presented a report in April 2017 (248 pages) that became the basis of the draft VNR. It does not provide substantial data on persons with disabilities, as its main focus is the disaggregation of data concerning gender. The rationale behind the lack of data on disability was further explained by Statistics Sweden as "A key component of 2030 Agenda is that the follow-up should provide an opportunity to see how developments affect different groups in the population. It concerns gender, age groups, income, origin, which with registry-based statistics is possible to distribute. But other groups are also highlighted in the agenda, which poses a greater challenge to follow-up and where more work, knowledge acquisition and inventiveness will be needed to get a better foundation. There is a wish to report on indicators based on persons with disabilities and it is not a classification basis found in the statistics. Some of these relate to religion or ethnicity as it is not allowed to retrieve statistical information in some countries, including Sweden. The reason is because there is experience that such information has been used for political purposes that did not benefit those groups. It is necessary to further investigate how such data can be gathered in order to capture nationally relevant issues."<sup>40</sup>

DPOs in response to the lack of data on disability responded through a submission referring to recommendations from the CRPD committee submitted

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<sup>38</sup> Information from the Swedish Disability Rights Federation

<sup>39</sup> [http://www.scb.se/sv/\\_Hitta-statistik/Artiklar/Lagre-andel-av-personer-med-funktionsnedsattning-arbetar/](http://www.scb.se/sv/_Hitta-statistik/Artiklar/Lagre-andel-av-personer-med-funktionsnedsattning-arbetar/)

<sup>40</sup> [http://www.regeringen.se/498070/globalassets/regeringen/dokument/finansdepartementet/pdf/2017/agenda-2030/rapport\\_sdg\\_scb\\_slutlig-2017-04-18.pdf](http://www.regeringen.se/498070/globalassets/regeringen/dokument/finansdepartementet/pdf/2017/agenda-2030/rapport_sdg_scb_slutlig-2017-04-18.pdf)

on April 2014. As stated in article 31: “56. The Committee recommends that the State party systematize the collection, analysis and dissemination of data, disaggregated by gender, age and disability; enhance capacity-building in that regard; and develop gender-sensitive indicators to support legislative developments, policymaking and institutional strengthening for monitoring and reporting on progress made with regard to the implementation of the various provisions of the Convention. 57. The Committee is concerned that data is scarce on matters affecting girls, boys and women with disabilities, including those belonging to indigenous groups. 58. The Committee recommends that the State party systematically collect, analyze and disseminate data on girls, boys and women with disabilities, including those belonging to indigenous groups.” DPOs further referred to article 4.6.in which “The Committee recommends that the State party review the indicators system to ensure its coverage of all areas of the Convention, and design measures to encourage municipalities to monitor its implementation.”

With regard to national disability legislation, there is not currently a disability specific law in Sweden. However, there are several laws and regulations that relate to and include persons with disabilities.

After the 2014 CRPD committee review of Sweden, concluding observations stated:

“7. The Committee is concerned that the Convention has not been integrated into Swedish law and is therefore left to the interpretation of authorities and courts. The Convention articles cannot serve as guidelines in court rulings, as they are not explicitly included in the texts of the national law. There is a serious gap between the policies followed by the State party and those followed by the municipalities with respect to the implementation of the Convention. That concern also has been raised in the official communications between the State party and the Committee with regard to individual communication No. 3/2011, *H.M. v Sweden*. 8. The Committee urges the State party to ensure that the Convention is properly incorporated into Swedish legislation in order for it to be applicable as Swedish law.”

## **2. Engagement in the Voluntary National Review Process**

The Swedish government launched the 2030 Agenda in January 2016. Following the launch in January 2016, numerous civil society organisations were invited, including DPOs, to collaborate and participate in activities towards national level SDG implementation. The Swedish Government decided to form the 2030 Agenda delegation - a commission leading national-level SDG implementation

with seven delegates and a secretariat. The delegation was tasked with proposing a strategy (action plan) and developing a communication strategy including scheduling broad consultations. The Government additionally asked public agencies to provide input and analysis on how to best implement the SDGs. In November 2016, the SDG delegation held separate consultations with industries and CSO's after presenting an initial report. DPOs made a short presentation highlighting the inclusion goals for SDG implementation in Sweden and raised concerns regarding the challenges to the full inclusion of persons with disabilities. In March 2017, there were four intersectional consultations focused on the highlighted SDGs, and included a mix of representatives from the civil society, industry and the public sector. DPOs were initially invited and participated in one of the consultations, where persons with disabilities sent a written position paper with 4 recommendations. The recommendations from DPOs included: (1) No one left behind - Recommendation: Expand the delegation with a representative from the main umbrella for the Disability Rights movement; (2) Ensure that human rights are fulfilled (it is not "voluntary"): Recommendation: Ensure the connection between implementation of the SDGs and fulfilling human rights. (3) Have the courage to show the reality of inequities in Sweden: Recommendation: Ensure there is data and research to support reducing inequalities within SDG implementation related to inclusion. An example report on inequalities from the UK was presented; (4) Ensure Universal Design is a priority: DPOs explained the concept of Universal Design (UD) in relation to the issue of balancing conflicts of interests taken up by the delegation, and argue that UD in relation to policy and governance is making sure that voices that are never heard are actively involved in decisions. Recommendation: Launch Universal Design as a tool for balancing power (empowerment) in the implementation of Agenda 2030. On May 31, 2017, the SDG delegation developed and submitted to the Swedish government a proposed Action Plan for national implementation of the SDGs. The delegation has another deadline in March 2018 to propose additional actions and the deadline for their final report is set for March 2019. It is currently unknown how the government will process and implement the proposal.

With Sweden volunteering to report at 2017 HLPF, there was a parallel process conducted by the by Ministry of Foreign Affairs to prepare the VNR and in January 2017, and the Swedish President participated in the launch of the VNR process. Subsequently, DPOs in February 2017 sent a two-page position paper on the importance and ways to include persons with disabilities in the VNR process. DPOs highlighted within their VNR recommendations the important role umbrella DPOs have in representing the issues of Disability Rights Organisations on a strategic level to promote inclusion, human rights especially related to health (3), education (4), work (5), equality (10) cities (11) and democracy (16). The recommendations additionally raise the issue of lack of quality data and research

on persons with disabilities. Short examples of inequalities connected to goals 3, 4, 11 were also provided particularly as they related to gender issues. As good examples, the global cooperation within the disability movement was highlighted as was the standardisation on Sustainable procurement ISO20400 where UD was mentioned as a central principle.

To actively represent the national interests and recommendations of Swedish persons with disabilities at the global level, DPOs coordinated in March 2017 to request funding and participation at the HLPF 2017. To fully prepare inputs and activities at the national and global levels, on 11 May 2017 a reference group meeting was conducted with 25 participants from public sector, academia, CSO's (including DPOs 2<sup>nd</sup> meeting of the reference group). We have made comments on the draft, but it is almost ready. Subsequently on the 16 May 2017 the Swedish government conducted a broader consultation meeting regarding the VNR report and main messages and on the 13 June 2017 the VNR report was launched by government

During the preparatory process, an umbrella DPO, representing a wide range of national DPOs, was invited to the SDG launch in January 2016, the hearing in November 2016, the launch of VNR preparation in January 2017, 1 of 4 consultations in March and the current reference group for the VNR (HLPF 2017). However, DPOs were not part of the delegation for 2030 Agenda and did not receive replies to letters regarding participation and financing/participation in HLPF 2017

DPOs in Sweden have been very active within the VNR process, and within the preparatory year submitted and conducted the following:

- Letter submission about global indicators (October 2015)
- Letter submission to the government asking to be part of the commission/delegation (January 2016 directly after the launch).
- Request for a meeting with the minister responsible for cross political issues (January 2016) They were denied and directed to contact the minister with responsibility for disability policy in the department of Social Affairs
- Presentation about challenges at hearing (November 2016)
- Position paper on disability policy to integrate with SDGs (December 2016)
- Small informal meeting with the secretary of the 2030 Agenda (January 2017)
- Position on HLPF (January 2017), Position on national action plan (April 2017)
- Seminar on local implementation of SDGs (May 2017)

- Seminar on CSO's participation planned in beginning July 2017 during "the political week in Almedalen" (a yearly event in Sweden where politicians, industry, public agencies, municipalities, CSO's have activities).
- DPOs were additionally active at hearings and consultations, and in integrating the 2030 Agenda within press communications and articles. In addition to connecting with policy officers and Sweden's Office of Statistics regarding improving data on persons with disabilities.

The 2030 Agenda delegation presented a proposal for a national action plan 31<sup>st</sup> of May 2017.

### 3. Thematic Issues

#### *Poverty Alleviation*

As aforementioned, Sweden does not have a disability specific legislation regarding poverty alleviation however DPOs and persons with disabilities have addressed the issue of poverty and disability through various means. As an example, an organisation representing persons with intellectual disabilities presented reports called "Trapped in poverty",<sup>41</sup> in which details how many persons with disabilities, particularly marginalised disabilities such as intellectual and psychosocial disabilities, often are trapped in a cycle of poverty and disability.

Sweden has a general social security system which includes social protection for persons with disabilities. The general social security system in Sweden comprises of a range of services, including the following branches: health insurance; benefits in respect of accidents at work and occupational diseases; disability benefits; old-age and survivors' pensions; unemployment insurance; and family benefits and parental insurance.<sup>42</sup>

Despite a substantial social protection system, persons with disabilities continue to encounter barriers to employment. Schools for persons with intellectual disabilities (särskola) do not provide grades and as a result they cannot often apply for continual education and some special housing services charge a rent that is not covered by the government allowance. For many persons with intellectual disabilities who are employed in certain areas, such as working in a coffee shop,

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<sup>41</sup> <http://www.fub.se/om-fub/aktuellt/nyheter/fangad-i-fattigdom>; <http://www.fub.se/om-fub/aktuellt/nyheter/fortfarande-fangad-i-fattigdom>

<sup>42</sup> [http://ec.europa.eu/employment\\_social/empl\\_portal/SSRIinEU/Your%20social%20security%20rights%20in%20Sweden\\_en.pdf](http://ec.europa.eu/employment_social/empl_portal/SSRIinEU/Your%20social%20security%20rights%20in%20Sweden_en.pdf)

(daglig verksamhet), as these jobs are not activities considered mainstream work, these employees have no employment protection in case an accident occurred. A main criticism is that the systems are not “in sync”, where some are covered by the state and some by the municipality creating disparate levels of coverage for persons with disabilities in Sweden.

Sweden still has a system in which permits guardianship –where a court can appoint a relative or other individual to have legal control over a person with disability’s resources. More commonly however, there are trustees in which take on the support role in assisting persons with disabilities in managing their resources. DPOs have highlighted frequent abuses of this role, where in practice trustees take on a guardianship role.

## *Health*

Within healthcare there are statistics in which display that the level of access to healthcare depends on where you live in Sweden. In general, persons with disabilities rate their health as 10 times worse than rest of population. For persons living in special housing, many who have intellectual disabilities, they are twice as likely to die from breast cancer in comparison to the rest of population. Persons with mental health disabilities also have higher mortality risks from breast cancer, heart failure, stroke or diabetes. Despite these well-known statistics, the commission for equal health recently appointed by the government does not involve civil society organisations nor DPOs.<sup>43</sup>

In response, an umbrella DPO has met with the head of the commission and has submitted an initial report highlighting the barriers related to socioeconomic situations, education, legal capacity, lack of policy coordination within the government as they relate to persons with disability and their health.<sup>44</sup>

## *Women and Girls with Disabilities*

There were numerous issues raised at CEDAW in 2016 in which reflect some of the experiences of women and girls with disabilities in Sweden, including a disconnection between policy and implementation, lack of data, increased violence and harassments against women and girls, and issues related to access to justice

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<sup>43</sup> Commission for Equal health: <http://kommissionjamlikhalsa.se/>

<sup>44</sup> Data from summary of disability strategy 2016: <http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20102/2016-3-13.pdf> Some data from European research some years ago: [Country report on legal frameworks and instruments on access to healthcare - Sweden \(141 kB\)](http://www.disability-europe.net/country/sweden) see also <http://www.disability-europe.net/country/sweden>; Reply to SR disability on “The right to sexual and reproductive health rights of girls with disabilities” with other CSO’s: [http://hso.se/Global/Skrivelser/2017/SpecialRapporteur\\_SRHRDisability\\_BN170512\\_Send.pdf](http://hso.se/Global/Skrivelser/2017/SpecialRapporteur_SRHRDisability_BN170512_Send.pdf)

From input to CEDAW committee (there is more independent research on this), they stated: “It is crucial to acknowledge that there are significant challenges and problems when it comes to the implementation of the existing laws. As a concrete example, a study shows that judges and law student are largely influenced by non-legal factors in their assessment of the evidence. In one case a testimony of an 11-year-old girl who said she had been abused was judged less credible if the judges were aware of the fact that she had ADHD/high-functioning autism. Such a situation may have a serious impact on the legal rights of persons with disability.”<sup>45</sup> In Sweden, there are differences between men and women in many areas, such as health, education, employment, and support systems. It is estimated that the gender differences for those with disabilities are much more severe, according to a report from the Public Agency for Participation, however there is again a lack of research and knowledge.<sup>46</sup>

Many cases of abuse of women with disabilities are never reported, and surveys show a lack of familial and legal support when trying to report abuse. Despite focus from the government to combat gender based violence it remains a significant challenge. Persons with disabilities also lack the same protection as other groups when it comes to hate speech and harassments (this extends beyond gender).

### *Accessibility*

There are no disability specific laws related to accessibility and there remains a lack of data regarding accessibility as the responsibilities for building and public transport is mainly at the local level.

The public data gathered show the difference between access to ICT for persons with disabilities comparatively with the general population is small. However, data gathered by DPO's show that many lack equipment and access to internet. For example, older persons with vision impairments, persons with mental health issues (which recent research shows often only have access to older mobile phones, not smart phones), and persons with intellectual disabilities living in special “group” housing do not have access to internet.

DPOs in Sweden are preparing for the implementation of the European Web Access directive for public websites due in September 2018, however there are many exceptions that will have a significant impact on education – pre-schools, schools secondary level, and adult education—as well as health care and social

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<sup>45</sup> [http://www.hso.se/Global/Skrivelser/2016/RFSL%20\(submission%20for%20session\\_Response%20to%20Sweden%20LoI%20response\)%20\(003\).pdf](http://www.hso.se/Global/Skrivelser/2016/RFSL%20(submission%20for%20session_Response%20to%20Sweden%20LoI%20response)%20(003).pdf)

<sup>46</sup> Source: <http://www.mfd.se/publikationer/rapporter/en-jamstalldhetsanalys-av-levnadsvillkor-och-delaktighetsmojligheter/> report from 2016 on gender inequalities related to disability

services delivered by private companies financed by the state. There are also issues related to accessible emergency communication and services. Despite the fact that Sweden has laws on accessibility requirements in public procurements (and recommendations from the CRPD committee), there is very little follow up and only 4 percent of municipalities say that they make accessibility requirements for ICT systems used by employees. There are many other reports regarding the lack of accessibility in ICT.

Regulations which including accessibility for buildings came in 1960's and there have been several updates in 2003. "Easily removed obstacles" in public buildings and facilities was adopted and there was a political ambition from the National Action Plan for Disability Policy from 2000 that these obstacles were to be removed in 2010. This ambition has not been followed up on and there have been new buildings and facilities that do not meet the regulations. In recent years there has been a regressive trend where updates to current regulations are including increased room for exceptions particularly regarding housing.<sup>47</sup>

Transport

Regulation from 1979 covering accessibility in public transport, and several EU regulations and directives have been equally hard to follow up, as responsibilities are spread over many different agencies and are mainly at the regional and local level. There are significant gaps within the agencies responsible for ensuring accessibility, creating significant barriers for persons with disabilities to know whom to address when issues arise. This reflects a structural problem related to rights in Sweden that has been raised additionally by the Raoul Wallenberg Institute in relation to a National Human Rights Institution.<sup>48</sup>

#### 4. Analysis of 2017 VNR Report

Within Sweden's 2017 initial submission of main messages summarising the full VNR report, disability was referenced once with regards to the labour market. With the publication of the full Voluntary National Review persons with disabilities were referenced 15 times within key areas of the report including; Summary, SDG 1 (twice), SDG 3, SDG 4, SDG 5 (Note 15), SDG 8, SDG 10 (twice), SDG 11, SDG 16 (4 times), and next steps (chapter 8).

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<sup>47</sup> <http://www.boverket.se/en/start-in-english/building-regulations/building-regulations/national-regulations/accessibility/> (but not updated in recent years).

<sup>48</sup> <http://rwi.lu.se/publications/roundtable-report-swedish-national-human-rights-institution-exploring-models-options-roundtable-report-organised-raoul-wallenberg-institute-human-rights-humanitarian-law-lund/>

During the process of preparing the VNR, Sweden invited many civil society organizations to provide input (2 pages) on recommendations, challenges and “good examples” to highlight within the country VNR. Within these contributions, the umbrella DPO organisation, the Swedish Disability Rights Federation, highlighted their role as an umbrella organisation collectively representing the concerns and recommendations of Swedish persons with disabilities on a strategic level. Within the submitted recommendations, the Swedish Disability Rights Federation focused their inputs to the VNR draft on promoting the inclusion and human rights of persons with disabilities particularly as they relate to health (3), education (4), employment (5), equality (10) cities (11), and democracy (16). Inputs also reflected the need to increase research and data disaggregation capacities on disabilities, and provided short examples of inequalities with connection to goals 3, 4, 11 and gender related issues. Good examples were also provided regarding global cooperation within the international disability movement and the standardisation on sustainable procurement ISO20400 where Universal Design was mentioned as a central driver.

The Swedish Disability Rights Federation, representing Swedish DPOs, were given the opportunity to comment on the draft of Sweden’s full report, and subsequently provided both structural and detailed comments. As a result of their inputs and recommendations, references to persons with disabilities relating to goals 1 and 10 increased from the initial draft. In goal 10 Sweden included the most references to inequalities in relation to “relative poverty” and discrimination, none of which were mentioned prior to DPO inputs. In addition, the advocacy of DPOs was reflected within the amendments made to Goal 11 on accessibility and inclusion, and the increased references in Goal 16 regarding data collection on violence against persons with disabilities and the UN CRPD. All good examples collected from DPOs were submitted as an attachment, along with the good example of global cooperation within the international disability movement and the standardisation on procurement ISO20400.

While there were many advances made towards inclusion of disability within the VNR, DPOs did not see a strong focus on national challenges related to “leaving no one behind”, and the report in general lacked focus on the disaggregation of data and inequalities. Sweden has an international reputation as a strong defender of human rights, and DPOs emphasised that to maintain this reputation and credibility, there must be a stronger focus on the social dimension within the national work in decreasing income gaps and preventing cuts in disability benefits. The report according to Swedish DPOs also does not substantially address the challenges related to lack of data, disaggregated data and research on disability. Further the comments on inclusive education in relation to CRPD article 24 were

not amended nor were the recommendations on increasing the role of DPO's and universal design.

DPOs highlighted a concern that the Swedish government does not fully understand the human rights approach to disability as highlighted in Goal 4 of the full VNR report. DPOs consistently contributed lengthy comments explaining that CRPD art 24 with the general comment was a critical issue in Sweden. Within the VNR report, they amended the language regarding segregated education however the values of segregation remained.

“For students with certain disabilities who find it difficult to attend regular education, other forms of school are available. In a global perspective, most goals may be considered to be met.”—*Goal 4, Swedish VNR full report*. DPOs additionally submitted a formal request to be a part of the Swedish delegation to HLPF 2017, however received no response. Swedish civil society actors such as service providers, charity organizations, as well as trade unions and employer organizations will be part of HLPF 2017 as well.

Sweden ultimately is a country dedicated to human rights and have the ambition to implement all the SDGs. However there still remains challenges and inequalities regarding persons with disabilities. Sweden need more data and to reprioritize its goals to make sure that it will reach all the sustainable development goals.

## **5. Relevant sections of national reports submitted by government**

Sweden faces significant challenges regarding the goal of achieving sustainable consumption and production at home and outside Sweden. In Sweden, there are also a number of challenges related to inequality - reducing income disparities, including the differences in income between men and women for the same work, and increasing the disposable income of certain vulnerable groups, and achieving equity in health and equal opportunities for lifelong learning. People with disabilities, newly arrived immigrants, those born outside Europe and young people. Discrimination in the everyday life of various groups in society needs to be counteracted and prevented. Furthermore, there are still challenges in achieving gender equality and the empowerment of all women and girls.

The Instrument of Government stipulates, inter alia, that the public institutions are to work for all citizens to be able to attain participation and equality in society and counteract discrimination on grounds such as gender, ethnicity, religion or other belief, functional disability, sexual orientation or age. This means that Sweden has the structural functions required by the goal.

Sweden has no national definition of poverty. A frequently used EU measure is the proportion of the population that has a disposable income lower than 60 per cent of the national median income. In Sweden, 15 per cent of the population is below this threshold. In recent years, disposable income has increased within all groups of society, but to a lesser degree among those with lower incomes, which means that income disparities have become greater. On average, women have lower salaries than men. This pay gap is largely due to the fact that the labour market is characterised by a gender segregation. Women are over-represented in professions with positions that offer lower wages. Poverty in the sense of a low disposable income occurs to the highest degree among women over the age of 65, single women with children, people with disabilities and persons born outside Sweden.

Among the challenges are the reduction of income disparities in Sweden, including the differences in income between women and men, and increasing the disposable income of certain vulnerable groups, such as children and adults in families with scant income, people with disabilities and of the many newly arrived immigrants who have come to Sweden in recent years. Goal 10 about reduced inequality is also relevant in Sweden.

The challenges for Sweden lie in taking measures for health equity, including the reduction of disparities in health and well-being between different groups in society and improving quick and equal access to healthcare for all who are in need of it. Furthermore, unhealthy eating habits is one of the greatest risk factors for ill-health and premature death in Sweden. There are also particular challenges regarding differences in both mental and physical health between different groups of the population, mainly between people with different levels of education and depending on gender. Furthermore, there are differences regarding these factors between LGBT persons, people with disabilities, foreign-born persons, national minorities and indigenous peoples, and the population as a whole<sup>12</sup>. The Government's goal is to eliminate avoidable health inequalities within a generation. The Commission for Equity in Health was appointed in 2015 with the task of producing proposals that might contribute to the reduction of health disparities in society.

The Education Act (2010:800) prescribes that everyone is to have equal access to education in the school system, irrespective of geographic residence and social and economic conditions. Education in schools is to be equivalent. The main task is to provide all students with sufficient knowledge in order to manage future studies and working life. For students with certain disabilities and who find it difficult to participate in ordinary teaching, other types of school are available. In a global perspective, most goals may be considered fulfilled.

Sweden faces several challenges. These include, for example, reducing differences and disparities on the labour market, including differences in pay between women and men. Persons with a disability, newly arrived immigrants, those born outside Europe and certain older people and young people have greater difficulty than others in establishing themselves on the labour market. Furthermore, the women and men who lack a complete upper secondary education have a greater risk of being affected by long-term unemployment, regardless of background and other conditions.

In its 2017 budget bill, the Government stated that an action plan will be produced so as to gradually, before 2030, achieve and maintain a higher income growth than the national average for the 40 per cent of the population with the lowest income. Among people with disabilities, 28 per cent lack a cash margin, that is the margin for unforeseen expenses, and of those with activity compensation and/or disability allowance, 35 per cent live in relative poverty.

Sweden has legislation to counter discrimination and to support national minorities. Legal protection to promote equal rights and opportunities and to counteract discrimination has been strengthened in recent years. In addition to this, national strategies to ensure equal rights and opportunities have been produced for, inter alia, disability policy, LGBT persons, Roma inclusion and for racism, similar forms of hostility and hate crimes. An overarching strategy has also been produced for the national work on human rights.

The exact extent of discrimination in Sweden is not known. Perceived discrimination differs from the occurrence of discrimination in the legal sense. In the discrimination complaints submitted to the Equality Ombudsman, the most common ground of discrimination is ethnicity, followed by disability, age, gender, and religion or other belief.

Sweden continues to face a number of important challenges as regards reducing inequality, both financially and in other areas, such as health, work and housing. Discrimination in the everyday life of various groups in society – such as people with disabilities, LGBT persons, the Sami, Roma, newly arrived immigrants – needs to be counteracted and prevented in continuous work characterised by the fundamental values of the equal dignity of all, equality, and gender equality.

Sweden faces several challenges regarding sustainable urban development with good security, and satisfying the need for more housing. Segregation in residential areas must be broken. Continued urbanisation is also placing greater demands on an expanded and environmentally friendly public transport with good accessibility

also for persons with disabilities. An outstanding challenge is also to work preventively for disaster risk reduction in accordance with national and local action plans in line with the Sendai Framework.

The total proportion of the population subjected to violent crime, that is assault, threats or mugging, amounted to 6.8 per cent in 2015. Sexual offences are not included in the combined figure. The proportion subjected to assault was 2 per cent, the proportion subjected to threats 5 per cent, and the proportion subjected to mugging 0.9 per cent. The proportion of the population subjected to sexual offences in 2015 amounted to 1.7 per cent. Men are subjected to assault and mugging to a greater extent than women, while women are subjected to sexual offences and threats to a greater extent. People with disabilities state to a greater extent than others that they have been subjected to physical violence.

The 2016 Swedish Crime Survey showed that 81 per cent of the population felt quite or very safe late in the evening in their own neighbourhood<sup>28</sup>. This is a decrease compared with the 2015 survey, but not compared with the 2006 survey. There are major differences between how men and women experience feeling unsafe in their own neighbourhood late in the evening. For example, 12 per cent of women completely refrain from going out late in the evening because of fear, which can be compared with 2 per cent of men. Among people with disabilities, 39 per cent of women and 13 per cent of men state that they refrain from going out. They constitute 27 per cent of the group as a whole.

According to a questionnaire survey of a nationwide selection of students in grade nine, the proportion of children aged 1-17 who stated that they on some occasion in their lifetime had been subjected to some form of physical or psychological assault, or to neglect or had witnessed violence in the home, was 20 per cent in 2011. There were no significant differences between boys and girls.<sup>29</sup> However, children with disabilities often experience a particularly vulnerable situation.

Within the context of being a well-functioning, peaceful and democratically developed society, Sweden faces a number of challenges. These include different methods to prevent and combat various elements of violence, including violent extremism. The work against human trafficking requires expanded international cooperation. A vital cultural life and the safeguarding of cultural heritage are prerequisites for an inclusive and democratic society. A challenge for the whole of society is to continuously safeguard and further develop Swedish democracy and the rule of law, and to maintain respect for and observance of human rights, including the rights of people with disabilities and of children. The question of making the Convention on the Rights of the Child law is being prepared at the Government Offices. The tasks of the new national gender equality agency will include strengthening the preventive work against men's violence against women.

All societal actors, and all private individuals and households, have a contribution to make, and no one should be left behind. The work to secure Sweden's international commitments regarding full respect for human rights continues. Special initiatives are needed for vulnerable persons and groups in society. These include children and adults in families living in straitened socio-economic circumstances or in particularly vulnerable areas. Other groups that risk being subjected to discrimination in everyday life, such as people with disabilities, LGBT persons, the Sami.



## ARGENTINA

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### 1. Engagement in the voluntary national review process

Argentina's government committed to submit a voluntary national report to the 2017 HLPF. Within the official governmental web pages there is a substantial amount of information regarding the 2030 Agenda, and the process of adaptation of the SDG to Argentina's national list of goals for the eradication of poverty. Nevertheless, a massive awareness-raising campaign for the public on the SDGs has not yet taken place.

There were no formal consultations with civil society, and there seems to be no plan to conduct any in the future. With one exception, the Private Business sector has been the only civil society member to be addressed in government activities related to the 2030 Agenda. Likewise, organizations of persons with disabilities have not participated in any specific SDG related activities.

On the National Center of Organizations of the Community<sup>49</sup> (Centro Nacional de Organizaciones de la Comunidad) web page there is a survey with a few basic questions asking about the public's level of knowledge regarding the SDGs, and how the SDGs should be monitored. However, it is difficult to find this survey and it is not well publicized.

Some organizations of persons with disabilities and their families have communicated with government officers in charge of the 2030 Agenda to remind them of their duty concerning art 89 of the 2030 Agenda (A/RES/70/1) in which mandates the full participation of all stakeholders. The response from the government officials has been largely unsatisfactory.

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<sup>49</sup> <http://www.cenoc.gob.ar/>

*Right picture: Jose Maria Viera, WFB representative from Argentina, main speaker in a session on dialogue between governments and*



## 2. Status of Persons with Disabilities

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*30.6% of households have at least one member with a disability.*

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The total population of Argentina according to the last 2010 census is 39,671,131. The disabled population comprises of 5,114,190 people, with a prevalence of 12.9%, however, it is estimated that as much as 30.6% of households have at least one member with a disability.<sup>50</sup> Organizations of persons with disabilities and researchers consider the national census and other official statistics to be problematic in terms of its methodology and implementation in its collection of data on disability, which diminish the statistics reliability and utility.<sup>51</sup>

Since 1981 National Law 22.431<sup>52</sup> specifically protects the rights of persons with disabilities. It is however not consistent with the CRPD and the revision proposed by the Argentinean Parliament has been postponed<sup>53</sup>. In 2008, the government ratified the CRPD and its Optional Protocol through Law 26.378<sup>54</sup>, considered since then as the main law on disability. The CRPD acquired constitutional hierarchy in 2014.<sup>55</sup>

Argentina has linked the SDGs with the 8 objectives and 100 priority goals of the national government. Objective 6 is focused on Sustainable Human Development, and among its 30 specific priorities, there is the National Policy on disability.<sup>56</sup> However, this policy has yet to be clearly defined and organizations of

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<sup>50</sup> [http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

<sup>51</sup> Cobeñas, P. (2015) Master's Thesis in Education. Chapter

IV. UNLP <http://www.memoria.fahce.unlp.edu.ar/library?a=d&c=tesis&d=Jte1206>

<sup>52</sup> <http://servicios.infoleg.gob.ar/infolegInternet/anexos/20000-24999/20620/norma.htm>

<sup>53</sup> <http://www.parlamentario.com/noticia-81390.html>

<sup>54</sup> <http://servicios.infoleg.gob.ar/infolegInternet/anexos/140000-144999/141317/norma.htm>

<sup>55</sup> <http://servicios.infoleg.gob.ar/infolegInternet/verNorma.do?id=239860>

<sup>56</sup> <http://www.caserosada.gob.ar/objetivosdegobierno/>

persons with disabilities were not involved in this process. Despite these setbacks, the government provides numerous benefits for persons with disabilities,<sup>57</sup> including:

- Non - contributory pensions for persons with disabilities in situation of social vulnerability. Seventy per cent of economically inactive persons with disabilities receive some type of pension or retirement. Of them, 23% receive non-contributory pensions<sup>58</sup>.
- Low fees for public services, such as electricity, gas, and water.
- Free tickets for public transportation (buses and trains)
- Special allowances are included in the salary of workers with sons and daughters with disabilities.

Organizations of persons with disabilities consider that the implementation of these rights to be very poor. Non-contributing pensions are not compatible with other benefits and it does not provide enough to reach above the extreme poverty line, particularly if this is the only family income. Bus companies regularly discouraging and prevent the use of free tickets, which elicit complaints from the Ombudsmen and from people with disabilities. In addition, public transportation for those with physical impairments is largely inaccessible, particularly within long distance busses.

## 2. Thematic Issues

### *Poverty Alleviation*

Social protection programs generally do not consider the needs of persons with disabilities. For instance, children with multiple disabilities that affect their ability to intake food, do not receive, in certain areas, medical care or food in a way they can digest it, so deaths occur frequently due to malnutrition aggravated by endemic diseases<sup>59</sup>.

The living conditions of people with disabilities are more precarious than those of the general population, only 58.2% of households with at least one person with a disability live in acceptable housing, and 11.1% of people with disabilities have unmet basic needs<sup>60</sup>.

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<sup>57</sup> <https://www.argentina.gob.ar/discapacidad>

<sup>58</sup> [http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

<sup>59</sup> [Http://www.bbc.com/mundo/noticias/2015/09/150910\\_argentina\\_desnutricion\\_qom\\_chaco\\_vs](Http://www.bbc.com/mundo/noticias/2015/09/150910_argentina_desnutricion_qom_chaco_vs)

<Http://www.centromandela.com/?s=oscar+sanchez>

<sup>60</sup> [http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

The employment/activity rate of people with disabilities is only 44.6% <sup>61</sup>, while within the general population it is 92,7% rate of employment<sup>62</sup>. The national government has completed only 0.85% of the 4% employment quota established by law, despite strong advocacy conducted by DPOs. Additionally, Argentina does not have an employment discrimination law to ensure employees receive reasonable accommodation.

Although the new Civil Code<sup>63</sup> of 2014 introduces supported decision making, the concept of guardianship still exists. When a person is under guardianship, he/she cannot control their own resources. Even if being able to exercise decision making with support, the judge has the power to apply restricted guardianship on economic issues preventing a person from controlling his/her resources.

### *Healthcare*

In Argentina, the responsibility for basic health and rehabilitation services for people with disabilities lies with the Ministries of Health and Social Development and provincial Ministries of Health. There are three forms of health care coverage available: health care provided by the state (National Program "Include Health"<sup>64</sup>), social health care organizations for those who are employed, and private health insurance plans for those who can pay the premiums.

The Unique Disability Certificate Act<sup>65</sup> allows persons with disabilities to obtain certificates from the Ministry of Health or from the provincial agencies. The certificates identify people entitled to receive health and rehabilitation services at no cost.

DPOs and human rights organizations report violations of the health and rehabilitation laws, where administrative barriers prevent people with disabilities from accessing the services-- violations which were recorded in both social security and private healthcare schemes. Many demands in the courts are regarding the non-compliance by the state, social health care organizations, and private actors in providing healthcare to persons with disabilities. Access to support services is additionally scarce, difficult to obtain and provided under the medical model paradigm. Rehabilitation centers are very few and are not enough for the quantity and needs of persons with disabilities. These issues are heightened in rural areas which have even poorer access to health and

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<sup>61</sup> [http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gov.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

<sup>62</sup> <http://chequeado.com/el-explicador/asi-evoluciono-el-salario-el-desempleo-y-el-trabajo-no-registrado-desde-1983/>

<sup>63</sup> <http://servicios.infoleg.gob.ar/infolegInternet/anexos/235000-239999/235975/texact.htm#6>

<sup>64</sup> [www.msal.gob.ar/incluisalud](http://www.msal.gob.ar/incluisalud)

<sup>65</sup> <http://servicios.infoleg.gob.ar/infolegInternet/anexos/70000-74999/70726/norma.htm>

rehabilitation services, and the barriers only intensify for populations with disabilities belonging to ethnic minorities. The provision of assistive devices is additionally largely focused in urban population, and are not aligned to current technology resources and needs and the maintenance of equipment is not often considered.

### *Women with Disabilities*

The population of women with disabilities is 2.3 5 more than men with disabilities<sup>66</sup> and women with disabilities are 13% more likely than the average women to have children. However, there is a systematic lack of access to services and information about sexual and reproductive health, and there is a high prevalence of violence against women with disabilities recorded in the domestic sphere, in the interaction with caregivers and in institutional settings. Yet, programs to eradicate violence against women lack effective inclusion provisions. National Council of Women has launched a National for the Prevention, Assistance and Eradication of Violence against women (2017-2019)<sup>67</sup>. It does not include women with disabilities. There is a draft resolution of the Vice-president of the Disability Commission of the Representative chamber, that supposedly is to include women with disabilities in the Plan<sup>68</sup>, however women with disabilities were not consulted during the generation of this plan.

As for employment, women workers with disabilities are frequent among family and employee workers, while men with disabilities are more representative of employers and self-employed<sup>69</sup>.

### *Accessibility*

There is a normative framework on accessibility for people with disabilities within public spaces, public buildings and private buildings for public use, and transport. However, there are no effective monitoring or accountability mechanisms. Compliance with the law is very low and some schools, many public buildings, public spaces, private shops and services open to the public continue to be inaccessible. The ramps in good condition continue to be scarce, only circumscribed to the micro center and commonly hampered by vehicles

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<sup>66</sup> [Http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

<sup>67</sup> <http://www.cnm.gob.ar/pnacerrviomuj.php>

<sup>68</sup> <http://www.parlamentario.com/m/noticia-100735.html>

<sup>69</sup> Ídem

parked in front of them. There is practically no signage for blind and visually impaired people, and sound signals are exceptional<sup>70</sup>.

In open television, the use of subtitling or interpretation of LSA is very limited. In the case of people with multiple disabilities, communication difficulties are greater. In 2010, the household survey recorded that 74% of people with disabilities do not have access to computers, while for the total population the rate is 47%.<sup>71</sup> As a result, there are legal claims by individuals or organizations, presentations of ombudsmen, and continuous advocacy highlighting the violation of rights and lack of implementation of existing laws.

Although CONADIS is part of the National Council for Comprehensive Risk Management and Civil Protection<sup>72</sup> the Basic Guide for Risk Communication of the Ministry of Health 2016 does not adequately incorporate disability.<sup>73</sup> In general, emergency plans do not cover the needs of persons with disabilities. Finally, there are not mechanisms in place for consultations to the civil society or to persons with disabilities in particular. The few times consultations took place, the process was not transparent, reliable, accessible, communicated in a credible form or propitiating participation. Further, DPO participation as promoted by the Commission on Disabilities of the Chamber of Representatives of the National Congress, have been blocked by the authorities of the Chamber.

### **3. Relevant sections of national reports submitted by government**

Transversal: Resguarda el enfoque de derechos, la perspectiva de género, la inclusión de las personas con discapacidad, de las personas pertenecientes a pueblos originarios y a otras poblaciones en situación de vulnerabilidad, la consideración del ciclo de vida, la territorialidad y el rigor estadístico.

Revisión transversal La misma implicó un proceso iterativo de revisiones entre los equipos de los organismos y del CNCPS de modo de lograr un adecuado desarrollo de las fichas técnicas. Una vez logrado el acuerdo de los equipos involucrados estas fichas fueron sometidas al análisis de distintos organismos de modo tal de resguardar la perspectiva de género, la inclusión de personas con discapacidad, pertenecientes a pueblos originarios y otras poblaciones en situación de vulnerabilidad, el enfoque de derechos, el ciclo de vida, la territorialidad y los requisitos metodológicos en la construcción de los indicadores de seguimiento.

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<sup>70</sup> <https://www.facebook.com/laplataaccesible/>

<sup>71</sup> [http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP\\_10\\_14.pdf](http://www.indec.gob.ar/ftp/cuadros/sociedad/PDLP_10_14.pdf)

<sup>72</sup> <https://www.boletinoficial.gob.ar/#!DetalleNorma/152452/20161020>

<sup>73</sup> [http://www.msal.gob.ar/images/stories/ryc/graficos/0000000832cnt-2016-05\\_guia-salud-comunicacion-desastres-isbn.pdf](http://www.msal.gob.ar/images/stories/ryc/graficos/0000000832cnt-2016-05_guia-salud-comunicacion-desastres-isbn.pdf)

### *Inclusión de personas con discapacidad: Comisión Asesora para la Integración de Personas con discapacidad-CNCPS-Presidencia de la Nación*

En enero de 2016, el CNCPS formuló una propuesta de indicadores que contemplaba la inclusión explícita de poblaciones especialmente vulnerables como los inmigrantes, las personas con discapacidad y los adultos mayores como aporte al debate en la 47ª Sesión de la Comisión de Estadísticas del Consejo Económico y Social de Naciones Unidas. En tal sentido, estos indicadores serán revisados en el marco de los desarrollos de los indicadores de nivel II y III

### *Presidencia de la Nación - CNCPS- Comisión Nacional Asesora para la integración de las personas con discapacidad (CONADIS)*

Internalizar y aplicar en la realidad local conceptos teóricos sobre políticas públicas; planificación local; sistema estadístico local; objetivos, metas e indicadores; temas transversales (territorialización, pueblos originarios, discapacidad, enfoque de derechos, perspectiva de género, seguimiento y evaluación, etc.).

Incorporación en el análisis de cuestiones transversales (por ejemplo Género, DDHH, Discapacidad, Adultos Mayores y otros determinados como relevantes) y apertura a la participación de la sociedad civil

Promover la inclusión y brindar una atención integral a las personas con discapacidad

- Niños y jóvenes: población que recibe Asignación por hijo e Hijo Discapacitado, del sistema contributivo (Asignaciones Familiares), sistema no contributivo (Asignación Universal por Hijo) y aquellos por los cuales se deducen Impuesto a las Ganancias.

Titulares de Pensiones No Contributivas Asistenciales (Madres de 7 y más hijos, Discapacidad y Trasplante<sup>2</sup>)

El mismo contempla la cobertura del Programa “Abordaje Federal”, a través de Tarjetas Alimentarias, que forman parte de las prestaciones 22 que brinda el Plan Nacional de Seguridad Alimentaria (Ley 25.724 de 2003), destinado a la población en situación de vulnerabilidad social, priorizando a familias indigentes, familias con niños menores de 14 años, mujeres embarazadas, personas con discapacidad, personas en situación de desnutrición, adultos mayores de 70 años que viven en condiciones socialmente desfavorables y prestan una situación de vulnerabilidad nutricional. Este programa, complementa el acceso de las personas en situaciones de vulnerabilidad, a una alimentación suficiente durante todo el año, favoreciendo su autonomía para la toma de decisiones sobre su

alimentación, promoviendo el consumo de alimentos culturalmente apropiados y fomentando el desarrollo local.

Lecciones aprendidas y desafíos inmediatos

Lecciones aprendidas

### *Apropiación e institucionalización.*

Argentina asumió el compromiso con la Agenda 2030 en septiembre de 2015. Más adelante, el 14 de marzo de 2016, en la presentación de los ODS en Argentina ese compromiso fue reafirmado. Durante la reunión del Foro Político de Alto Nivel del 19 de julio de 2016, la Delegación Argentina, manifestó la intención del Gobierno Nacional de asumir los ODS como un compromiso propio. El 20 de septiembre de 2016, el Sr. Presidente de la Nación, Mauricio Macri, durante su intervención en el Debate General de la Asamblea General de las Naciones Unidas, reiteró la adhesión a la Agenda poniendo en conocimiento de las Naciones la intención del Gobierno Nacional de dirigir los esfuerzos hacia la procura de los ODS. Este respaldo político reiteradamente explicitado ha facilitado la alineación de metas de ODS con los planes de Gobierno. Así como también, que cada Ministerio y otros organismos públicos definieran equipos de trabajo conformados por representantes técnicos y políticos que realizaron un intenso trabajo definiendo metas, seleccionando indicadores y desarrollando fichas técnicas. Ello también permitió generar miradas más transversales y una visión compartida para la eliminación de la pobreza, las desigualdades no deseables, la injusticia y los efectos no deseados del cambio climático y, la incorporación en el debate de la perspectiva de género, el enfoque de derechos y del ciclo de vida, la territorialidad, la inclusión de las personas con discapacidad y de los pueblos originarios.

## EL SALVADOR<sup>74</sup>

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### 1. Status of Persons with Disabilities

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*There are approximately 7 million persons with disabilities.*

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Similar to other countries, El Salvador does not have reliable statistics on persons with disabilities, however based on the last census there are approximately 7 million persons with disabilities.

El Salvador ratified the CRPD and the optional protocol in May 2008, however since ratification the government has not undertaken any legal reform to bring existing policies to compliance with CRPD principles. El Salvador has one disability specific law entitled “Equiparación de las personas con Discapacidad”, which was adopted in 2001. This law, like other national laws, is not in line with the CRPD and takes a strong medical approach to disability.

### 2. Engagement with the Voluntary National Review Process

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<sup>74</sup> Information provided by Organización de personas con discapacidad del Salvador

While El Salvador volunteered to report on its progress towards SDG implementation at HLPF 2017, there have been no known awareness raising campaigns or national -level consultations with civil society or other actors. Additionally, there has not been a national level SDG implementation strategy published by El Salvador.

El Salvadoran DPOs have submitted numerous formal letters and e-mails to the government requesting their inclusion within the SDG preparatory process and in the wider SDG implementation nationally. However, no formal answers have been provided so far.

### **3. Thematic Issues**

#### *Poverty Alleviation*

There are currently no specific laws or programs that address poverty alleviation for persons with disabilities. The only beneficiaries of social protection programs are people who were victims of the civil war, of whom constitute a high percentage of the population of person with physical disabilities. In addition to social protection programs, there are also policies which grant civil war veterans portions of land for agriculture. Aside from these two policies, persons with disabilities do not receive pensions or any financial support on the basis of their disability.

Persons with disabilities are additionally highly discriminated against in terms of engaging in financial processes. They generally have limited to no access to financial services, frequently require a guardian to own property or significant resources, and require a member of the family to be present for any official requests to the government.

Education is equally limiting. The only university which accepts students with disabilities is the National University. However, each student has to be able to afford any accommodation or support measure he or she might need and there is still a segregated education system which puts children with disabilities into special schools.

#### *Health*

There are no specific programs or policies which create accessible healthcare for persons with disabilities in El Salvador. Furthermore, hospitals and community

care services are not accessible, and it is very often based on the willingness of the doctors to see persons with disabilities outside of the hospital or community care centers.

### *Women with Disabilities*

Women with Disabilities in El Salvador face multiple layers of discrimination. Particularly with regard to access to justice, education, and employment, women with disabilities are significantly less likely than their male counterparts and non-disabled women to access such services.

## PERU<sup>75</sup>

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### 1. Status of Persons with Disabilities

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*There are 1,575,402 Peruvians with disabilities comprising 5.2% of the total population.*

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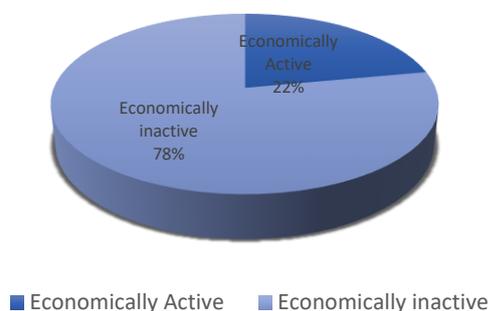
Peru has been collecting data on persons with disabilities through the National Specialized Survey on Disability (ENEDIS) was last released in 2012. According to data provided by ENEDIS 2012, there are 1,575,402 Peruvians with disabilities, comprising 5.2% of the total population. Additionally, ENEDIS 2012 provided figures regarding persons with disabilities access to education, revealing that 23.6% have no level of education / initial education, 40.5% have only primary school education, 22.5% have secondary education, and 11.4% have university level or higher education.

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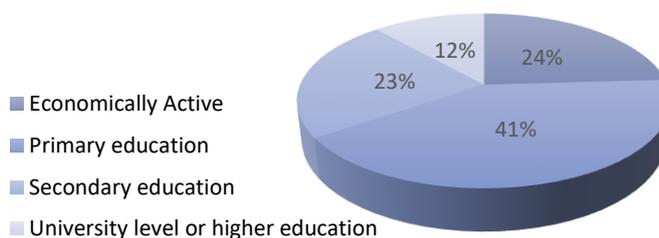
<sup>75</sup> Information provided by Comision de Damas Invidentes del Perú (Blind Women's Commission of Peru); Sense International Peru

With regards to employment, ENEDIS estimated that: 21.7% of persons with disabilities are considered Economically Active Population, whereas 76.8% are deemed Economically Inactive Population.

### Employment of persons with disabilities



### Access to education of persons with disabilities



*Graphic description: The above image on the left is a pie graphic entitled “Employment of persons with disability”. It illustrates the portion of persons with disabilities living in Peru which is economically active (22%) and the portion of persons with disabilities living in Peru which is economically inactive (78%).*

*Graphic description: The above image on the right is a pie graphic entitled “Access to education of persons with disability”. It illustrates the portion of persons with disabilities living in Peru which is economically active (22%) and the portion of persons with disabilities living in Peru which is economically inactive (78%).*

In 2017, Peru will publish the National Population and Housing Census, which incorporates a disability question with multiple variables, and a second Specialized National Survey Disability would take place in 2018.

With regards to policy, Peru ratified the UNCRPD and its optional protocol in 2008 in which spurred national level disability rights legislation. On December 24, 2012, Peru adopted Law No. 29973, General Law on Persons with Disabilities which was aligned with the CRPD. The Civil Code in which still contains outdated language on guardianship and which challenges the legal capacity of persons with disabilities, is under review to bring the Code further in alignment with the CRPD.

## 2. Engagement in the voluntary national review process

Peru’s Ministry of Foreign Affairs has developed a national plan for SDG implementation titled Monitoring System for Sustainable Development Goals to be implemented by the Strategic Planning Centre (CEPLAN) and the National Institute of Statistics and Informatics. Persons with disabilities unfortunately were not involved in the development of the national plan. However, at the beginning

of May civil society organizations held a meeting with key government officials from the Strategic Planning Centre (CEPLAN), the government body responsible for preparing the voluntary report for the HLPF, and emphasized the need to have national consultations in order to contribute effectively to SDGs implementation. Representatives of CEPLAN have as a consequence committed to developing national consultations by the end of 2017. DPOs additionally plan to coordinate with UN agencies such as UNDP to advocate for further participation of civil society and persons with disabilities in Peru's SDG implementation processes document, including sending a proposal to the Ministry of Foreign Affairs.

### 3. Thematic Issues

#### *Poverty Alleviation*

Peru has implemented poverty alleviation programmes through its national General Law on Disability- Law No. 29973. Specifically, Article 59 creates "non-contributory pensions for persons with severe disabilities" living in a state of poverty. The Ministry of Women and Vulnerable Populations-MIMP of Peru established under Supreme Decree No. 004-2015-MIMP establishes the following as prerequisites for access to the pension: (1) have the certificate of severe disability; (2) categorized as living in poverty under the Household Focalization System (SISFoH), criteria; and (3) not receiving income or pensions from public or private avenues. This programme is a non-contributory pension program for people with disabilities, a benefit granted by the Peruvian State on a monthly basis, in favor of people with severe disabilities who live in extreme poverty and is valid for 15 years, at which point their status is reevaluated.

Since 2000, Peru has instated a set of national poverty alleviation policies through various Social Programs including Cuna Mas, Scholarship 18,

Together, Pension 65, and the Non-Contributory Pension for Persons with Disabilities. All of the social programs were designed to have an inclusive approach, thereby being inclusive of persons with disabilities, however due to a lack of data on the implementation of these programmes it has been difficult to determine accurately the level of inclusion. Only the Non-Contributory Pension for Persons with Disabilities program is exclusively targeting persons with disabilities.

Generally, people with disabilities in Peru are not often in control of their own resources. Although the General Law on persons with disabilities ensures the

protection of legal capacity in article 9, there is still legislation such as the Civil Code that has not been amended with regard to the legal capacity of persons with disabilities and continues to include language in which encourages guardianship and other outdated systems in which take away legal capacity, and economic rights, of persons with disabilities. Particularly persons with intellectual and psychosocial disabilities are more likely to be denied legal and economic rights and often are not in control of their own resources. Additionally, many individuals with visual impairments in Peru encounter barriers and prejudice with banks when opening savings accounts or accessing credit cards. As aforementioned, the Civil Code is currently under review to align to the principles of the CRPD as to prevent such barriers.

### *Healthcare*

The General Law of Persons with Disabilities states that people with disabilities must access health services on an equal basis as others and Peru's Comprehensive Health Insurance is also universal, yet unfortunately there are many unaddressed barriers that prevent equal access. Barriers such as lack of information in accessible formats, inaccessible infrastructure, lack of sign language interpreters, lack of medical and administrative personnel trained to provide adequate, and non-prejudicial care, limited access to medical and / or biomechanical aids, all impede on to persons with disabilities' access to healthcare. For many Peruvians with disabilities inaccessible information about existing health services present one of the most significant barriers in accessing healthcare. For others, relatives are frequently given the power to decide health related matters on behalf of the person with a disability, including the use of contraceptive methods or other sexual and reproductive health-related topics. If a person with disability receives health insurance as an employee, there are frequently barriers with certain private insurance companies that are unwilling to provide services to persons with disabilities.

### *Women with Disabilities*

Women with disabilities in Peru represent 53% of the population of persons with disabilities, yet remain one of the most marginalized and

underrepresented groups. Many Peruvian women with disabilities face multiple and intersectional discrimination because of their gender, their disability, their indigeneity, and/or being from Afro-descent. State bodies responsible for formulating and implementing programs and policies supporting the rights of

women, such as the Women and Vulnerable Population's Ministry, consistently neglect the issues and inclusion of women and girls with disabilities in its policies and programming.

Unfortunately, despite the availability of statistics relating to persons with disabilities generally, there is no information on abuse or violence against women and girls disaggregated by disability. Unofficially however the Ministry of Women and Vulnerable Populations estimates that 7 out of 10 women with disabilities suffer from physical violence by their partners. In addition, 946 cases of women (some of them are under 18 years old) have been murdered by their partners or ex-partners between January 2009 and December 2016.

### *Accessibility*

Accessibility of infrastructure, information and technology are addressed under the General Law on Disability in addition to the National Accessibility Plan, developed by the Ministry of Housing, Construction and Sanitation with the support of other sectors of government. Within National Building Regulations, Technical regulation A-120 mandates for all new infrastructure to be made accessible, however does not apply to previously built structures.

With regards to physical accessibility, Peru has seen an increase in accessibility and remains an important part of the pending agenda on disability. There are however still many barriers to accessing information, communications, transportation and infrastructure for people with disabilities. Although some government entities are promoting various actions to improve accessibility in different aspects, their actions are not coordinated and lack efficacy. An example of this is the incorporation of buses that have ramps for wheelchair users. Whilst creating access to buses for wheelchair users, the bus is an inconvenient mode of transportation, the buses are insufficient and do not meet the demands of people with disabilities. As far as access to information is concerned, the government does not have a strategic or action oriented plan to implement the Marrakesh Treaty in Peru. Many accessibility measures have been taken in Peru, however they are neither comprehensive nor coordinated, and as a result do not sufficiently serve Peruvians with disabilities. The National University has for example accessible libraries, yet no support services for students with disabilities. In addition, for Peruvians who are deaf, only the State and Congress channels of the Republic have sign language interpreters in their programming, and many of the public service offices and state ministries are physically inaccessible.

### **3. Relevant sections of national reports submitted by government**

En todos los talleres de consulta se recopilieron visiones de desarrollo al año 2030, que fueron publicadas en un informe de setiembre de 2013 titulado “¿Qué futuro queremos para el Perú?”, con los resultados de las consultas realizadas. Estas consultas priorizaron las voces de aquellas personas tradicionalmente excluidas de los procesos de toma de decisión, incluyendo a mujeres afrodescendientes e indígenas amazónicas y alto-andinas, niñas y niños, personas con discapacidad, líderes locales y representantes de organizaciones de base, personas viviendo con VIH/SIDA, jóvenes de ambos sexos, trabajadoras del hogar, entre muchas y muchos más.

El seguimiento es una función continua que utiliza la recopilación sistemática de datos sobre indicadores determinados para proporcionar información sobre el avance y el logro de los objetivos. Para implementar la Agenda 2030 y alcanzar los objetivos asociados a esta, es fundamental identificar y obtener datos de

## **CHAPTER VI. SYNTHESIS REPORT OF VOLUNTARY NATIONAL REVIEWS 2017**

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## SYNTHESIS REPORT OF VOLUNTARY NATIONAL REVIEWS 2017<sup>76</sup>

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The UN's Department of Economic and Social Affairs prepared a Synthesis Report on the Voluntary National Reviews 2017. The report summarizes the VNRs and provides a snapshot of general characteristics of the early implementation of the 2030 Agenda, and identifies challenges and examples of implementation from the reporting countries. The report is not a statistical profile of progress in implementation; instead it examines a range of actions and policy measures relating to implementation, including ownership and involving stakeholders, institutional mechanisms, incorporation of the SDGs into national frameworks, means of implementation and an overview of how countries addressed goals and targets in the VNRs. [The report can be found here.](#)

<sup>†</sup> *his relatively short report includes an impressive 29 explicit references to persons with disabilities and also dedicates a chapter to persons with disabilities. This is a significant achievement, as while organizations of persons with*

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<sup>76</sup> [https://sustainabledevelopment.un.org/content/documents/17109Synthesis\\_Report\\_VNRs\\_2017.pdf](https://sustainabledevelopment.un.org/content/documents/17109Synthesis_Report_VNRs_2017.pdf)

*disabilities had a variety of experiences at national and regional levels, at the global level, persons with disabilities were prominently highlighted and included in the Voluntary National Reviews. This is truly a collective achievement of the disability movement, including disability leaders and members of organizations of persons with disabilities and advocates of persons of disabilities. It is now time to continue working on to translate these global commitments into national realities to achieve the 2030 Agenda for Sustainable Development and the CRPD for persons with disabilities and truly to leave no one behind.*

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