



# [Inclusive social protection]

Capitalization of experiences  
in the framework of the EU Bridging the Gap project

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## Abbreviations

ADA	Austrian Development Agency
Agenda 2030	2030 Agenda for Sustainable Development
AICS	Italian Agency for Development Cooperation
BtG-I	Bridging the Gap project I (managed by UN-OHCHR)
BtG-II	Bridging the Gap project II (managed by FIIAPP)
CO	Country Office (of Cooperation Agency)
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Development Assistance Committee - OECD
DID	Disability-inclusive development (cooperation)
EC	European Commission
ELDA	Ethiopians Lawyers with Disabilities Association
ENAPPD	Ethiopian National Association of Persons Physically Disabled
ENDAN	Ethiopian National Disability Network
EU DEVCO	European Commission Directorate-General for International Cooperation and Development
EU	European Union
EWDNA	Ethiopian Women with Disabilities National Association
FIIAPP	International and Ibero-American Foundation for Administration and Public Policies
IDDC	International Disability and Development Consortium
MDGs	Millennium Development Goals (2000-2015)
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPD	Organization of Persons with Disabilities (replaces the formerly used Disabled Persons Organization - DPO)
RIDS	<i>Rete Italiana Disabilità e Sviluppo</i> (Italian Network for Disability and Development)
SDG	Sustainable Development Goals
SPIAC-B	Social Protection Inter-agency Cooperation Board
SSA	Social Analysis and Action
TOR	Terms of Reference
UHC	Universal Health Coverage
USP	Universal Social Protection
USP	Universal Social Protection
VSLA	Village Savings and Loan Association
WFP	World Food Programme
WGSS	Washington Group on Disability Statistics' Short Set of Questions
WHO	World Health Organization



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## 1 Introduction

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### 1.1 Objective

The objective of the present document is to collect, summarize and share the interventions within the scope of the BtG-II project which worked on Social Protection, in the wider sense, in the three African countries of Burkina Faso, Ethiopia and Sudan. As a result of this capitalization work, the knowledge and experiences created by BtG-II's activities will be made explicit, and good practices identified can be accessed by development practitioners.

*Bridging the Gap II (BtG-II) – Inclusive policies and services for equal rights of persons with disabilities* (hereafter, the Project) aimed to contribute to the socio-economic inclusion, equality and non-discrimination of persons with disabilities through more inclusive and accountable institutions and policies. More specifically it contributed to:

- Support the implementation of the CRPD and the attainment of disability-inclusive Sustainable Development Goals (SDGs).
- Support the capacity development of government institutions and organizations of persons with disabilities (OPDs) in five countries (Burkina Faso, Ecuador, Ethiopia, Paraguay and Sudan) to contribute to the implementation of the CRPD.

In the three African countries, the Project worked alongside other projects implemented by bi-lateral donors that are essentially connected to social protection. These are, namely, livelihood support schemes in Ethiopia, employment generation schemes in Sudan, and health care coverage in Burkina Faso. The respective 'host agencies' were the Austrian Development Agency (ADA) in Ethiopia and the Italian Agency for Development Cooperation (AICS/IADC) in Burkina Faso and Sudan. The implementation approach followed an on-the-ground application of the twin-track principle. This approach makes both standard sector interventions more inclusive of and responsive to persons with disabilities, while it strengthens the self-organization of persons with disabilities to claim their rights and engage with the respective public provisions as supported by development partners.<sup>1</sup>

Over the last decade, social protection has risen strongly as a response to poverty and social exclusion (ILO, 2017; UNICEF, 2020). This is reflected in the

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<sup>1</sup> On the twin-track approach, see (BtG II, 2019a, 2020b; BtG II et al., 2020; BtG II, 2021a; BtG II & Cote, 2020)



prominent SDG targets 1.3 on social protection systems and 3.8 on universal health coverage, but also in the other goals related to employment (SDG 8), equality (SDG 10) and poverty (SDG 1). In the formulation of the Agenda 2030 and their goals, the international disability community had insisted that inclusion of persons with disabilities be reflected in each and every one of these targets and made measurable. As an obligation derived from article 32 of the CRPD on inclusive development cooperation, international development partners committed to consider disability in their action (UN OHCHR, 2020d). This report is a welcome opportunity to take stock of the achievements and lessons learnt in one specific, yet broadly defined, sector of social protection and extract applied knowledge that emerged over the last four years.

## 1.2 Methodology

This report is based on a document review – both project planning documents and project outcomes as well as wider literature (see Bibliography) – and interviews held with key stakeholders of the project (see Annex 1: List of persons interviewed).

## 1.3 Outline

This report starts with an orientation on the global framework of inclusive social protection (Chapter 2). It then summarises the Project's main activities as implemented by the country programmes to promote social protection programmes to be inclusive (Chapter 3) and identifies best practices from Burkina Faso, Ethiopia, and Sudan (Chapter 4). Finally, it presents lessons learned (Chapter 5) and makes general recommendations for mainstreaming disability into social protection schemes and strengthen the capacities of Organizations of Persons with Disabilities (OPDs) to engage with these (Chapter 6).



## 2 Social Protection and Disabilities

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According to the World Report on Disability (WB & WHO, 2011), an estimated 15 per cent of all persons have some kind of disability. Persons with disabilities can be more vulnerable to poverty and social exclusion. They face difficulties in accessing economic opportunities due to access barriers and must assume disability-related costs. Therefore, to ensure equal opportunities, public policies are to create equity measures for all. Social protection policies are one way to do so. Social protection is defined as a

*“set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, with a particular emphasis towards vulnerable groups. Social protection can be provided in cash or in-kind, through social insurance, tax-funded social benefits, social assistance services, public works programs among other schemes.”* (UNPRPD, 2021).

A systemic approach to social protection has gained traction over the last decade. However, the challenge of how to make social protection schemes inclusive of persons with disabilities has only gained attention lately (Kidd et al., 2019; OHCHR, 2015).

### 2.1 Inclusive Social Protection

Having successfully negotiated the CRPD, which culminated in its declaration in 2006, the international movement for the rights of persons with disabilities faced yet another challenge. The framework for poverty reduction valid from 2000-15, known as the Millennium Development Goals (MDGs) was, essentially, a set of indicators from the Global North for the Global South and lacked any procedural or institutional consideration on how to achieve the intended development aims. It also was entirely silent on the issue of disability. When, as of 2012, a new framework started being negotiated, these limitations were to be taken into consideration. It was also meant to merge the poverty reduction agenda with the Rio-agenda of environmental sustainability. The outcome became known as the Agenda 2030 and its related Sustainable Development Goals (SDGs).

While, in a first phase, a disability-specific goal was considered necessary to give visibility and political weight to the rights of persons with disability, an agreement was reached that disability was to be integrated, in a cross-cutting manner, in all Goals (of relevance for persons with disability). This was done in





two ways: persons with disabilities were mentioned as a specific target group in some of the actions, and data was to be disaggregated by disability status.<sup>2</sup>

Hence, the Global Agenda 2030 is aligned with the CRPD. Social protection in particular is reflected in articles 27 (on employment) and 28 (on social protection) of the CRPD. Table 1 gives a synoptic view of the targets specifically related to social protection (in the wider sense) and

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<sup>2</sup> The Bridging-the Gap Project has delivered extensive training in a number of languages on the convergence of the SDG logic with the CRPD principles, see the excellent training sessions recorded here (BtG II, 2018b, 2018c, 2018d)



Annex 3: Synoptic view on SDGs and CRPD provides for a comprehensive counter position of SDG targets and CRPD provisions.

**Table 1: Social protection in the CRPD and the SDGs (selection)**

SDG	Target	Sector	CRPD
1	1.1	Poverty	28
1	1.3	Social protection	28
1	1.5	Climate and other economic, social, and environmental shocks and disasters	11
2	2.1	End hunger	28
3	3.8	Universal health coverage	25
4	4.5	Equal access to education and vocational training	24
8	8.5	Full and productive employment and decent work	27
10	10.2	Social, economic, and political inclusion of all	5, 28
10	10.3	Equal opportunity and non-discrimination	5, 12
11	11.1	Housing and basic services (public housing programmes)	28
11	11.5	Disasters: deaths, missing persons and directly affected persons	11

Source: Own elaboration; based on (AECID, 2018; UN, 2019)

## 2.2 Nationally Appropriate Social Protection Systems

Social protection in the narrow sense is defined in ILO’s recommendation 202 of 2012, which has been taken up as SDG target 1.3. It defines social protection as

*social protection floors as a fundamental element of ... national social security systems, and “social protection floors are nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion”.*(ILO, 2012).

In the CRPD, social protection is covered in article 28 (UN OHCHR, 2020c).

Social protection schemes relevant for persons with disabilities include both general benefits and services, and disability-specific provisions. General schemes include categorical programmes (e.g., child allowance, pensions), poverty-targeted programmes, labour benefits and services, and social services. Specific disability benefits and services entail disability insurance and assistance benefits, and disability services including casework services, care services, and specialized services. The specific schemes related to disability are meant to cover disability-related costs, ensure inclusion in the community and eradicate barriers for inclusion (Mont & Cote, 2020).

A central issue is the certification of disability as determination for accessing rights to specific benefits and services. A core discussion centres around the degree to which specific services are integrated into wider social protection design, and the extent to which the design of disability certification and



conditionality of benefits generate, in itself, exclusion and poverty traps, specifically when confounding disability with the inability to work (Blanchet & Walsham, 2016; Kidd et al., 2019). Thus, a main challenge consists of the conciliation of disability-related anti-poverty benefits and inclusion in the labour market. While ensuring a minimum income floor, including the consideration of disability-related cost, social protection also needs to guarantee the right to work for persons with disabilities, as one of the main avenues for participation and inclusion in society.

### 2.3 Universal Health Coverage

Universal health coverage is defined as the right of all persons living in a territory to access a certain minimum package of essential health care services without suffering financial hardship (WHO, 2021). Being one of the key features of the modern welfare state, health care coverage was to be rolled out to a growing number of people, include more treatment and prevention services, and successively reduce the cost of on-the-spot payments by mutualizing the risk in public insurance schemes (WHO, 2010). This is the commitment of SDG target 3.8. and in the CRPD it is captured in article 25 (UN OHCHR, 2020a).

For persons with disabilities, this is relevant in three dimensions (Kuper & Hanefeld, 2018). First, the very access to health care services, which often is blocked by specific barriers, whether financial, physical, or those grounded in social prejudice. Second, the provision of services of (re)habilitation, as specified in CRPD article 26, that can be provided by the health sector, but often needs a strengthening of paramedical professions and services. Third, the coordination of health care provision with wider services, including community-based rehabilitation and social services.

According to UN statistics, the three countries included in the Project have advanced reasonably over the last decades, as demonstrated in Table 2. However, disaggregated data of access to health care for persons with disabilities are scarce.

**Table 2: Universal health coverage - extension**

	2000	2005	2010	2015	2017
<b>Burkina Faso</b>	18	25	34	38	40
<b>Ethiopia</b>	15	18	30	39	39
<b>Sudan</b>	25	28	36	42	44

Source: [unstats.un.org/sdgs/indicators/database/](https://unstats.un.org/sdgs/indicators/database/); Indicator 3.8.1, Series: Universal health coverage (UHC) service coverage index SH\_ACS\_UNHC



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## 2.4 SDG targets on decent work for all and equality

The CRPD, in its article 27, strongly advocates for the inclusion of persons with disabilities in the mainstream industrial realm of work and employment (UN OHCHR, 2020b). In the Agenda 2030, these areas are treated specifically in SDG targets 8.5 (on sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and 10.2 (on inequality within and among countries). It is also important to consider the work beyond formal and informal employment, namely unpaid care work, as considered in SDG target 5.4 (on recognition of unpaid domestic and care work).

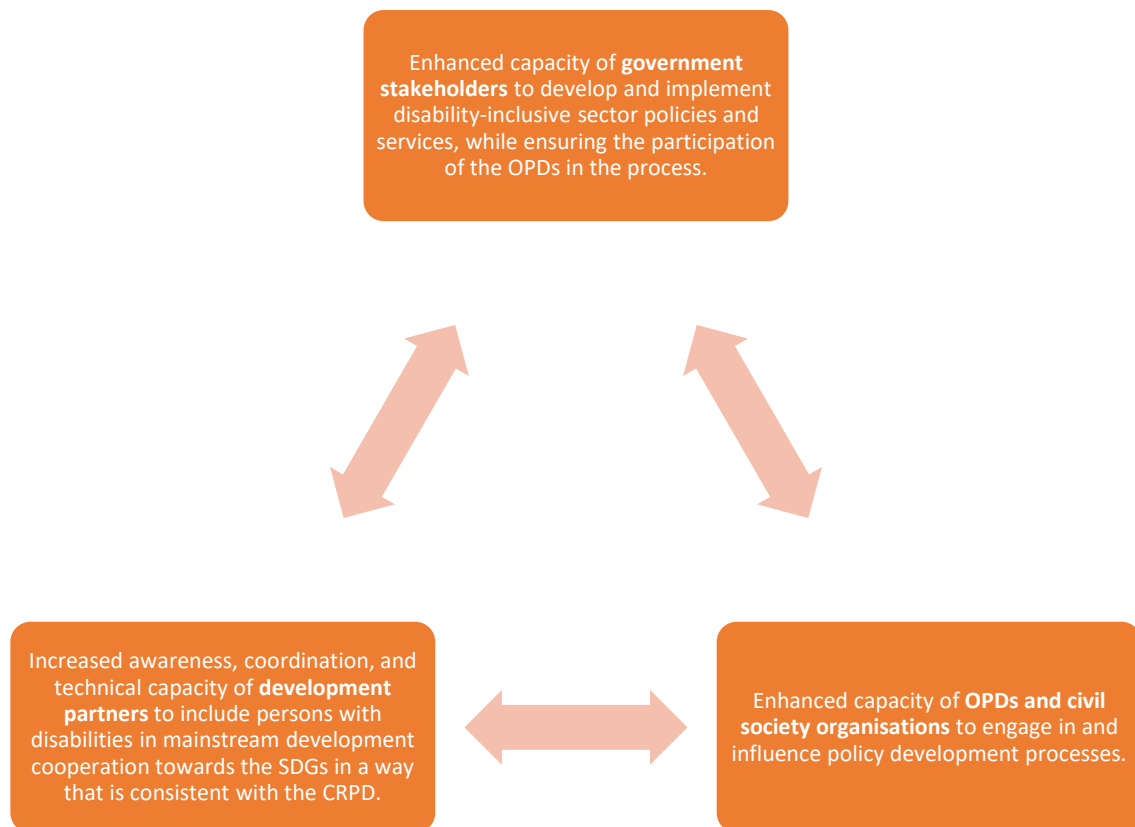
The relevance for persons with disabilities of these targets are manifold. Young persons with disabilities need to have equal opportunities to transition from education to employment, and, where needed, be supported with specific services that compensate for barriers found, or habilitated to ensure equal opportunities. In general, the workforce needs to reflect diversity, the main measures being the application of a disability-quota in formal employment and adaptation of workplaces. The principle of reasonable accommodation guides the legislation and practice, and usually is a matter of contention in the tripartite dialogue between state, employers, and organized workforce. In Africa, with a widely informal labour market, most often in rural areas and the primary sector, the fulfilment of this right is particularly challenging (OECD & ILO, 2019).

### 3 Bridging the Gap: Inclusive Social Protection in Africa

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Each of the countries aimed to enhance CRPD implementation while pursuing the three main outcomes as per the main target groups, as displayed in Figure 1: government, organizations of persons with disabilities, and development partners.

**Figure 1: Project outcomes per actor**



In each of the countries, a specific sector topic was chosen where the Project should focus. In the case of Ethiopia, this was the livelihoods sector; in the case of Sudan, employment; in Burkina Faso, access to healthcare. The choice on which sector to focus on, was driven both by pre-existing programmes of the respective agency (ADA or AICS) and through interactions with the national stakeholders. Although not demand-driven, the Project attempted to accommodate as much as possible the requests and focus coming from the countries' stakeholders.



In line with the three-pronged approach as depicted in Figure 1, the specific disability-related perspective was to be constructed from a combination of engagements: First, by liaising with the respective sectorial counterpart-ministry and dedicated bodies, such as Disability Councils. Second, by deploying a capacity building programme with OPDs which also entailed a competitive micro-grant schemes to local projects. Third, by interacting on the twin-tracking approach with the respective host-agency of international cooperation and, expectantly, beyond into the wider donor community in the country.

### 3.1 Ethiopia

The Project was implemented by the Austrian Development Agency (ADA). The specific objective is displayed in Box 1.

#### Box 1: Project objectives in Ethiopia

In Ethiopia, BtG II focuses on promoting **disability inclusion in the livelihood sector**, linking in particular to livelihood interventions that aim at improving resilience and those that are part of social protection programmes. The geographical focus of the project is Amhara and Somali National Regional States and the Federal level in Ethiopia.

Source: (FIIAPP & BtG II, 2017);

#### The project undertook the following activities:

In the outcome dimension “enhancing capacity of government to develop, implement and report on disability inclusive sector policies and services while ensuring the participation of OPDs”, the programme was guided by the National Action Plan for Persons with Disabilities 2012-2021. It worked in parallel with the needs of the newly established Disability Directorate and was guided by the periodic CRPD review of 2016 (CRPD, 2016).

The institutional counterpart was the Ministry of Labour and Social Affairs (MoLSA) and the regional Bureaus of Labour and Social Affairs (BoLSA) in Amhara and Somali regions. During the course of the project, in 2018, MoLSA created a new Directorate in charge of disability issues. Its mandate predominantly focused on service provision to persons with disabilities. Training on disability inclusion was rolled out both at central level and in the two intervention regions. BtG-II was successful in building the capacity of the disability focal points at sectoral and regional levels. Disability awareness and mainstreaming training was conducted jointly by government staff and development partners in the two target regions.

Initially, the project intended to infuse disability-inclusive knowledge in the "Productive Safety Net Programme in Ethiopia" (PSNP). By end of 2020, the Programme had entered into a new phase and some elements of disability



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inclusion were considered. Some of these can be perceived to be a result of the most recent Project actions with MoLSA.

Since then, MoLSA started working on a new Disability Act. BtG was supporting the inception phase. While the preparatory work advanced at a frustratingly slow pace, some initial results – such as the Act commencement workshop in Adama town on 22-23 July 2021 – can be attributed to the Project.

Related to “building capacities among OPDs and disability focused civil society organisations”, BtG-II run a grant scheme for OPDs and undertook capacity building for leading women with disabilities. The Project worked both at federal level with the Federation of Ethiopian Associations of Persons with Disabilities (FEAPD), and at the regional level in Amhara (with two OPD umbrella federations) and Somali (with a regional umbrella OPD) regions. Significant effort was placed on the grant scheme by devising a procedure of direct award, while adhering to the strict procurement procedures of Austrian Aid. Finally, three grants were issued. At federal level, FEAPD was to implement a programme of policy-related advocacy, based on research and training. Additionally, four small grants were awarded to the Ethiopian National Disability Network (ENDAN), the Ethiopian National Association of Persons Physically Disabled (ENAPPD), the Ethiopians Lawyers with Disabilities Association (ELDA) and the Ethiopian Women with Disabilities National Association (EWDNA). At regional level two intermediary organizations – Light for the World and the Cheshire Foundation – were contracted to work with regional and district level OPDs for a subnational strengthening of advocacy and oversight capacities, as well as general organizational capabilities.

Related to “increase technical capacity of development partners”, technical advice on tools and knowledge products for inclusion and disability awareness training and technical advice for development partners were provided, mostly within the area of influence of the ADA programme. BtG-II supported the CARE Community Empowerment and Water Sanitation and Hygiene (WASH) programme, dubbed SWEEP “Water for Food Security, Women’s Empowerment and Environmental Protection Project”, which is funded by ADA. It undertook capacity building training on disability and inclusiveness which was provided to CARE Ethiopia and WASH staff from head and field offices, and to key zone and government staff at woreda level (districts, third level of the administrative division of Ethiopia); and a checklist for disability inclusion for the SWEEP project, and WASH programs/projects in general (Bridging the Gap Ethiopia, 2020; BtG II & CARE, 2019). Through the action plan, CARE also committed to, and started to include persons with disabilities in the committees and different groups of the project (Village Savings and Loan Association VSLA and Social Analysis and Action SAA.). Also, barrier-free latrines were built, and filtration kits provided to persons with disabilities free of charge. With the support of BtG-II, the CARE National office has mainstreamed disability in their



wash and SAA manuals. Likewise, the ‘*Gender and Disability Inclusive Field Operations Manual for Village Savings and Loans Association*’ was jointly developed and publicized in December 2020. This was shared widely within CARE International and is meant to serve as a resource to further mainstream disability into CARE’s work.

BtG-II signed a letter of understanding with WFP, for raising awareness within its staff on inclusive development, and provide technical assistance to support disability mainstreaming within the framework of WFP’s interventions, and support WFP to mainstream disability in their strategy and two-year roadmap. Additionally, BtG offered to conduct an accessibility assessment of the new premises of the WFP country office.

Efforts to reach out beyond the ADA funded project were made towards UNDP and EC-funded programmes (PSNP and RESET Plus) that followed a similar livelihoods approach. The BtG-II Ethiopia project worked with ADA’s headquarters, reinforcing their commitment to disability mainstreaming in the agency, and giving practical inputs to the sector strategies of Human Rights and Disability, as well as to the 2020-2025 country strategy for Ethiopia.

Furthermore, project cooperation was established with the EU Delegation in Addis Ababa: a session on disability inclusion as part of a wider training on HRBA for EUD staff (including programme managers for social protection) was conducted. On initiative of the EUD, a disability and accessibility audit was commissioned. Likewise, an analysis of the EUD portfolio and possible action points for disability mainstreaming was conducted (Tadele & BtG II, 2019).

### 3.2 Burkina Faso

The project was implemented by the Italian Agency for Development Cooperation (AICS/IADC). The specific objective is displayed in Box 2. The Project implementation in Burkina Faso was difficult. First, the programme roll-out was delayed due to administrative bottlenecks in establishing a project lead and country ownership. Second, at mid-term, the political crisis in Burkina Faso intensified towards full-scale armed conflict, that generated immense flows of internally displaced persons, made much of the country inaccessible, and had donors rightfully change their strategies from a development cooperation approach to humanitarian assistance. Furthermore, in 2020, the COVID-19 crisis started to spread, and the consequent confinement affected all actions on the ground.

#### Box 2: Project objectives in Burkina Faso

In Burkina Faso, BtG II’s overall objective aims to increase **universal equal access to health for persons with disability** and to strengthen the capacities of the Burkina Faso government institutions and civil society – in particular, organizations of persons





with disabilities – in the implementation of the CRPD and the formulation of relevant policies and strategies.

Source: (FIIAPP & BtG II, 2017);

Related to the outcome dimension “enhancing capacity of government to develop, implement and report on disability inclusive sector policies and services while ensuring the participation of OPDs”, the Project’s actions were anchored in the National Law 012 of 2012 on Disabilities. Burkina Faso had not undergone a CRPD review, however, during the project duration, the state submitted an initial report (CRPD, 2018b), which was addressed by an alternative report from civil society (Coalition des organisations de la société civile Burkinabé, 2019) and a list of issues to be researched by the CRPD Committee (CRPD, 2020).

The main counterpart of the Project was the National Intersectoral Council for the Protection and Promotion of Persons with Disability (COMUD), an attached entity to the Ministry of Women, National Solidarity and Welfare. It is widely acknowledged that the COMUD was strengthened by BtG-II. However, the institutional anchorage of the National Council to COMUD created a certain detachment, as the targeted sector ministry, the Ministry of Health, is perceived to have significant more weight and usually coordinates less with others.

Nonetheless, a number of activities, involving both institutions, were implemented such as the training of Representatives of Ministry of Health. Undoubtedly amongst the greatest achievements of the Project in Burkina Faso was the revision and updating of the National Strategy (3PH - Protection, Promotion of Persons with Disability), as well as the preparation of its action plan.

An important stream of work in Burkina Faso was the analytical work and technical workshops on Classification and Certification of Disability. The disability certification gives access to the disability card which, as per law 012 of 2012, gives access to free healthcare. It is therefore an essential element for universal access to health care for persons with disabilities. BtG-II provided technical assistance to a new protocol for the disability card. Likewise, another workstream was focussed on improving evidence on disability and generating robust data in routine reporting, including training of the National Statistics Office. While the Washington Survey Standard was exposed, the Burkinabé Government finally opted to apply a local adaptation.

Furthermore, disability related work on the skills for community-based rehabilitation was undertaken, in collaboration within the University programme for Physiotherapy and the National Centre for Rehabilitation, in cooperation with International NGOs (H&I).

A remarkable line of collaboration is the fostering of South-South collaboration, with the visit of the Senegalese Director General in charge of disability, which



received excellent approval, and could inform operational decisions when organizing disability certification and issuance of social benefits.

Related to “building capacities among OPDs and disability focused civil society organisations”, implementation of activities was hampered by the fragile situation in Burkina Faso. Nonetheless, a number of actions to strengthen OPDs took place, such as provision of grants, namely to three umbrella OPDs: Federation of Burkina Faso of Associations of Persons with Disabilities (FEBAH), National Union of Women with Disability (UNAFEBH) and the National Coalition of Associations of People with Disabilities (CNAPH). The call for proposals specifically addressed to OPDs, marked the first time that funding was expressly provided to self-organizations of persons with disability. As a matter of fact, all BtG-II activities were highly inclusive of the voices of OPDs, including in the technical work. Also, as remarkable events, the organization of an advocacy and information day on Access to Health for persons with Disability and the Classification/certification of Disability is to be noted.

The outcome dimension “increase technical capacity of development partners”, was probably the most problematic, much of it due to the administrative, political, and COVID-19 pandemic interferences. While UN agencies and EUD programmes were approached, little response was received, except in their participation in a gender working group, where the issue of gender and disability was raised. Also, engagement with ILO in an Italian funded project, led to the adoption of an internal disability quota in an employment project. However, the internal influence towards Italian cooperation was substantial, as four new AICS-funded initiatives have been formulated with a cross-cutting disability dimension.

### 3.3 Sudan

The project was implemented by the Italian Agency for Development Cooperation (AICS). The specific objective is displayed in Box 3. The project suffered some set-back and delay due to the revolution that ousted the long-term dictator. It led to the creation of a transitional government tasked to lead the democratic transition. This resulted in a comprehensive renewal of key government staff down to the operational level. However, this transition provided for opportunities, as the transitional government seems to be genuinely committed to equality and inclusion of persons with disabilities.

#### Box 3: Project objectives in Sudan

In Sudan, the main goal of BtG-II was ‘Promoting the full enjoyment of rights and the equal access to goods and services by persons with disabilities’, through ‘enhancing the implementation of the CRPD, by strengthening the social inclusion of persons with disabilities and by promoting their **equal access to employment**, in line with the CRPD art 27’.



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Source: (FIIAPP & BtG II, 2017);

In the outcome dimension “enhancing capacity of government to develop, implement and report on disability inclusive sector policies and services while ensuring the participation of OPDs”, the work of the Project was anchored in the Sudanese Persons with Disabilities Act of 2017 and benefited from the 2018 CRPD review (CRPD, 2018a).

The main institutional counterpart was the National Council for Persons with Disabilities (NCPD). During the course of the Project implementation, this entity gained relevance both by being promoted from an annex to a rather light-weight Ministry and reporting to the Vice-president, as well as having gained significant technical knowledge to engage with line ministries. The BtG-II project accompanied this transition. It took actions to facilitate the capacities of both the Council, statistical focal points in ministries and the national Statistics Office to report on disability by disaggregating data in routine surveys and the census.

In the outcome dimension “building capacities among OPDs and disability focused civil society organisations”, a number of actions were undertaken, at grassroots, regional and state level. The most notable action is undoubtedly the formulation of the report “*on the Status of the Rights of People with Disabilities after Ten Years of Sudan's Ratification of the International Convention on the Rights of Persons with Disabilities (April 2009 – April 2019)*”. Initially conceived as a shadow report to the CRPD review, it has since been converted in a steppingstone for a fruitful conversation between OPDs and government as it covers all 18 states of Sudan. The CRPD review was postponed to 2022, but the common work on the report already created a coalition and developed the specific knowledge for meaningful engagement by all stakeholders in the CRPD implementation review process. Currently, the new Disability Inclusion Act in Sudan is in the conceptualization phase. The alliances forged during the formulation of the retrospective (10 years) report directly informs the framing of policy and priority setting for the future.

An important element of the engagement strategy was to combine grass-roots initiatives, such as vocational training initiatives and micro-finance conducted by OPDs in Kordofan and Gedarif Regions, with high level capacity building and institutional strengthening of some of the main OPDs, such as the “Unions” that are organized along four types of impairment (physical, intellectual/psychosocial, visual, and hearing). The grant scheme was a useful exercise for OPDs to acquire the knowledge and practical skills to develop proposals and manage funds.

Related to the dimension “increase technical capacity of development partners”, an innovative approach was taken by creating the Group of Friends of Persons with Disabilities (GFPD) – a high level forum that includes government representatives, donors, private business and OPDs. Also, very specific collaborations were reached regarding employment, namely the Technical and



Vocational Education and Training (TVET) assessment for UNIDO to ensure the inclusion of persons with disabilities in Vocational Training Centres (VTCs), and with GIZ through the provision of technical assistance to promote the access of persons with disability to vocational training and the labour market. Another, meaningful pilot-experience, was the habilitation of a Khartoum health post, through a fully participative approach involving organizations and persons with disabilities, to make it accessible and inclusive of the social needs identified by the local organizations, in cooperation with the health project Dictorna – Family Medicine, funded by the Italian Cooperation. Furthermore, the project produced an analysis of the EUD portfolio and the potential for disability twin-tracking (Axelsson & BtG II, 2019).



## 4 Promising practices initiated or supported by the Project

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This section gathers some key experiences from the projects at country level, in a cross-cutting manner.

### 4.1 Increased capacities of OPDs to engage at systemic level

How have OPDs prepared to engage at systemic level, in policy formulation and outcome monitoring in employment, health care coverage, or social protection?

Probably, the most important practice from the Project is the increased attention gained by OPDs when they are listened to. In this area, the Project supported OPDs in two ways.

- First, it added *technical knowledge*. This was done either in substantial policy areas – such as data collection, employment policy, livelihoods strategies or health system management – or in procedural issues – such as project management, proposal formulation or communication. Some of these training activities were targeted trainings, others were learning on the job supported by technical assistance, others by issuing a grant challenge to which OPDs could apply. This technical support to OPDs' capacity happened, for example, in the support to the 10 years CRPD report in Sudan, the advocacy campaign to comply with the legal provision of law 012 to issue disability cards in Burkina Faso, and the regional engagement strategies with the BoLSA offices in Ethiopia. Through these interventions the Project reinforced the institutional capacity of the organizations. It did so by creating real-life situations of engagement with public policy actors, whether at policy or implementation level.
- Second, the *confidence* of OPDs was boosted. The creation of high-level spaces in which OPD representatives would meet with senior government officials and donor representatives, created a dynamic of self-reflection that enhanced the capacity to project the OPD claims. The programme, sometimes implicitly, sometimes purposeful, promoted the acquisition of leadership skills within the OPDs. This was reinforced by exposing OPD representatives to international fora and networks, such as the participation in the EU Development Days or UN Summit side events. In this way, the symbolic environment of International Cooperation, which is often perceived as hostile to grass-roots right activist, became more accessible, while organizations were trained to



‘speak the language’ of international aid business. In this area, the focus on female leadership was particularly important.

#### **Box 4: Cultivating OPD capacity**

##### **Capitalising on the project’s experience:**

Consider adapting the participation and capacity development strategy of the OPDs and CSOs to increase participation in decision-making and policy influencing in the social protection sector. Apart of the technical capacity, inquire into soft skills, attitudes and symbolic representation that enhance the advocacy power of OPDs.

#### **4.2 Engaging with the ‘big players’**

The BtG-II project was deployed from bilateral cooperation programmes. The respective offices were hosted by IACS in Burkina Faso and Sudan and ADA in Ethiopia. As displayed in *Annex 2: Aid profiles of the three countries*, the Italian and the Austrian agencies are relatively minor actors, in comparison to the Big Ten in any of the countries, principally multilaterals, supra-nationals or major bilaterals. However, the project was able to cross-fertilize into the spaces that are the defined mandate of the respective cooperation actors. The project’s on-the-ground work in partner countries was able to flow upstream and enhance the agencies’ respective efforts for disability-inclusive development cooperation at institutional level.

- In Ethiopia, the World Food Programme has been long-established in food-security and livelihoods programmes and is now shifting into a major actor in social protection. CARE is a major non-governmental provider that works closely with WFP and other multilaterals, both as implementing partner and policy-advocate at global level. The Project provided products that were immediately useful to their programming and extended their outreach to be more inclusive to the most vulnerable, including (but not exclusive to) persons with disability. Amongst these are training sessions for project staff and local public administration, as well as manuals for specific implementation.
- In Sudan a high-level space “Group of Friends” was created, and includes government officials, private actors including business, donors, and OPDs. This symbolic yet important space is open to include other actors and extend to the ‘big players’. This could foster awareness, commitment and open the doors to cross-fertilization.
- In all countries, the National Statistics Offices were approached to enable disaggregation by disability. Disability was to be captured in routine reporting, by including the Washington Criteria into data collection census and survey, as well as by systematically exploiting administrative data, including disability registration. No data could be accessed in this



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- research, to the extent how key actors in strengthening national statistics capacities, such as the World Bank, have been engaged.
- In all countries, fruitful contacts were established between UN-agencies and the Project. UNICEF was engaged in Burkina Faso and Ethiopia, UNDP and UNIDO in Sudan, and WFP and UNDP in Ethiopia. The combination of project level activities, such as the micro-grant scheme or development of manuals, with the global training activities of the Project, such as the seminar series on social protection or the events during the European Development Days, allowed for an alignment of the BtG-II agenda with that of some multilaterals.

### Box 5: Engaging with the Big Players

**Capitalising on the project's experience:** Reflect on the added value of being hosted in a small (but beautiful) bilateral donor and extract the experiences of what worked in influencing the 'Elephants' – such as Development Banks, Multi-laterals, supra-nationals and major bilaterals – by engaging in their agendas, mandates and respective commitment towards inclusive development.

### 4.3 Flexibility within the Project

The projects in all countries have experienced significant turmoil from the context of volatile political situations, humanitarian challenges and, finally, the Covid pandemic. This environment required a flexible approach to pursue the defined objectives. The management of the BtG programme, together with the Steering Committee, was flexible to indicate to the project leads an overall horizon of desired change, without tying the implementation to predefined outcomes. This impact-oriented elasticity has proven successful. While being bound by rather strict reporting requirements against deliverables, as defined both by the main donor (EC) as well as the respective host agencies (ADA, AICS), this is an important achievement. The orientation of the project staff was facilitated value driven as per CRPD. Some tools were the constant training exercises that were open to key stakeholders within the programme, and consistently included OPD networks at global or regional level. This added to a creation of a community of practice, driven by shared values of inclusion and equity.

### 4.4 Data

All country programmes tackled the challenge of disaggregating data by disability in national routine reporting of Statistics Offices and the disaggregation on social protection schemes, including those supported by international aid. The landscape of both the quality of data disaggregation and



the actual coverage with disability-related benefits is still unknown, as demonstrated in Table 3.

**Table 3: Social protection - disability cash benefit**

Country	total
Ethiopia	1.3
Burkina Faso	0.1
Sudan	No data

Source: [unstats.un.org/sdgs/indicators/database/](https://unstats.un.org/sdgs/indicators/database/); SDG Indicator 1.3.1, Series: [ILO] Proportion of population with severe disabilities receiving disability cash benefit, (%) SI\_COV\_DISAB

However, in all countries the responsiveness of line ministries and Statistics Offices to interact with OPDs and increase their capacity for disaggregation was positive. The country projects were able to benefit from the generic indicators developed under the parallel programme BtG-I, implemented by UN-OHCHR (UN OHCHR, 2020e), which are based on international standards and best practices (CPRD guidelines and Washington Group questions (Groce & Mont, 2017; Washington Group on Disability Statistics, 2011)).

Also, efforts were undertaken to persuade development partners to disaggregate data by disability in their own project reporting. This was done, for example, in the Vocational Training programmes of in Sudan, managed by UNIDO and GIZ, as well as the livelihoods programmes of CARE and WFP in Ethiopia. Perhaps more remarkable was the focus – in all three countries – on developing/enhancing the state capacity of the nation-wide reporting system managed by the National Statistics Offices, above and beyond project-level reporting.

**Box 6: Data for Inclusive Social Protection**

**Capitalising on the project’s experience:** Inquire on how political will and technical capacity in the statistical office and the social protection administration was enhanced. Revise the approaches of delivering training modules and technical assistance to learn lessons about what works in supporting attitudinal change in the public sector towards inclusive programming and data disaggregation. Inquire into positive feedback-loops of published disaggregated data.

**4.5 South-South cooperation**

One of the most promising practices facilitated by the BtG programme in Burkina Faso was the exchange of experiences with the Senegalese Ministry for Social Action. During the project implementation, the technical challenges of operationalizing the provisions of the Burkinabé law on disabilities became increasingly evident, as did the division of competences between the Ministry of Health, the Disability body COMUD, and further departments, such as the administration of social protection and the statistical office. Learning about the





Senegalese experience, not only provided technical orientation of a regional, yet more advanced, peer, but also generated commitment amongst public servants.

In terms of interchanging experiences at programme level in development agencies, there was an exchange with the Mozambique AICS office that also resulted in positive learning experiences in the Sudan office.

Furthermore, the interaction with BtG-I which led to two joint seminars in Burkina Faso and Ethiopia respectively likely lead to the consideration of the reporting principles in both countries.

While the BtG-II projects on engaged local and national processes, actors were identified that could engage in international debates on disability inclusive social protection. An added value was the global training exercises, such as the specific seminars on inclusive social protection that were delivered as webinars in four languages (BtG II, 2019b, 2019i). Likewise, invitations to Southern disability rights activists to expose on-the-ground experiences at the European Development Days (BtG II, 2018a) not only exposed the opportunities of mainstreaming to aid managers, but allowed for South-South networking within the global disability platforms. Finally, global level advocacy activities, that culminated in the promotion of the Call to Action for Inclusive Social protection in Africa (BtG II, 2021b), brought together OPD activists at regional level in the preparation phase. This had been prepared by targeted trainings via global webinars for skills for advocacy (BtG II, 2019d, 2019f, 2019e).

### **Box 7: South-South Cooperation**

**Capitalising on the project's experience:** Reflect on the persuasive power of horizontal learning and experience exchange – bath between public administration and Southern OPDs. Inquire into useful formats and discard exclusively ceremonial designs. Engage regional actors and integration initiatives.

## 4.6 Participation

The CRPD defines OPDs as intermediary bodies between policy makers and persons with disabilities (OHCHR, 2018). Effective and meaningful participation requires a number of preconditions. These reside both at the side of the state, related to political will, the support to the democratic self-organization of OPDs and the effective provision of consultation spaces, as well as on the side of OPDs, related to capacities and representative governance (BtG II & Cote, 2020, p. 20). While the general political space in the three countries is rather restricted (dubbed as “closed”, “repressed” or “obstructed according to Civicus cited in (BtG II & Cote, 2020, p. 18), the engagement in a certain technical arena, such as the policy field of social protection and its subsections that have been the object of the country projects, allow for some meaningful engagement.



Thus, the engagement of persons with disabilities in the respective sector consultations has been a cross-cutting success in all three countries. Facilitating formal spaces for encounter, mostly through workshops or policy consultations, reinforced the voice of OPDs.

The respective outcome was rather diverse in the respective countries.

- In Sudan, high level engagement was facilitated at general level around the 10 years CRPD report and the formulation of the new Disability Act, as well as specific engagement in line ministries, namely in a review to make the employment act more inclusive to disability.
- In Burkina Faso, the advocacy work focussed on the single issue of access to free health care. It included the given legal entitlement, the straightforward claim for health cards, and the defined solutions around registration, card issuance and fee waivers allowed for effective mobilization of OPDs.
- In Ethiopia, engagement at federal level was rather limited, due to reservations of the respective line Ministry (MOLSA). However, at regional level, OPD relations with regional administration was facilitated and can generate operational guidelines to better include persons with disability in the social protection schemes.

In all countries, the development of trust between state agencies and OPD representatives, the definition of shared policy agendas and their strive for technical solutions were key ingredients to step up on the ladder towards meaningful participation.

The in-the-field BtG-II projects and their outreach to local civil society groups, including female disability activists, cooperated with the conceptual work of the BtG-I project, implemented by UN-OHCHR (UN OHCHR & BtG I (OHCHR), 2020). It exposed local activists to the international language and the human rights mechanics of the Convention. Most importantly, however, it established informal networks, which both strengthened the quality of advocacy as well as the confidence of the OPDs spoke-persons.

### **Box 8: Meaningful participation**

**Capitalising on the project's experience:** Reflect on how tokenistic spaces could be conquered by giving meaning to common exchanges.

## 4.7 Strategic Twin-tracking

How have the components of OPD capacity strengthening actually interacted with the sector programmes of development partners? Have they led to reinforcing the delivery of inclusive and accessible public services?



The projects in the three countries have had an extremely wide portfolio, targeted at specific sectors, engaging with each national landscape of OPDs, influencing government policy and strengthening public capacities, and shifting development partners practice towards the twin-track approach. In such scenario, it has proven successful to focus on specific opportunities, where either quick-wins could be generated or strategic experiences with potential for upscaling could be made.

In the case of Sudan, this happened in the vocational training sector. Specific targeted projects run via the grant scheme, were combined by advice to VET programmes of larger actors (GIZ, UNIDO) and the policy advice to the employment strategy.

- In the case of Ethiopia, probably the most effective work was the engagement with existing livelihood programmes, run by established actors such as WFP and CARE, and the mainstreaming of disability into those programmes, with the training of staff and development of manuals, including regional social protection public officials.
- In Burkina Faso, the work to extent the certification of disability from a few specialized medical experts to the mainstream health service was a core issue of engagement. In all cases, OPDs were engaged at both project and policy level, which allowed for precious learning opportunities on how public policy works and can be opened to the concerns of persons with disability.

### **Box 9: Strategic Twin-tracking**

**Capitalising on the project's experience:** Reconstruct the decision-making process on the sector of choice, and the specific key policy area. Reassess whether the sector choice has actually been strategic – has it touched a central point? – and whether the focus has generated experiences in the policy process that can be upscaled or transferred to other areas.



## 5 Lessons learned, adaptation and innovation

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In this section, a reading is proposed which analyses lessons learned through the Project, and the specific foreseen or unforeseen adaptations and innovations developed by the project.

### 5.1 Lesson-learned - space for flexible response

As described above, the changing environments in each of the 5 countries of the Project created situations that could only be addressed through a flexible approach, responsive to each national context and the global pandemic. While the resulting practices have been identified as promising, a more explicit framework focused on impact could have been promoted by switching the expectations from a log-frame driven linear approach to a more flexible - yet strategic - framing of a theory of change.

Additionally, the engagement with the EU delegations was unequal across the countries. While some support was given, such as involving European staff in project action, disability audit at the EUD Ethiopia or influencing EC cooperation for better inclusion of disability, this depend on individual initiative rather than systemic commitment. This is reportedly due to a rigid set of EUD expectations but a lack of flexibility as to how to engage at the national level. The Project aimed to link the country specific work with the broader engagement at 'Brussels-level', such as the European Development Days or the conversations around the European Disability Strategy and the Gender Action Plan III. But, overall, the potential synergies between the country-level action and the head-quarter engagement have remained unexploited.

### 5.2 Adaptation - Linking ground-level experiences with policy formulation

In some cases, small scale projects were run by the country actors, most of them via the grant schemes. An example of this was the Sudanese training on employment generation and microfinance schemes, which had a rather limited number of beneficiaries. However, the compounding result of the combination of such small projects, with the work on OPD strengthening, and policy capacity building with line ministries, disability bodies and statistical offices, had a bigger impact that the sum of the parts. Having direct contact to ground-level initiatives gave a sense of reality to the project implementation, while generating convincing narratives that could be promoted at national level.



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A more methodical approach of social innovation could have linked the micro-macro level by inquiring how pilot experiences, most of them donor-driven, can be systematically upscaled in order to be converted into national policy and overall coverage with better adapted services.

### 5.3 Innovation - Gender and disability

Gender in social protection schemes is an issue that has become increasingly under scrutiny, thus departing from schemes focussed on social insurance to schemes in formal employment. The picture of social protection coverage disaggregated by gender is disappointing, as demonstrated in **Error! Reference source not found.** In most countries no data is available. Less so, when data is to be disaggregated by gender and disability.

**Table 4: Social protection coverage in Ethiopia, by gender**

	total	F	M
<b>Coverage</b>	4.5	3.9	5.2

Source: [unstats.un.org/sdgs/indicators/database/](https://unstats.un.org/sdgs/indicators/database/); SDG Indicator 1.3.1, Series: [ILO] Proportion of children/households receiving child/family cash benefit, by sex (%) SI\_COV\_CHLD

Initially, in the project formulation phase, gender issues were not formulated prominently. However, overtime, gender equity and disability became one of the key lines of action in all countries. This happened at project management level and was reinforced with the running of a series of transnational training campaigns (BtG II, 2018a, 2019c, 2020a) and commissioning dedicated research (Lopez Mayher & BtG II, 2020; López Mayher & BtG II, 2020).

The messages on intersectionality and gender equity have been addressed to all stakeholders. Interventions to foster adaptation of social norms have permeated sector programmes (employment, livelihoods, health care coverage) of the respective actors. In general, in any of the awareness raising activities, such as training implementers or workshops with policy makers, the issue of gender equity was raised in at least one session.

Targeted capacity building for OPDs was designed focused on working with girls and women with disabilities. OPD governance is often male dominated and few women are in leadership positions. Also, OPD female members lack opportunities to get training and visibility. Therefore, of particular importance to BtG-II was the strengthening of female leadership in OPDs. Ethiopia invested in a specific action on this, by issuing gender-specific grants to two umbrella OPDs to develop their gender mainstreaming manuals and training materials. Specific activities were designed for women and girls with disabilities. Indeed, BtG-II in Ethiopia included a session on gender and disability in all sensitization trainings conducted. In Sudan, the NCPD, supported by BtG-II, convened all Secretaries General of State Councils of Persons with Disabilities (SG -CPDs)



of the 18 states of Sudan for a gender training. Also in Sudan, the trainings for women with disabilities proved to be particularly successful: Cooperatives of women with disabilities are now integrated in wider networks of women support in rural Sudan. In Burkina Faso, a specific focus on organizations working with women and girls with disabilities emerged, by providing training to fourteen organizations on project management, funding, and proposal writing. Moreover, although not directly attributable to the project, the Burkinabé National Association of the Deafs is now chaired by a woman.

The local work was combined with global level training activities, such as the gender and disability webinars (BtG II, 2019c, 2019g, 2019h), which not only increased capacities but also allowed for and promoted networking among women and girls with disabilities.



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## 6 Recommendations

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Based on BtG-II activities, the good practices identified, discussions with stakeholders and the areas for continuation, deepening and improvement identified throughout this capitalisation study, below are a set of recommendations for national authorities, OPDs, and development and project partners.

### 6.1 National authorities.

#### ***Make social protection inclusive***

Consider disability related cost and special services. Increase contributions of persons with disability in the social insurance sector, via for example workplace accommodations. Eliminate poverty traps and perverse incentives by combining social benefits with the right to work.

#### ***Strive for better evidence***

Take on the challenge of data disaggregation. Adopt disability indicators in routine reporting and specific surveys of the national Statistics Offices, as well as disaggregation of the administrative data of social insurance and social protection agencies. Revise reporting based on disability certifications. Consider introducing the Washington Group on Disability Statistics' Short Set of Questions (WGSS) into National Statistics Definition.

#### ***Consider the informal sector and unpaid care work***

When devising social protection schemes, expand beyond the formal sector and into unpaid care work, where persons with disabilities often work.

#### ***Strengthen technical links to neighbours and foster regional learning***

Benchmark promising practices for regional comparison and foster structured knowledge exchange.

#### ***Trust in OPDs***

Make use of OPDs and engage with them to gain knowledge, mobilization power and communicative outreach to improve existing social protection policies and extend coverage.



## 6.2 OPDs and civil society.

### ***Prepare to engage on policy level***

Strengthen capacity to monitor performance of the systematic integration of disability into the policies of Universal Social Protection and Universal Health Coverage.

### ***Be inclusive and diverse***

Diversify national representation to include women, persons from most marginalised and invisible groups, and persons with disabilities from rural and remote areas.

### ***Be smart in influencing***

Build alliances with a broad range of civil society organisations and devise and improve coordination mechanisms to maximise influencing power at the policy level. Communicate!

### ***Hold donors to account on article 32 CRPD***

Request spaces for stock-taking of completion of the commitments to inclusive development cooperation.

## 6.3 Development actors (including project partners).

### ***Reflect mandate of respective partners***

Consider division of labour and comparative advantage of each donor - whether development bank, multilateral or bilateral - and strive for competitive collaboration to integrate disability mainstreaming in all policies. Complement top-down systemic approaches with innovative bottom-up approaches. Set-up spaces to dialogue about respective approaches towards inclusion of disability at country level.

### ***Invest in strategic twin-tracking***

Devise a country strategy for disability mainstreaming with specific actions, but reflect on where is best to start, how to upscale and transfer knowledge.

### ***Make space for OPDs***

Listen to OPDs and tell them what you do.

### ***Be creative, responsive, and flexible in funding OPDs***

Provide funding for direct grant-making to the civil society organisations in the partner countries





***Link disability mainstreaming with gender mainstreaming***

Invest in organisations of women with disabilities to have an oversight and advisory role in social policy development.

***Foster horizontal South-South exchange***

Foster horizontal experience exchange and regional knowledge hubs. Devise instruments of regional exchange and evaluate what works and what doesn't.

***Support global networks of OPDs and right activists***

Structural and long-term project support enables Global and regional OPD umbrella networks to build up capacities of their members and foster experience exchange. Refrain from short-term project-bound funding, to leave space for proper strategy development. Have them account for impact, not outputs.

***Invest into knowledge exchange***

Engage in learning platforms, such as GLAD or SPIAC-B, around USP SDG 1.3 and UHC SDG 3.8 and ensure disability mainstreaming.



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## Annexes

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### Annex 1: List of persons interviewed

Name	Role	Organisation	Date
Alex Cote	Advisor		10-Jun
Rahma Mustafa	Former Advisor	National Council of Persons with Disabilities	12-Jun
Hassan Badr Aldeen	Former SG	National Council of Persons with Disabilities	12-Jun
Akram Abdel	Social Protection Officer	Ministry of Labour and Social Development (seconded from AICS)	12-Jun
Dolores Mattosovich	BtG-II Country Coordinator Burkina Faso	AICS	24-Jun
Daniele Manieri	BtG-II Country Coordinator Sudan	AICS	23-Jun
Shitaye Astawes	National Programme Coordinator	ADA	24-Jun
Évelyne Hien Winkoun	President	UNAFEBH, Burkina Faso	25-Jun
Alradi Abdalla	Officer	IDA	25-Jun

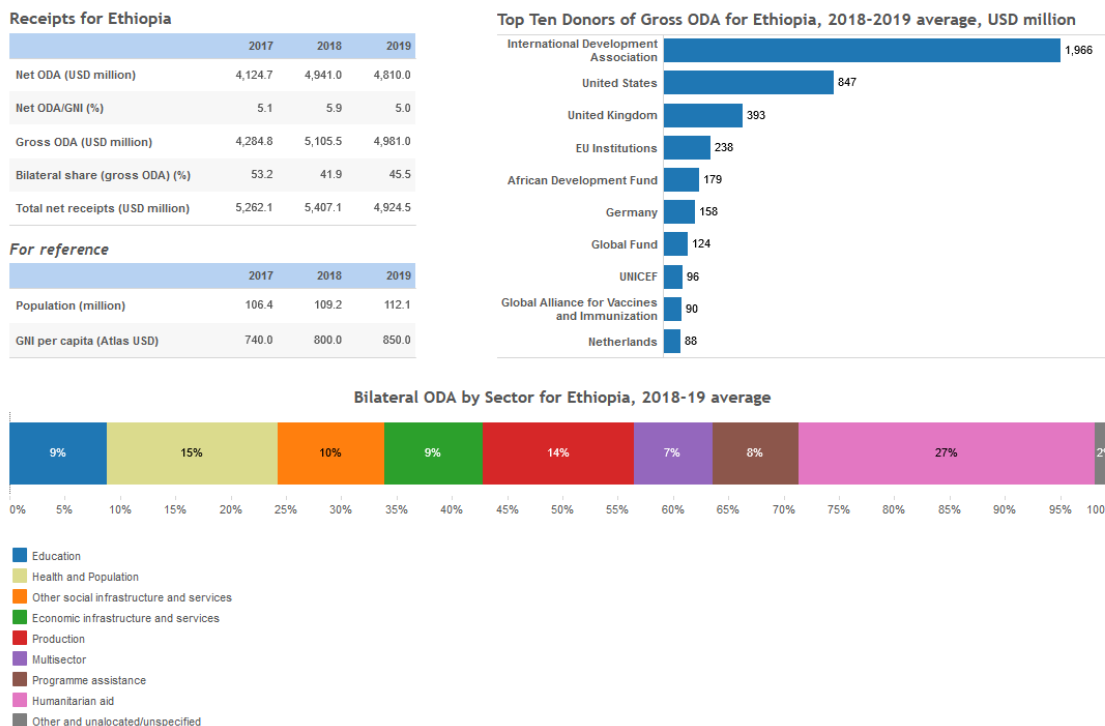


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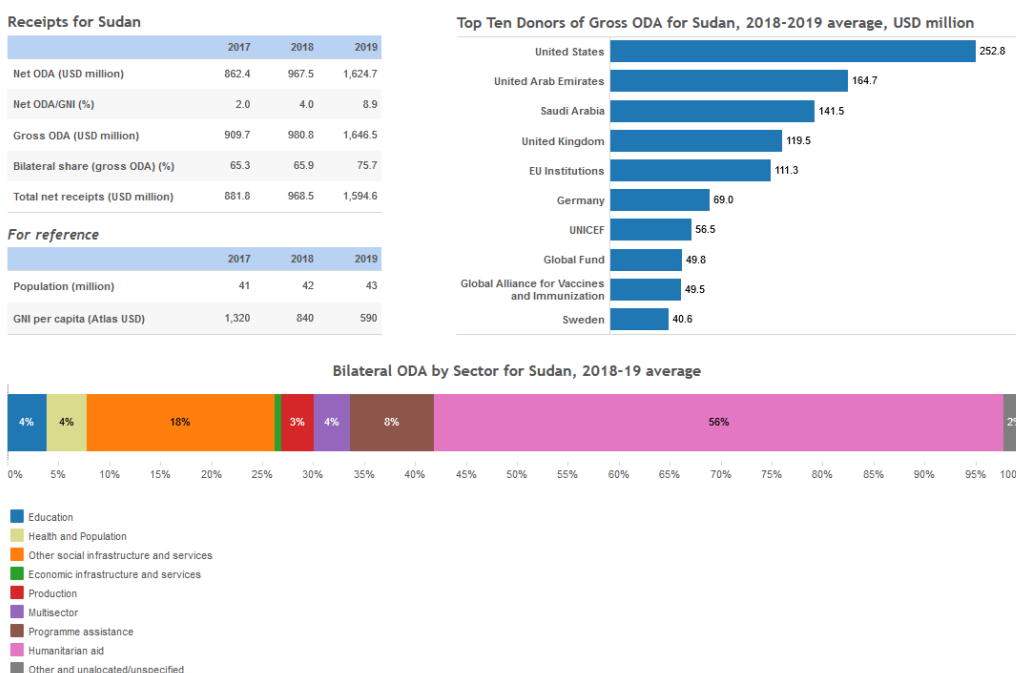
## Annex 2: Aid profiles of the three countries

### Figure 2: International Development Aid Figures – Ethiopia



Source: OECD DAC, Aid at a glance charts, [oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm](http://oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm)

### Figure 3: International Development Aid Figures – Sudan



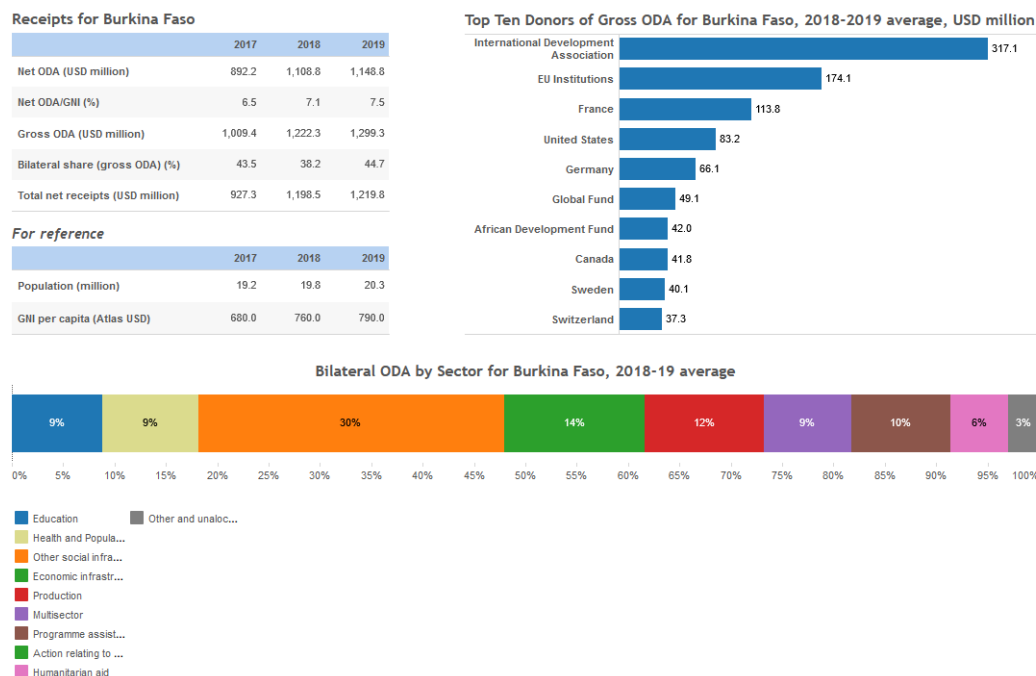


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Source: OECD DAC, Aid at a glance charts, [oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm](http://oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm)

### Figure 4: International Development Aid Figures – Burkina Faso



Source: OECD DAC, Aid at a glance charts, [oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm](http://oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm)





### Annex 3: Synoptic view on SDGs and CRPD

SDG	Target	Sector	CRPD
1	1.1	Poverty	28
1	1.3	Social protection	28
1	1.4	Access to basic services	9
1	1.5	Climate and other economic, social and environmental shocks and disasters	11
2	2.1	End hunger	28
3	3.2	Neo-natal and under-five mortality	7, 10
3	3.7	Sexual and Reproductive Health services	25
3	3.8	Universal health coverage	25
4	4.1	Primary and secondary education	24
4	4.2	Early childhood development and care	24, 7
4	4.3	Vocational and tertiary education	24
4	4.5	Equal access to education and vocational training	24
4	4.6	Literacy and numeracy	24
4	4.a	Safe and accessible education facilities	24
5	5.2	Violence against all women and girls	16, 6
5	5.6	Universal sexual and reproductive health and rights	23, 25
6	6.1	Safe and affordable drinking water	28
6	6.2	Sanitation and hygiene	25
7	7.1	Affordable, reliable and modern energy services	28
8	8.5	Full and productive employment and decent work	27
9	9c	Information and communications technology and internet access	9, 21
10	10.2	Social, economic and political inclusion of all	5, 28
10	10.3	Equal opportunity and non-discrimination	5, 12
11	11.1	Housing and basic services (public housing programmes)	28
11	11.2	Transport services (Accessibility)	9, 20
11	11.5	Disasters: deaths, missing persons and directly affected persons	11
11	11.7	Green and public spaces	
16	16.6	Institutions	4, 32
16	16.7	Decision-making	12, 29
16	16.9	Legal identity for all, including birth registration	18, 12
16	16.b	Non-discriminatory laws and policies for sustainable development	5, 12
17	17.18	Capacity-building support to developing countries on data collection	31
Art. 74*	g	Follow up and review guiding principle: build on existing platforms and processes, avoid duplication, and respond to national circumstances, capacities, needs and priorities.	3, 4

Source: Own elaboration; based on (AECID, 2018; UN, 2019), Article 74 refers to the 2015 declaration A/RES/70/1 itself which details a number of procedural provisions.