

THE ATLAS ALLIANCE

RESULTS REPORT | 2018



JUNE 2019

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Name of grant recipient: The Atlas Alliance

Norad agreement number: QZA-15/0470

Agreement period: 2016-2019

Reporting period: 2016–2018

COVERPHOTO: Inclusive Education, Zambia

PHOTO: NORWEGIAN ASSOCIATION OF DISABLED

Introduction

The third year of the framework agreement with Norad for 2016-2019 has been completed. We are proud of presenting promising results in this results report, documenting how the Atlas Alliance and our partner organisations deliver specific results to implement the UN Convention of the Right of persons with Disabilities (CRPD). The CRPD confirms that attitudinal and environmental barriers create disability. This means that if we remove attitudinal, environmental, and institutional barriers, persons with impairments will enjoy full and effective participation in society on an equal basis with everyone else. Disability is a natural part of human diversity that society needs to accommodate.

All our partner countries have ratified the CRPD, but there is still a lack of commitment to implementation in many of our partner countries. Persons with disabilities and Disabled Persons' Organisations (DPOs) play a central role in ensuring that their human rights are translated into concrete measures that improve their lives. For this reason, supporting DPOs to grow into strong and representative civil society organisations that effectively promote the rights of persons with disabilities is both a goal in itself and a means to an end. The Atlas Alliance participating organisations have 40 partner DPOs in 15 countries. These DPOs have a total of 125 000 members, and are important and legitimate voices that play a key role in promoting inclusive development.

2016 was the first year of implementing the 2030 Agenda for the Sustainable Development Goals (SDGs) – a framework that recognises the meaningful participation and inclusion of persons with disabilities in all areas of development and economic growth. The Atlas Alliance focuses primarily on SDG Goal 1: *Ending poverty in all its forms everywhere*, by ensuring equal rights and access to basic services, including the implementation of social protection systems. We also contribute to SDG Goal 4: *Quality Education*, by ensuring that persons with disabilities benefit from learner-centred inclusive education and learning; SDG Goal 10: *Reduce inequality within and among countries*, by ensuring social, economic and political inclusion for all and adopting national policies for this purpose; and SDG Goal 16: *Peace, Justice and Strong Institutions*, by ensuring representative decision-making and enforcing of non-discriminatory laws and policies. Leaving no one behind is the basic



LILLY ANN ELVESTAD
Chairperson of the Board

principle of the SDGs. The organisations supported by the Atlas Alliance contribute to this by empowering DPOs; influencing change within local and national governments; and building alliances and coalitions with other civil society organisations and international non-governmental organisations (NGOs). No SDG is reached until no one is left behind.

Some great victories from the reporting period 2016-2018 that need extra attention are that the Nepalese legislative parliament passed the Disability Rights Act in 2017, making it illegal to discriminate based on disability; the Marrakesh treaty came into force in 2016, making the production and international transfer of specially-adapted books for people with blindness or visual impairments easier; and a total of 25 000 persons with disabilities have received health services, 3 000 have received vocational training, and more than 6 000 people are participating in savings and loans groups as a direct result of the work of the Atlas Alliance organisations and their partners. These and other results presented in this report shows the importance of our work.

We are proud of our accomplishments, although the challenges are still numerous. Perhaps the greatest barriers to full inclusion is rooted in people's mind-set and in political will. Years of discrimination and stigma take time and effort to eliminate. Strong organisations of persons with disabilities are crucial to fight exclusion and to continue and strengthen the good work already accomplished. Moreover, they hold governments accountable for their promises and practices, both in partner countries and in Norway.

The Atlas Alliance – who are we?

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

The Atlas Alliance has supported seven Norwegian disabled persons' organisations (DPOs) and three affiliated organisations in the period of 2016-2018. These ten organisations, as well as the secretariat, receive funding through the agreement with the Civil Society Department at Norad, agreement no QZA-15/0470, to initiate and operate development projects in the South:

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

Nothing about us without us

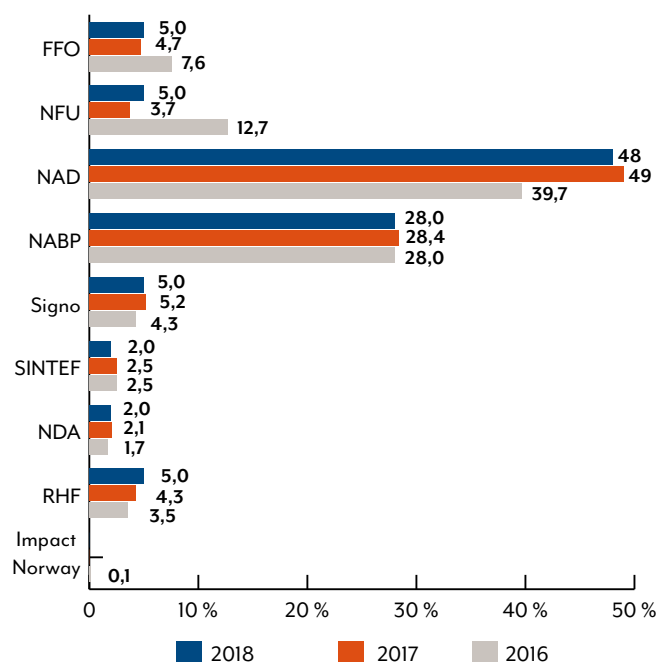
Our Theory of Change is rooted in a rights-based approach and is linked to our core goal of promoting human rights with a focus on building strong organisations, political lobbying and meeting individual needs. Persons with disabilities face varying degrees of oppression, discrimination and exclusion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

aim to change society's attitudes toward persons with disabilities. The Atlas Alliance organisations support DPOs as representatives of the right holders in order for them to run projects and lobby so that national and local governments meet their obligations under the CRPD. One core element is that persons with disabilities know their rights and get together, organise and hold the authorities accountable to ensure that disability rights are fulfilled.

The results report for 2016-2018

This report summarises key results and achievements in the three first years of the grant agreement, 2016-2018. The Atlas Alliance strategy for 2015-2019 outlines four thematic areas reflected in the programme results framework; Human Rights Advocacy, Inclusive Education, Health and Rehabilitation and Economic Empowerment. Separate chapters present each thematic area and each chapter follows the structure of the results framework.

DISTRIBUTION OF FUNDING PER ORGANISATION





Inclusive Education Zambia. PHOTO: NAD

Our portfolio consists of 42 projects in 15 countries, of which four are the focus countries Malawi, Nepal, Uganda and Zambia. These are countries where several of the Atlas organisations have ongoing projects. Country information and particular results from each focus country are separated into own chapters.

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

The Atlas organisations have local partners that lead the project implementation. We refer to these local partners as "partner organisations" or "local partners" in the report, while the Norwegian organisations are referred to as "Atlas organisations".

The Atlas organisations and their local partners set targets for the full implementation period in 2016. A challenge in the previous results reports has been to monitor the

results achievement in relation to mid- and end-term targets. Using a results framework as a monitoring and tracking tool has been challenging for both the Atlas organisations and our partner organisations. Setting exact targets can be difficult and some targets seem to have been too high or too low. For instance, determining what kind of assistance a disabled child needs is hard to know before the identification of the child.

The results framework of the Atlas Alliance as a whole is an aggregation of its 42 projects, where each project also has its own results framework. As for the outputs in our common result framework, they are at a higher level than the outputs in the individual project frameworks, and our outputs often refer to actual results for the beneficiaries.

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

TOTAL EXPENDITURE PER COUNTRY 2016-2018*

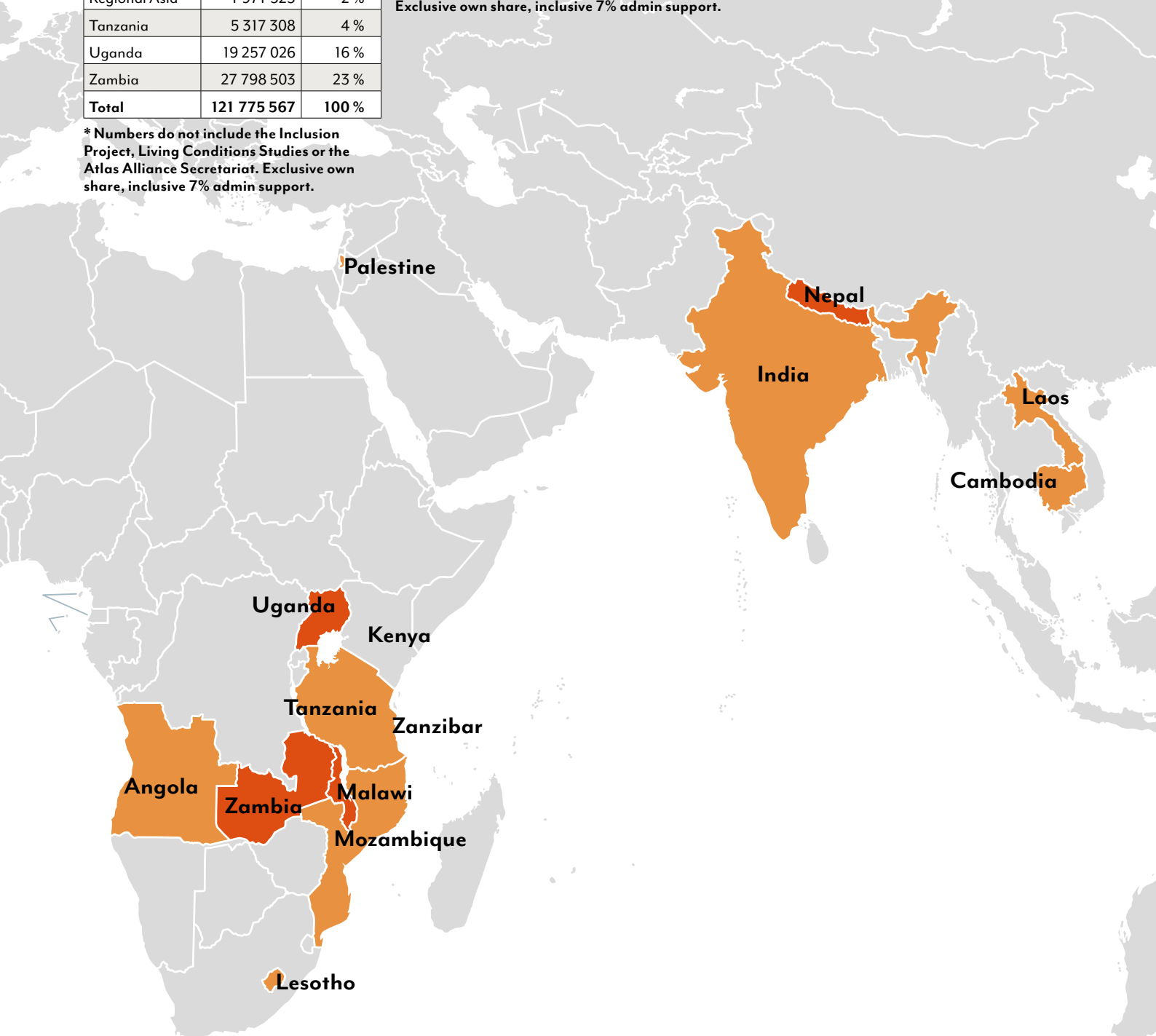
COUNTRY/REGION	TOTAL EXPENDITURE	PER-CENTAGE
Angola	8 220 649	7 %
Cambodia	1 762 858	1 %
India	1 792 485	1 %
Laos	2 730 273	2 %
Lesotho	6 095 686	5 %
Malawi	25 914 179	21 %
Mozambique	6 765 092	6 %
Nepal	16 622 421	14 %
Palestine	13 407 135	11 %
Regional Africa	31 176 159	26 %
Regional Asia	1 971 323	2 %
Tanzania	5 317 308	4 %
Uganda	19 257 026	16 %
Zambia	27 798 503	23 %
Total	121 775 567	100 %

* Numbers do not include the Inclusion Project, Living Conditions Studies or the Atlas Alliance Secretariat. Exclusive own share, inclusive 7% admin support.

PROJECT EXPENDITURE PER THEMATIC AREA 2016-2018

	Approved project budget	Total project expenditure	Total Norad grant	Total expenditure of Norad grant	Deviation of expenditure of Norad grant	Deviation
Human Rights Advocacy	78 715 791	73 486 123	78 715 791	73 486 123	5 229 668	7 %
Inclusive Education	45 098 134	43 779 996	45 098 134	43 779 996	1 318 139	3 %
Health and Rehabilitation	25 431 351	25 924 189	25 431 351	25 924 189	-492 838	-2 %
Economic empowerment	19 200 876	18 306 985	19 200 876	18 306 985	893 891	5 %
Unallocated funds/Non-thematic	25 166 748	27 469 966	25 166 748	27 469 966	-2 303 219	-9 %
Total	193 612 900	188 967 259	193 612 900	188 967 259	4 645 641	2 %

* Numbers include the Inclusion Project, Living Conditions Studies and the Atlas Alliance Secretariat. Exclusive own share, inclusive 7% admin support.



PROJECT LIST 2016-2018

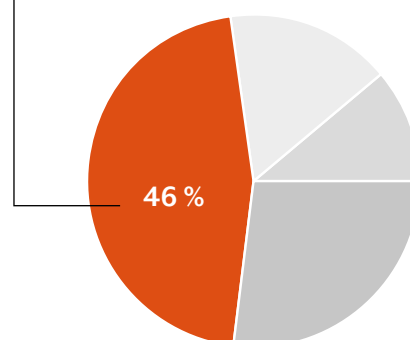
ORG.	COUNTRY	PROJECT ID	PROJECT NAME
FFO	Southern Africa	SAF-0154	Organisation Building in Southern Africa
FFO	Nepal	NPL-0156	Organisation Building in Nepal
FFO	Southern Africa	SAF-157	Include me - Promoting the rights of children with disabilities, persons with intellectual disabilities and their families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

Human Rights Advocacy

FACTS

- 35 out of 42 Atlas Alliance projects have activities in human rights advocacy.
- Strengthening DPOs in low and middle-income countries is a central part of the Atlas Alliance strategy. We support 40 DPOs.
- Main result 2016-2018: All four focus countries have disability acts based on the CRPD in place.
- Expected impact from the Atlas Alliance's work: Persons with disabilities claim their rights and exert influence on matters that affect their lives.

HUMAN RIGHTS ADVOCACY



Human Rights, and the advocacy for these, are crucial to ensure both a structural change in society for persons with disabilities, and for changing public perception. This is in line with Norwegian development cooperation policies, human rights conventions, and the issues emphasised in the SDGs.

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

In 2006, the United Nations adopted the UN Convention on the Rights of Persons with Disabilities (CRPD). Articles 4, 29, 32, 33 underscore the importance of DPOs. Through the convention, State Parties agree to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. All our

project countries have ratified the CRPD. Despite such ratification, persons with disabilities are a long way from achieving equal rights and their full potentials as equal citizens. Governments and other stakeholders need constant reminders of the rights of persons with disabilities as stated both in the CRPD and in the SDGs. Persons with disabilities often experience exclusion. The overarching goal in the SDGs is to ensure that we “leave no one behind”. A core principle in the work of the Atlas Alliance is “nothing about us without us” and our aim is to advocate for the inclusion of persons with disabilities in all circumstances. We do it by empowering DPOs; influencing change within local and national governments; and building alliances and coalitions with other civil society organisations and international non-governmental organisations (NGOs).

The overall outcome on Human Rights Advocacy is that national and local governments increasingly protect the human rights of persons with disabilities as a result of DPO advocacy. Strengthening DPOs is both a goal in itself and a means to an end – strong and representative DPOs are key to achieving the overall fulfilment of rights of persons with disabilities. This chapter is divided according to the structure of the results framework:

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

Governments need guidance on how to include persons with disabilities, as well as political will to prioritise

inclusive policies and budgets. The Atlas Alliance supports national and local governments to adjust and adopt their systems and structures, develop tools, as well as train government staff to facilitate disability inclusion. Our work is multi-sectoral; it includes the relevant authorities for health, education, and economic and social development, and the different levels of government (national, regional and local). Systemic change is a long-term process that requires knowledge, skills, financial resources – and persistence. Where governments are not able to deliver adequate services

to persons with disabilities, the Atlas Alliance and our partners contribute to filling this gap as a transitional measure. This may be by providing assistive devices, or services such as eye care and physical or vocational rehabilitation.

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

COUNTRY	PROCESS/ LAW/POLICY	STATUS AS OF 2018	ADDITIONAL INFORMATION
Angola	A lei de acessibilidade*	Passed in 2016	The law of accessibility was passed in 2016, and is a major victory for the Disability Movement in Angola, but the law has a 5 year obligatory implementation deadline and has yet to be implemented in full.
Angola	Lei da Pessoa com Deficiência ***	Passed in 2014	*** the law for Persons with Disability
Laos	National Disability Decree (PM/137)	Passed in 2014	The National Disability Decree was passed as a result of the advocacy efforts of Lao Disability Network were LAB is an active member.
Laos	National Strategy and Action Plan on Inclusive Education 2016-2020	Passed in 2016	LAB gives inputs to the draft of the Strategy and Action Plan on People with Disabilities. When the draft is finalised it will be passed through a DPO meeting in the presence of governmental officers concerned, before going to the step of submission.
Laos	Strategy and Action Plan on People with Disabilities	Policy document developed in 2017	The instrument will cover contents regarding protection of rights and benefits of disabled people. DPOs followed up the advance of the procedure.
Lesotho	Marrakesh Treaty	Ratified in 2018	
Lesotho	Inclusive Education Policy	Passed in 2018	
Malawi	Disability Act	Implemented in 2012	
Malawi	Disability Act Amendment	Draft being prepared	Being reviewed together with key government stakeholders and DPOs, NGOs (e.g. NAD was represented in 2017).
Malawi	Disability Policy	Implemented in 2013	
Malawi	Handicapped Persons Act Repeal	Draft being prepared in 2018	Being reviewed with FEDOMA as a key advisor; In 2018, FEDOMA to follow up with government to speed up the process.
Malawi	SADC Disability protocol	Draft ready per 2018	The Disability Protocol was presented, discussed and agreed upon at the Disability Roundtable Forum in June. It has not yet been presented to SADC, and there is a strategic reason for that. The next chairmanship of SADC will be held by Malawi. The chairperson of SAFOD is the former minister of Disability and Elderly Affairs in Malawi, and the Director General of SAFOD is a well-known disability activist from Malawi. SAFOD claims they will have an easier way in when presenting the protocol if they wait until new presidency.
Malawi	Inclusive Education policy	Implemented in 2016	
Malawi	Special needs education policy	Implemented in 2009	
Malawi	National Early Childhood Policy		The policy in place, having adopted disability inclusion.
Malawi	Work plan for children with disabilities	Implemented in 2016	
Malawi	Malawi Electoral Act	Draft ready for debate in Parliament	
Malawi	Legal Education and Practitioners Act (amended bill)	Draft ready for debate in Parliament	
Malawi	Anatomy Act	Implemented	Amended to ensure firm punishment of perpetrators of abduction and killing of persons with albinism following protest (demonstration and petition) initiated and facilitated by FEDOMA together with nine other human rights organisations.
Malawi	Penal code	Implemented	See above

COUNTRY	PROCESS/ LAW/POLICY	STATUS AS OF 2018	ADDITIONAL INFORMATION
Malawi	Mental Health Act	Being reviewed with FEDOMA as a key advisor.	
Malawi	Malawi growth and Development Strategy III	Draft finalised in 2018	Has been finalised. Disability inclusion input by FEDOMA has been adopted, meaning disability is a cross cutting issue in the strategy (which also has disability specific outcomes).
Malawi	National Disability Mainstreaming Strategy	Passed in 2018	The strategy is now in use and FEDOMA has been recognised as key contributor to the implementation and monitoring evaluation strategy.
Mozambique	Politica Nacional de Emprego	Passed in 2016	
Mozambique	Plano Economico e Social (2016)		
Mozambique	The Marrakesh Treaty	Policy document developed in 2018	The ratification of the international Marrakesh Treaty is on the table for the Mozambican Counsel of Ministries (Government) for 2019.
Nepal	Constitution	Passed in 2016	The fundamental rights are included in constitution of Nepal.
Nepal	Disability Rights Act	Passed in 2017, implemented in 2018	There is a change in laws and provisions, but there is a need to change practice and implementation to understand and realise real means of practice of the new system and mechanisms. Resources should be specified in the strategic plans and programs. Laws and policies are not formed mandatory and compulsory in implementation, which is why there is a challenge to obtain the rights based approach. There is confusion and a gap between what is mentioned in law and its implementation phase on local level due to the lack of preparations.
Nepal	Disability rights Act by-laws	Dialogue with external stakeholders and draft in 2017	Formulation of the Regulation of New Disability Rights Act is under process and local partners are providing feedback and suggestions
Nepal	Education Act	Passed by Parliament in 2016	
Nepal	Inclusive Education Policy	Passed by Parliament in 2017 and implemented in 2018	
Nepal	Disability Health Policy	Developed by the Health Ministry, passed in 2016	
Nepal	Eye health care policy	Draft passed	Still in progress and has not yet been implemented.
Nepal	The Marrakesh Treaty		It was tabled in Parliament in 2017, but the Parliament was dissolved before it could be ratified. The process needs to be started again.
Nepal	Policy & Practical Aspects of Disability Identity Card Distribution Guideline	Passed in 2017	As per the new federal structure of Nepal, the local government has been given the authority to distribute disability identity cards. The procedures are applied in some local units, but not all.
Nepal	National Planning and Plan of Disability (NPPAD)	Draft ready in 2017, still in process.	The old one expired, new one not yet passed.
Palestine	Inclusive Education Policy	Policy implemented in 2015	The Disability Rights Program (DRP) has had a central role in developing and finalising the Inclusive Education Policy in Palestine. In 2017, guidelines and indicators for IE teachers' training were being developed with the support of NAD/Diakonia. The Assignment started in 2017 and continued in 2018.
RAF	The Marrakesh Treaty	Policy implemented in 2016	The Marrakesh Treaty had obtained enough ratifications to enter into force in September 2016, however AFUB is continuously working to get more countries to ratify the treaty.
RAF	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa	Adopted in 2018	Persons with disabilities expressed their happiness for adoption of the African Disability Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with in January 2018, Addis Ababa, Ethiopia by the African Union; and therefore called upon the heads of states to ratify the African Disability Protocol with immediate effect for millions of Persons with Disabilities in Africa to enjoy their human rights to the fullest.
Tanzania	Inclusive and Learner-Friendly Education policy	Draft ready in 2016	
Tanzania	Evidence decree of 2004	Passed in 2016	ZAPDD trained law enforcement officers (prosecutors, police, judges etc.) on the implementation of the Evidence Degree act of 2016.
Tanzania	Criminal Procedures Act no. 7 of 2004	Document developed in 2015	
Tanzania	Persons with disabilities (Rights and Privileges) Act no. 9/2006	Document developed in 2015	
Tanzania	Penal Code (criminal procedure act)	Dialogue with stakeholders 2015	

COUNTRY	PROCESS/ LAW/POLICY	STATUS AS OF 2018	ADDITIONAL INFORMATION
Uganda	Inclusive Education Policy	Draft ready in 2017	UNAB participated in review of special needs education policy and Uganda national examination policy review in 2017. Consultations are ongoing for the inclusive education.
Uganda	Disability Act	Passed. Currently under review and UNAB participating in meetings.	The disability Bill is ready. The parliamentary committee on gender is in support of the content. Now the bill awaits presentation to the full parliament of Uganda. tentatively spring of 2019 and if its approved by Parliament, it becomes an Act short of a presidential signature to become Law.
Uganda	National Council for Disability Act	Being implemented, amended in 2013	
Zambia	Persons with Disabilities Act, 2012	Draft ready in 2016	Internal discussions about changing the Law started shortly after it was adopted. DPOs submitted input for amendments in October 2016.
Zambia	National Policy on Disability	Passed in 2015	
Zambia	National Policy on Education	Dialogue with key stakeholders in 2016	
Zambia	Early Childhood Education Policy	Dialogue with key stakeholders in 2016	
Zambia	Mental health Act, 1954	Draft review in 2014.	The Mental Health Users Network has for a long period lobbied for changes to the Mental Disorders Act. In 2017, a landmark judgement resulted in the nullification of section 5. The section in question contains derogatory terminology referring to persons with psychosocial disabilities. MHUNZA eventually want the whole act to be nullified, and a newly drafted bill to be adopted. Otherwise no changes since 2017.

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

- Important joint advocacy initiatives were carried out in the leadership of **NFDN** for the inclusion of the issues of persons with disabilities in the new constitution of Nepal, as well as the passing of the Disability Rights Act (in collaboration with other DPOs such as NAB and PFPID). **NFDN** organised various individual and group lobby meetings, interaction through media, advocacy dialogues with policy and law makers, peaceful demonstrations, hunger strikes, nationwide mobilisation of DPOs to put suggestion on the new constitution from a disability perspective, delegations to the major political parties and so on. The advocacy works were implemented with the involvement of human rights organisations, DPOs, disability related service providers and other CSOs. As a result the constitution has ensured some key rights of persons with disabilities, including the provision to represent in parliament and other state mechanisms.
- In 2017, **NFDN** carried out a massive advocacy campaign across Nepal, which also involved government agencies. It was targeted towards ministries, departments and other government offices in Kathmandu and all government offices in the regions and districts. The advocacy campaign was done on August 31st to mark the 25th Anniversary of **NFDN** all over the country, mobilising most of the member DPOs, district chapters and regional offices. Advocacy was done with all level of government bodies and public commitment of government authority was taken. This advocacy campaign created a kind of wave among the local government offices and elected bodies of the government. The follow-up campaign was done in November 2017 by mobilising the same groups. After the campaign it has been observed that the attention of the local elected body towards disability issues had increased.
- In cooperation with Africa Union of the Blind (AFUB), **LNLVIP** has lobbied for Lesotho's signing of the Marrakesh Treaty. Lesotho ratified the treaty in April 2018. **LNLVIP** has also worked for Lesotho adapting its Inclusive Education policy after developing a strategic plan for it. The policy was adopted in November 2018. The Ministry of Education has also made changes to the education system in Lesotho, which now allows all learners who have completed standard 7 to be transferred to high school. The new system compels teachers to accept and teach all learners enrolled without any discrimination and to teach in a learner centred approach where each learner is taught according to his or her individual needs. These changes are expected to reduce drop-out numbers. **LNLVIP** was one of several stakeholders the Ministry of Education consulted in verifying if these changes would be helpful to the target group.
- The National University of Lesotho established the Sekhametsi Disability Trust Fund after they learned about challenges faced by visually impaired students in the tertiary institutions as presented during **LNLVIP**'s braille day celebration.
- Meetings between **NAB** and the local government

in 2018 ended with the decision to organise an interaction program on education, health and social security schemes, launched by the government, and to manage the financial resources from Bardibas municipality and NAB rehabilitation program.

- **NAB** celebrated the IDPD on December 22nd in 2018 in Mahottari. DPOs and the Women and Children Office jointly organised a half day interaction program on the condition of resource classes for children who are blind, deaf or have intellectual disabilities and the way forward for effective management. Ward Chairperson of Bardibas Municipality, Vice Mayor of Loharpatti Municipality and Mayor of Ramgopalpur expressed the commitment to effective management of the resource classes. As a result, Loharpatti Municipality for the first time allocated 500 000 Rs. for the strengthening of inclusive education. Likewise, Bardibas Municipality has allocated 500 000 Rs. for the construction of hostel building in Janata School, Bardibas.
- NABP (doctor and Norwegian representatives) and **ANCAA** met with important Ministry of Health representatives in 2017, with the Secretary of State of the National Ministry of Health in 2018, and also with the Director of the National Centre of Ophthalmology (IONA). This to reignite the cooperation with the Ministry of Health that invited NABP to start up the Eye Health Project in Angola in the first place in 2009.
- At district level, the DBAs of **UNAB** participated in the District Budgeting processes. Whereas the DBA members who are not councillors did not participate in the actual discussion, they made their petitions through their councillors, who later on made submissions to the district councils. In Kumi and Amolatar, emphasis was put on education and provision of white canes to learners with visual impairments. This has now been captured in the district budgets. In Amuria, the councillors presented a budget of 1 million shillings to do mobilisation of learners with visual impairments to join mainstream schools and this was accepted.
- In 2017, **PFPID** met with the Department of Education (DOE), Curriculum Development Centre (CDC) and National Centre for Educational Development (NCED) for enhancing inclusive education for children with

EXAMPLE AWARENESS RAISING ABOUT DIABETES IN ZAMBIA

When Chipimo Chisanga (22) was diagnosed with diabetes five years ago, he was seriously malnourished and terrified. Now he tells others how he lives a good life with the disease - in his own radio program. The program is broadcast one to two times a week on the Christian Voice radio station which reaches approximately 4 000 listeners in four of Zambia's provinces.

"It all started in August 2016. We received five minutes of sending to start with. Now we get 45 minutes, once or twice a month. The theme of the program is advertised on the Facebook page of the radio station and people can send or call in questions", says Chipimo, who works with his friend Ngandwe Saya (20) on the programs.

They met at the hospital in Lusaka, just after Chipimo was diagnosed with Type 1 diabetes. Ngandwe had had the disease for a while and told Chipimo that it was possible to live with it. Before Chipimo got his own radio show, the dream was to become an engineer. When he got ill, he had to spend the accumulated school money on medicine and the studies were postponed. Instead, he volunteered with the Diabetes Association of Zambia, where he is part of a global network of young adults with diabetes. The «Young Leaders in Diabetes»



network is part of the International Diabetes Federation. The young people are ambassadors for diabetes and spread information about the disease in their home countries.

After two years, Chipimo has almost become a celebrity in the diabetes field. He is constantly invited to participate in programs and panel debates - in various TV and radio stations. "In connection with the World Diabetes day in November, I participated in the talk show «Doctors on Air» on national television. In addition, I participated in a talk show at the Celebrating Life radio station, where a nutrition physiologist also participated, as well as a profiled media personality and doctor "Dr. Pelham", tells Chipimo.

intellectual disabilities in Nepal. As a result of that, some schools have started to accept these children in school. The same year, PFPID met with the CDC and advocated for a curriculum adapted to children with intellectual disabilities. As a result, PFPID is invited and can give their input before the publication of new textbooks. PFPID has also advocated for trained teachers for children with intellectual disabilities. As a result, the National Centre for Educational Development (NCED) has provided relevant trainings to teachers at public schools to teach children with intellectual disabilities.

- The Ugandan partners of **RHF** decided to join forces and celebrate the World Spina Bifida and Hydrocephalus day through one huge national event that was attended by the Ministry of Health. The Ugandan partners have succeeded in making the World SBH Day officially recognised as a national event with formal support of the Ministry of Health.
- In 2017, **UNAD** submitted a petition to court challenging the failure of the government to recruit sign language interpreters for the deaf. Media covered this widely. Another initiative was the demand for all televisions to have a sign language interpreter during news hour broadcasts and employment of deaf persons and other persons with disabilities. In 2018, UNAD followed up with the provision of sign language interpreters. As a result, the Uganda communication commission issued a directive to all media houses and as of now, all of them have sign language interpreters at the daily news hours. This is an important milestone as an estimated 20 000 deaf people are able access information through television.
- At national level, the project of **NAD** in SAF/Uganda has advocated for inclusion of accessibility concerns within the resettlement program for landslide victims from Bududa to Bulambuli by the Office of the Prime Minister. The plans for the houses to be constructed have been shared at the National Platform meeting and they clearly have provisions for accessibility. The same project has influenced the National Emergency Co-ordination Commission (NECOC) to ensure that all early warning information shared is accessible to persons with disabilities or else share it with NUDIPU so that they use their network to get it across to the intended beneficiaries.

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

17 partner organisations are active members and

founders of Civil Society Organisation (CSO) networks and coalitions. The mandate and activities of these coalitions differ from country to country, but most focus on joint advocacy, information sharing and campaigns targeting local and national authorities.

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

Our results are divided into the following four outputs:

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

Organisational capacity building is key to our work. In the period 2016-2018, the organisational capacity of our partners is assessed to be at a medium level. All partners have necessary policies and guidelines in place, although the degree to which these are effectively used and implemented varies from partner to partner. There is a continuous need across all partners to update and implement their guidelines. The results for the years 2016-2018 by indicator is summarised below:

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

Overall, the organisational capacity of most partner DPOs is assessed to be at a medium level, although the scale includes examples of high and low capacity. All partners have operational, financial and administrative structures, policies and plans in place. The DPOs still need to update and develop their policies and guidelines, and ensure that these documents are used actively, to meet targets for 2019. All organisations held board meetings and annual general meetings as planned in the period.

By 2018, the number of projects with no written policy in place was only 4%. By 2018, 96% of the 25 projects had a document in place on financial management (compared to a baseline of 75%). By 2018, 72% of the 25 applicable projects have a clear and supported financial policy in place (top score in table) versus the baseline of 40%.

Improved financial policies or procedures from baseline data: There are 25 projects reporting on financial procedures under Human Rights Advocacy. Of these, 10 projects have measured improvements from any level to a higher one. This equals 40% improvement from baseline to 2018.

Indicator 1.1.b. Proportion of DPOs with diversified funding sources:

The partner organisations' financial sustainability without external support remains low to medium, with self-generated income amounting to about 10% of total budgets in 2016, 12% in 2017, and 12% in 2018. Most of the DPOs' funding derives from international development assistance, as the organisations receive no to modest funding from local and national governments. The support from the Atlas Alliance is on average about 50 % the DPOs' total budgets. As the overall diversity of funding remains unchanged, reaching the targets for diversified funding by 2019 seems unlikely. Consequently, most local DPOs still have a high financial and organisational dependency on the Atlas organisations.

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

Supporting DPOs to grow into strong and representative civil society organisations that effectively promote the rights of persons with disabilities is both a goal in itself and a means to an end. Through capacity building and organisational support to DPOs, the Atlas Alliance believes that persons with disabilities will be empowered, able to claim their rights, and improve their lives. The Atlas Alliance supports DPOs in developing countries to assist them in improving their ability to plan and implement activities and interventions that answer to their members' needs and the challenges and barriers they face in their local context. If persons with disabilities know their rights, and have a platform to come together and organise their message and efforts, they can hold the authorities accountable to ensure that the human rights of persons with disabilities are fulfilled. Lobbying national and local governments so that they meet their obligations under the CRPD is an integral part of the DPOs' work. Through targeted advocacy efforts and dialogue with governments, the DPOs keep pressure on their governments to honour their national and international commitments to human rights and disability inclusion. At the local level, persons with disabilities will come out of isolation, be able to unite for a common cause, and find a voice to fight for our mutual rights.

We collaborate directly with 16 national DPOs and nine umbrella organisations with a membership base consisting of local, regional and national DPOs. In addition, the Disability Rights Programme in Palestine supports 15 DPOs. 40 DPOs in total receive support from

the Atlas Alliance. We also support the work of other strategic partners, such as governments, universities and relevant centres.

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

The partner DPOs are representative in terms of membership, as the majority of members are persons with disabilities and/or their guardians. On average, **36%** of staff and board members have a disability. This is an increase from the baseline of 21%. In 2018, we reached our target in terms of gender representation, as more than **45%** of board members are women. Overall, the target groups in all countries consider the DPOs as legitimate representatives and most of the DPOs did therefore reach their 2017 target for representation and are on track for reaching the 2019 targets.

Indicator 1.2.b. Degree to which DPOs/federations are considered to be legitimate representatives by its target group:

Our partner organisations have a total base of **approximately 130 000 members (57 % female)**. The local and national organisations provide a wide range of services to their members, including training, raising community awareness and advising on legal and technical issues. The focus of the umbrella organisations is to coordinate collaborative efforts and provide quality support to member organisations, and to ensure that the disability movement maintains a united voice. The majority of their training of members is on good governance, including lobbying and advocacy, as well as management, administration and finance.

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

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

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

- In 2016 and 2017, the writing of the CRPD shadow report was an important common process for DPOs

in Nepal. FFO's partner, the national DPO umbrella National Federation of Disabled, Nepal (NFDN) and its members, including NABP's partner Nepal Association of the Blind (NAB) and NFU's partner Parent Federation of Persons with Intellectual Disability (PFPID), played a leading role in developing the CRPD shadow report in Nepal, coordinating the information gathering, the discussions and the writing of the report. NFDN, in association with the Human Rights Treaty Monitoring Coordination Committee, organised consultation meetings in various regions of Nepal to gather information relevant to the report preparation. Greater attention to persons with intellectual disabilities is a major breakthrough due to PFPID's work. The final draft was submitted to the CRPD Committee in August 2017. The shadow report included issues relating to education, gender, rehabilitation, health and participation. The examination of Nepal took place in 2018, with wide civil society representation. The UN Committee's Concluding Observations included critical comments to the Government on Nepal on all the above-mentioned issues.

- FEDOMA plays a leading role in the development of the CRPD shadow report for Malawi, which will be submitted to the CRPD committee in 2019 (depending on submission of the state report).
- The Zambian government submitted the initial State report to the committee on the rights of persons with disabilities in July 2017. ZAPCD, ZAEPD, DRW and other national DPOs participated in the consultative meetings on the drafting of the State report at national level. The Disability Rights Independent Monitoring Team (DRIMT) has started consultations on the drafting of a shadow report on the CRPD to be submitted by DPOs and civil society by October 2019. The shadow report will contain in-depth collection of data from all provinces, hence taking longer to complete. In 2018, DPOs participated in the consultative process through the DRIMT and the respective provincial consultative meetings on drafting of the alternative report. NAD has provided funding to DRW for these consultative meetings as well as technical support to both ZAFOD (the DPO umbrella) and DRW, as the two main actors in the DRIMT alliance. In 2017, the national DPO umbrella Federation of Disability Organisations in Malawi (FEDOMA) and its member DPOs led the process and submitted a shadow report to the UN Committee on the Rights of the Child in order to ensure that

it became disability inclusive. The UN Convention on the Rights of the Child (CRC) submission by FEDOMA and the DPOs was submitted in 2017 to the UN Committee on the Rights of the Child. The report had input from stakeholders like the University of Malawi Chancellor College Faculty of Law, Malawi Law Society and the Centre for Human Rights and Rehabilitation. The report covered the perspective of the Malawi disability civil society in terms of the disability inclusion in CRC implementation. FEDOMA led this process.

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

14 partner DPOs report to systematically monitor the CRPD.

1.3.c. Number of DPOs that systematically monitor the implementation of the CRPD

- 12 partner DPOs report to systematically monitor the SDGs, but face challenges as they are not systematically consulted by the government.
- Key results include: Together with the umbrella organisation for persons with disabilities in Uganda, NUDIPU, UNAD works on two goals of the SDGs, namely Goal 1 on Ending poverty and Goal 11 on Inclusive cities. The partner organisations reviewed the National Development Plan (NDP) to identify gaps in relation to social protection of persons with disabilities and made recommendations for the government to adopt. Some of the key recommendations were increment on the amount of the Special Grant for Persons with Disabilities and the Social Assistance Grant for the Elderly (SAGE) and Uganda Women Enterprise Programme (UWEP) all geared towards the achievement of SDG 1.
- The SDGs are at the core of FEDOMA's capacity development and advocacy efforts in Malawi. FEDOMA implemented SDG trainings in 2016 for its member DPOs and a number of development partners. The training enabled FEDOMA to engage the Minister of Finance, Economic Planning and Development and key directors from his ministry in a fruitful discussion about SGD implementation that leaves no one in Malawi behind. As an indication of recognition, the Ministry invited FEDOMA to a national conference with key stakeholders to discuss the domestication of the goals.
- FEDOMA also integrated the SDGs as a key component in trainings on disability inclusion, (both Disability Disability-inclusive Disaster Risk Reduction as well

as in FEDOMA's general advocacy efforts. Finally, FEDOMA during a meeting with the UN Resident Representative secured commitment that the UN agencies will pay explicit attention to disability inclusion in their contribution to the implementation of the SDGs in Malawi.

CRPD implementation

- In Nepal, NFDN has been involved in the monitoring mechanism developed in the proposed draft of the National Policy and Plan of Action on Disability (NPPAD). NFDN submitted a supplementary report in July 2018 to the UNCRPD committee. A large delegation from NFDN and its member organisations went to Geneva, supported by the Atlas Alliance.
- In Malawi, FEDOMA carried out action research on the implementation of the CRPD, and District Disability Forums comprised of members of different DPOs who advocate and are active at the district level documented findings on CRPD violations, which feed into the state and shadow report.
- In Uganda, NUDIPU is currently advocating for the implementation of the CRPD concluding observations, by strengthening the capacity of DPOs to effectively demand from ministries, departments and agencies of the government that they need to implement the concluding observations. NUDIPU is also building the capacity of disability focal persons from ministries, departments and agencies to ensure that they are able to mainstream disability and support the implementation of these observations. NUDIPU also participated in developing an action plan on implementing the concluding observations and is due for approval by the Ministry of Gender, Labour and Social Development.
- In Zambia, the government submitted the initial State Report to the Committee on the Rights of Persons with Disabilities in July 2017. The government does not have a distinct participative monitoring mechanism to track progress in the implementation of the CRPD. Nevertheless, persons with disabilities through their representative organisations were consulted in the drafting of the initial State Report.
- Uganda and Zambia have explicitly aligned their development strategies with the SDGs or incorporated SDGs in their national development plans. In 2016, Zambia decided to nationalise the SDGs through the 7th National Development Plan. However, the plan is vague on disability and DPOs in Zambia were not sufficiently involved in the process. It is also not determined how DPOs will participate in the monitoring of the revised National Development Plan launched in June 2017.
- The annual High-level Political Forum on Sustainable Development (HLPF) at the United Nations Headquarters in New York is the central UN platform for the follow-up and review of the 2030 Agenda. Nepal reported on the set of goals under in-depth review at the second round of the voluntary national reviews that took place during the ministerial segment of the 2017 meeting of the HLPF. Inclusion Africa and one of RHF's partners joined other DPOs and stakeholders at the HLPF.
- The Conference of States Parties (COSP) to the UN CRPD takes place in June every year. Some self-advocates from NFU's partner Inclusion Africa are always present, as are other representatives from the Atlas Alliance.

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

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

The extent to which men, women and children with disabilities are included in or benefit from district level programmes and services in target areas varies. CBID is not about absence of adequate services or filling a service provision gap. Rather, it is about facilitating and promoting access of persons with disabilities to existing services, in particular at community level. CBID implementation can vary according to context, but NAD-supported CBID does this through awareness raising, referrals, and supporting government staff to mainstream disability. CBID training packages developed in 2017/2018 in Malawi will target government staff to enable them to ensure inclusive services and development programmes. CBID mobilises community volunteers, who play a key role in reaching persons with disabilities in their communities. CBID also encourages mainstream

SDG implementation

The implementation of the SDGs has given DPOs new opportunities to engage directly with their governments and with ministries involved in processes, rather than just those ministries directly associated with disability issues. It varies from country to country how closely the DPOs are consulted.

non-governmental actors to promote disability inclusion in their services and development projects. CBID is both a strategy and a framework for how to organise and safeguard the rights of persons with disabilities, and as such is one of the most important tools for implementing the CRPD. Under the guidance of the World Health Organisation (WHO), adoption of CBID is conducted by more than 110 countries worldwide. The CBID work empowers persons with disabilities and promotes the social, economic and political inclusion of all, helping work towards SDG Target 10.2. CBID is cross sectoral and promotes disability inclusion within health, education and social sectors as well as improved livelihood for persons with disabilities. NAD has CBID projects in Malawi, Palestine and Zambia, which in total assisted 28639 persons with disabilities in the period 2016-2018. In addition, the formation of cross-sectoral networking committees (District Coordination Committees) for the

inclusion of blind and partially sighted people in five districts in Nepal has resulted in inclusion empowering visually impaired persons. This is one of the main achievement of NAB in Nepal. District level programmes and services to persons with disabilities have improved as direct outcome of these committees. They include members of different government organisations and NGOs/INGOs of the district. These committees were established in 2016 and had regular meetings throughout 2017. One of the branches, Gorkha Association of the Blind, assess that these meetings have led to a great change in the view of society towards the blind and partially sighted and other persons with disabilities, and made governmental organisations, NGOs/INGOs, and the general public more aware about the rights of persons with disabilities.

EXAMPLE MACOHA TAKES DISABILITY ISSUES TO DISTRICT COUNCILS



Banda facilitating CBID training - Mzuzu in Malawi

Malawi Council of the Handicapped (MACOHA) has started training district councils on Community Based Inclusive Development (CBID). CBID advocates inclusion of persons with disabilities in all development programs and services.

MACOHA officials observe that disability issues are excluded by both public and private institutions in their programming. They have regarded MACOHA as the only office mandated to consider the welfare of persons with disabilities and referred all disability matters to MACOHA.

MACOHA wants all institutions to prioritise disability issues, and with decentralisation taking shape, it is time to mainstream disability issues in district councils. MACOHA's approach is changing from implemen-

tation of community based initiatives to training local government staff and volunteers in all sectors on CBID. Following training, they will be able to include persons with disabilities in their programs without referring them to MACOHA.

Training will be provided to all 28 districts over time. Training is conducted using CBID training packages developed by MACOHA in collaboration with stakeholders in the disability fraternity.

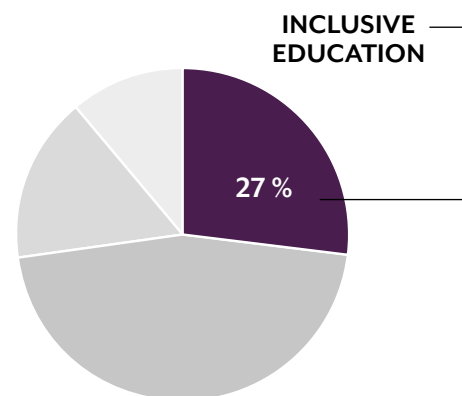
In 2018, MACOHA conducted training in Mzimba district for extension workers, police and selected officers from different government sectors. Alinafe Mwantani, Police Stations Officer for Kafukule in Mzimba, hailed MACOHA for organising the training, which he said will promote inclusion of issues of persons with disabilities.

Mwantani said societal attitudes towards persons with disabilities require strong campaigns such as this training. "After acquiring knowledge and clear understanding on issues of disabilities, we can start considering elements of disability in our programming. The knowledge gained will enhance our work to protect the rights of persons with albinism, especially at this time when there is rampant abduction and killings of persons with albinism in Malawi.»

Inclusive Education

FACTS

- 24 out of the 42 projects have activities in inclusive education.
- Main result: By the end of 2018, **14 630** learners with disabilities were enrolled in education. This is an increase of **9 613** from the baseline.
- Main result: **3 377** teachers and other relevant key persons were trained in total in 2016, 2017 and 2018 on how to include children with disabilities in school.
- Main result: **3 761** persons with disabilities received rehabilitation training, with **3 295** improving their daily livings skills in the time frame 2016-2018.
- Expected impact from the Atlas Alliance's work: Men, women, boys and girls with disabilities have the skills and knowledge necessary for participating in society.



SDG Goal 4 continues to be as important as ever: *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*. The 2018 results report of the UN Secretary General states that the world is not on track to reaching this goal: it estimates that 58% of children and youth are not achieving basic literacy and mathematics skills, even if they are enrolled in school.¹ Children and youth with disabilities are overrepresented among children without access to an inclusive quality education. Only about 60% of children with disabilities in poor countries attend primary school, and less than 50% continue their schooling. In the poorest countries, these numbers are even lower.

The Atlas Alliance works towards SDG Goal 4 through a variety of projects to ensure access to free, equitable and quality education and equal access to all levels of education for the vulnerable. In addition, the Atlas Alliance focuses on increasing the supply of qualified teachers, as called for in target 4.c: *By 2030, substantially increase the supply of qualified teachers*. Training teachers in inclusive education methods, practices and materials is fundamental if children with disabilities are to receive a quality education alongside their peers. Our

projects cover all of the SDG 4 targets, with special focus on enabling school participation, locating out-of-school youth, advocating with schools, parents and communities for school enrolment, accessible buildings, suitable teaching materials and inclusive lesson plans.

Our work is also guided by UNCPRD Article 24, which calls to ensure that persons with disabilities benefit from learner-centred inclusive education and learning without discrimination on the basis of equal opportunity². Persons with disabilities have the right to access inclusive, quality and free education in their communities. The Atlas Alliance subscribe to the following definition of inclusive education: Inclusive education is about ensuring that every learner is present in education (pre-school, nursery, primary, secondary, tertiary) is participating in academic and social activities, and is achieving to the best of their ability.³

Inclusive education (IE) is a continuous effort to identify and remove barriers that exclude learners' access to and participation in the learning process as well as subsequent academic and social achievement. Barriers can be those related to the physical environment

¹ The United Nations Secretary-General (2018), "The Sustainable Development Goals Report 2018."

² <http://www.un.org/disabilities/default.asp?id=284>

³ EENET



Inclusive Education Tanzania. PHOTO: NAD

(transportation, playgrounds, school buildings, latrines, infrastructure in general), and those related to attitudes, practices, and policies. Inclusive education is not bound by age and aims to engage all necessary stakeholders – teachers, learners, parents, communities, local leaders, policy-makers and NGOs. Inclusive education and learning can happen outside the formal education system, as well as in formal school environments. Persons with disabilities have the right to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others.

The Atlas Alliance education projects have a strong focus on changing perceptions and attitudes about people with disabilities when it comes to education; that everyone can learn and has the right to do so, no matter what disability they may have. This is reflected in the fact that we work to include all children with disabilities in the education system, including the most marginalised, such

as deafblind children and youth, who receive education through our programmes in Zambia and Malawi.

As part of the inclusive education work, the Atlas Alliance also supports its partner DPOs in becoming stronger advocates for inclusive education in their countries, so that local and national government actors, as well as INGOs, recognize them as the natural “go-to” partners for when designing, planning and implementing more inclusive educational practices. People with disabilities are the natural drivers for this development and their lived experiences are crucial in shaping education policies. As stated in the Global Disability Charter for Change, it is crucial to “Promote the leadership and diverse representation of all persons with disabilities to be front and centre of change; as leaders, partners and advocates. This includes the active involvement and close consultation of persons with disabilities of all ages.”

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

When the programme period started in 2016, there was a high number of out-of-school children with disabilities in the targeted areas, and the local partners reported that there was a general lack of knowledge among teachers on how to teach in a more inclusive way. In addition, schools and learning materials were generally not accessible to children with disabilities – most schools did not have the necessary physical infrastructure so that children with disabilities could enter and exit at ease, and there was a lack of learning materials appropriate for children who are blind or have low vision. In addition, there was a low level of awareness among parents and community members about right to education for all and ways to eliminate barriers for children with disabilities. A lack of systematic registration of children in our partner countries makes it difficult to provide exact numbers, but the situation in general was that of poor access to education for children with disabilities.

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

At the beginning of programme period of 19 of the inclusive education projects, there were 5 017 learners with disabilities enrolled in schools (including home-based education). The projects, based in 11 different countries, has an aim of ensuring an enrolment rate of 6 841 learners by the end of 2019. At the end of 2018, the local partners had reported that as many as **14 630** learners were enrolled in school, which is an increase of **9 613** learners from the baseline and well ahead of the 2019-target.

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

The indicator for completion of exams was introduced in 2018, which means that there has not been any required monitoring nor reporting on this by the local partners in the past. It is hard to get systematic and good quality data on learners with disabilities in general, so many organisations do not report on this as they wish to be realistic on what they could achieve. Two of NABP's projects in Nepal as well as their project in Laos has exam completion as an explicit goal, and this indicator captures their results. Based on reporting from these projects, **291** boys and girls with disabilities completed exams in Nepal in the time frame 2016 – 2019.

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

In the time frame 2016 – 2018 there have been several examples of inclusive education being put on the agenda by local education authorities and schools. For instance, as a result of meetings between MUB and district education managers in Nsanje and Phalombe, all the targeted schools in the area now have district coordinators for inclusive education under supervision of the office of district education manager. Also in Malawi, the Ministry of Education distributed text books for the academic year of 2017 in braille and large print at the same time as regular text books after introducing a new syllabus. The district education managers in MUB's 3 targeted districts are also ensuring that drawings for new construction projects are disability friendly, while in the district of Phalombe, school improvement grants for the schools are not approved unless they indicate education initiatives linked with learners with disabilities. For Signo's project, in 2018, the District Education Manager in Salima in Malawi showed great support to St. Francis of Assisi and ensured that a total of 18 teachers were placed at the school. Additionally, the education authorities in Malawi have established a team reviewing the National Inclusive Education Guideline, with the aim of meeting the Sustainable Development Goal 4 on quality education.

In Malawi there is a strong collaboration between the Ministry of Education (the Special Needs Department), the umbrella organisation for people with disabilities (FEDOMA) and Inclusion Africa's member organisation (PODCAM). The project is implemented in three districts and some of the project results include increase in school enrolment and retention of children with disabilities. Meetings held between parents of children with intellectual disabilities, government officers and people with disabilities that have helped in consensus building among DPOs and the ministry of education.

In Nepal, during a visit to four different schools in Kathmandu, Lalitpur and Bhaktapur, NAB President Mr. Ramesh Pokharel oriented teachers and students on Inclusive Education. As a result, a network of resource teachers was formed.

In Malawi, complex diagrams on national examination papers were finally removed by the Malawi national examination board through the Ministry of Education. That made 2018 the first year when candidates had good,

modified exam papers. After meetings with the ministry, at least half of the needed text books in accessible formats have been delivered in schools, especially primary schools. The ministry, through the national examination board, agreed to introduce an assessment tool that will accommodate needs of learners based on degree of vision. This assessment tool will be used to identify needs of candidates during national exams. Previously, low vision candidates were provided with font 18 examination papers, based on the thinking that one size fits all, while the proposed tool will accommodate individual needs for larger fonts – 18, 20 or 30 depending on candidate needs.

In Lesotho, visually impaired learners using braille are now given extra time during examinations, while partially sighted learners have large print examination papers. In Laos, in the regular primary and secondary schools in the target areas exams are made accessible to blind and partially sighted learners either by giving them all questions in braille or reading the questions out loud.

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

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

Training of teachers is an important measure to ensure quality education for learners with disabilities, and prior to the programme period there had been training of 722 teachers, in which 157 had reported they were using their new skills (baseline). As a target for the programme period 2016 – 2019, an additional 676 teachers would be trained (with some projects having no set targets for 2019), with at least 267 applying their new skills, in 8 different project countries. As the year of 2018 ended, the training progress became very evident. Between 2016 and 2018, a total of 3 377 teachers have received training in inclusive education, in which 2 732 reported utilising their skills. As not all projects report on utilisation of skills, this number might be higher.

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

Four of our projects in four different countries (Mozambique, Tanzania, Zambia and Uganda) have specifically been targeting schools with the aim for them to improve their infrastructure to be more physically accessible.

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

As the programme period started, the overall aim by 2019 was to have 36 targeted schools conduct 22 minor improvements and 20 major improvements. As the year 2018 ended, the numbers actually show that as many as 69 schools have been targeted, in which 61 made minor improvements and 20 completed major improvements.

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

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

Seven of the inclusive education projects specifically work on supporting parents to make their home, community and/or school environments accessible (both physically and socially) to enable their children to be included in the local school. By the end of 2019, the target is for 446 parents to have been supported. At the end of 2018, as many as 1 474 parents had received such support, which is a great achievement in ensuring the involvement of parents in the inclusion process of their children.

Selected results:

In Nepal, there is a big challenge to ensure blind girls get enrolled in school. This is due to lack of knowledge and interest of parents, low priority given to a girl's education and inaccessible school environments. Hence, the project of NAB increased the home visit to those cases for parental counselling. Series of meetings were also held with school management for creating a welcoming environment. As a result, two Muslim girls were admitted in school in 2017. Additionally, NAB conducted several meetings with 147 parents for the education of their children. More focus was given to motivate the Chepang (the tribal community) and Tamang in Makawanpur and Muslim & Dalit in Mahottari. This was due to children from these groups in particularly have been found to be out of school in both programme districts. During the meetings, NAB found that many parents seem positive to send their kids to school yet never do. Some of the parents hide their blind children when we visit them. After a series of visits, 80 parents visited to the schools. Out of them, 71 parents were ready to send their children to school and enrolled them.

UNAB promoted inclusive education in all the five districts by ensuring that teachers and parents were trained on how to manage inclusion in mainstream and special schools. These were trained on their roles and responsibilities in ensuring that children with visual impairments enrol, attend and participate in both curricular and co-curricular activities for holistic development. During the training, specific emphasis was put on identification and management of learners with visual impairments both in class and out of class.

Inclusion Africa member organisations have continued to implement various initiatives at the national level

on inclusive education. Examples of activities done by members include early intervention programmes by APAPE in Togo, where it is done through holding community awareness forums and supporting families to understand their roles in advocating for their children to get inclusive and quality education from an early age. The member organisation Inclusion Uganda have been carrying out sensitisation sessions for families and teachers on partnerships for inclusive education. Other members have also been creating awareness on inclusive education borrowing heavily on the findings from the baseline report on inclusive education done by IA in 2017.

EXAMPLE INCLUSIVE EDUCATION IN ZANZIBAR

Close to the inclusive education pilot school Migombani, Yunus lives with his mother and his twin brother called Yusuf. Yunus was hidden away at home until he was eight years old, while Yussuf was enrolled in pre-school at the age of four and is now in standard 3 at Migombani primary school. The reason for the differential treatment was that Yunus has cerebral palsy. Ms. Fatma, Yunus's mother was heard saying "He would give me a hassle to take him to school because he could not walk properly, I do not have money to support his schooling, I am alone and his father does not provide any support to my kids. So I decided to keep him inside waiting for food only".

Ms. Fatma was selected to be a member of Migombani School Inclusion Team (SIT). She was among the more active members of the team and was on the front lines advocating for the rights of learners with disabilities. However, she did not disclose that she had a child with a disability. When SIT members talked about encouraging parents of children with disabilities to bring them to school, she pretended to not hear what they heard. Ms. Fatma was also a member of ZAPDD.

In June 2018, all SIT members agreed to mobilise parents in the community to bring their children with disabilities to schools. Suddenly Ms. Fatma burst into tears. Her colleagues did not understand what was wrong, and asked her to explain. This is when she decided to disclose that she had a child with a disability



Helena João Lino (24) became blind in 2015, and had to leave school. With the help of ACAMO she has learned to read and write braille, and has returned to school with the goal of eventually becoming a teacher.

and whom she kept at home without schooling. The SIT members supported and counseled her and eventually she decided to register Yunus at Migombani pilot school. Yunus was able to start school in early 2019. His mother sends him to school every day, and he receives support from teachers and fellow learners in line with the inclusive culture that has evolved in this school as a result of the inclusive education project.



Mrs. Phitsamay and friends. PHOTO: NABP

Chilala school in Blantyre had no resource centre to help students with disabilities acquire remedial lessons despite the school having 34 learners with various disabilities. PODCAM therefore held a training in 2017, after which parents and the surrounding communities mobilised themselves to modify what used to be an unused storeroom to a resource room. The students today use the room throughout the week.

In Zambia, all the 6 schools in the NAD project formed School Inclusion Teams (SITs) made up of teachers from the respective pilot schools, parents of learners in the school, learners and community members from a wide spectrum e.g. community/religious leaders, local carpenters/black smiths, builders, security guards and among others. The idea for this kind of representation was to ensure each community member/SIT member brought on the table their expertise/skills when making improvements to the school. All the schools reported having trained and active SIT members who have been holding meetings to plan and implement school infrastructure refurbishments.

SITs are also entry points for community engagement and participation. SITs in all the 6 schools reported having planning, sensitisation and mobilisation meetings with the wider community. In example, at Nakatindi school in Livingstone, over 100 community members participated in an awareness raising meeting held at the school premises. Another example was Nakowa and Shungu schools, which reported that school

teachers and community members conduct home visits to follow up on children who miss school. The purpose of the home visits is to discuss with parents on how to improve attendance and performance of their children.

The CBR Support Programme of NAD involves all stakeholders in the pilot Schools. Awareness-raising or orientation meetings on inclusive education were held in each of the six pilot school communities. A total of 174 teachers, parents, community leaders attended these six meetings, which also involved the District Education Board Management. This created a broad buy-in from both government and the community at large. For instance, the SIT for Riverview are now able to acquire funds from the Parent Teacher Association (PTA) for home visitations to locate and bring back out of school learners and those dropping out of school. They also advocated for the resource facility for Inclusive Education. Lushomo training school a local college is sponsoring some learners.

In Uganda, focal parents are selected by RHF's partner SHYNEA and equipped with knowledge on inclusive education and empowered to communicate the education needs of their children with teachers. The aim is that these focal parents will take an active role in the on-the-job mentoring of the teachers, with support from a social worker.

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

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

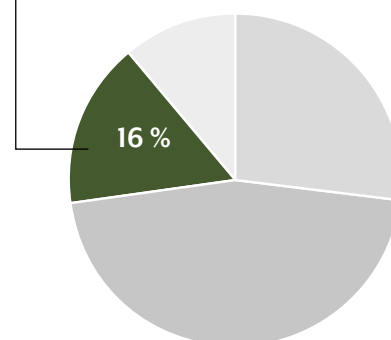
Prior to the start of the programme period, a total of 985 persons with disabilities had completing rehabilitation training, with 967 improving their life skills training (baseline). For the programme period 2016 – 2019, the overall target is for an additional 4 384 persons to complete training and at least 4 262 of these improve their daily life skills. By the end of 2018, a total of **3 761** persons with disabilities had received rehabilitation training, with **3 295** having improved their DLS. While some projects have already reached the 2019 targets this year, some project are likely to not meet their targets. However, jointly the programme is on track to reach the 2019 target.

Health and Rehabilitation

FACTS

- 15 out of the Atlas Alliance's 42 projects have activities in health and rehabilitation.
- Main result: **1 027 832** persons received health services provided by our local partners.
- Main result: **18 922** persons have benefitted from health services through referral by our local partners.
- Main result: **96 752** persons have benefitted from medical rehabilitation services through direct provision of services by our partners.
- Expected impact from Atlas Alliance' work: Persons with disabilities and those at risk of developing disability experience improved health, living conditions and quality of life in targeted regions.

HEALTH AND REHABILITATION



As with our other focus areas, the Atlas Alliance Health and Rehabilitation thematic area is guided by the Sustainable Development Goals and the UNCRPD. SDG Goal 3 calls for countries to *ensure healthy lives and promote well-being for all at all ages*, while the UNCRPD in its article 25 lays out the responsibilities of the State Parties to *ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation*. Persons with disabilities have the same right to health care as their non-disabled peers.

The World Health Organisation (WHO) in its constitution defines health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. However, in the disability movement, we differentiate between health and disability – disability is much broader than the actual impairment; “it is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. People with disabilities have the same health needs as non-disabled people”¹, but might also face more complex health issues than others (this of course depends on the disability), and overall have poorer access to health care. Evidence shows that health care is often inaccessible to people with disabilities, either because of physical

and infrastructure barriers (health clinics that are not universally designed, public transit that is not accessible for people with physical disabilities) or because of attitudinal barriers: health professionals might think that the people with disabilities are less worthy of care, or might balk at trying to communicate with a deaf person (either directly or through a sign language interpreter.) Women with intellectual disabilities are particularly vulnerable to poor care or to abuse in the health care system. In addition, some persons with disabilities feel that medical professionals never see beyond their disability, while of course, people with disabilities have health problems completely unrelated to their disability, and have the right to be met by sensitive and inclusive professionals. The work on access to health services falls under SDG 3.8.

With our partner organisations, we provide preventative and rehabilitating information and health services, train health professionals and volunteers, and advocate for the accessibility of national health schemes to attain outcomes beyond the immediate reach of our projects. In particular, many of our projects reflect the targets referring to reducing and preventing cases of non-communicable diseases, achieving universal health coverage and training of health personnel. We expect the impact of our programme on health and rehabilitation to be visible through the improvement in the quality

¹ The World Health Organization, Health Topics, Disabilities.
<https://www.who.int/topics/disabilities/en/>



PHOTO: NABP

of life of persons with disabilities that have benefitted from preventive and curative health and rehabilitation services. The consultations and surgeries that the Atlas Alliance partner organisations carry out, fall under SDG 3.4 as they aim to prevent and treat non-communicable diseases.

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

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

People with disabilities, like all people, need access to preventive and curative health services, both through direct provision and through referral to existing services, to live fulfilling lives. In addition, some people

with disabilities benefit from assistive devices, such as mobility aids, hearing aids, or something as common as glasses, that help them achieve independence and go about their lives.

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

The numbers of consultations, surgeries, and other health services provided by the Atlas Alliance partner organisations in the 2016-2018 period are impressive: **1 027 832** persons with disabilities benefitted from health services through direct provision of services by the Atlas Alliance partner organisations. This included **954 662** consultations and **53 334** surgeries (mainly cataract). To put this into context, the 2019 target for such direct provision of services was set to **718 893**. In other words, the local partners have exceeded the set targets already one year before the end of the programme period.

EXAMPLE OF PROJECT RESULTS OUR EYE HEALTH PROGRAMME IN NEPAL HAS BEEN PARTICULARLY SUCCESSFUL AND HAS REACHED OR EXCEEDED ALL TARGETS

Mrs. Sukmaya Rokaya visited Lamahi Eye Hospital and was able to receive surgery free of cost and regain her eyesight. The hospital decided to conduct Sukmaya's surgery in her village where a surgical eye camp was going to be held. A team comprising of 20 people spent several days reaching her village, even needing the help of porter and pony (for carrying the luggage).



562 893 people were examined in the outpatient department (OPD) at the three eye hospitals. This is a target accomplishment of 156% for the three-year period.

109 810 persons were examined in the OPD at the four eye care centres and two referral and eye clinics. This is a target accomplishment of 183% for the 3-year period.

103 182 persons were examined through outreach activities (surgical camp, screening camp and school screening). This is a target accomplishment of 229% for the 3-year period.

37 368 patients had vision restored through cataract surgery at the three eye hospitals, a target accomplishment of 119% for the 3-year period, while 2 984 had their vision restored through cataract surgery during free surgical camps. This is a target accomplishment of 99% for the 3-year period.

Eye surgeries have immense impact on the patient as well as for the family and, ultimately, society. While our organisations work for an accessible world, where everybody can access work and education, being able to see does make it easier to work and contribute to both the family and the society as a whole, especially in developing countries.

19 820 of the poorest and most needing patients received free service in the hospital. This is a target accomplishment of 330% for the 3-year period.

132 schools received visits for screening and awareness. That is a target accomplishment of 440% for the 3-year period.

The master plan of Rapti Eye Hospital: The Ward Block construction up to first floor is completed and the OPD block of Rapti Eye Hospital is under construction per 2018. A new primary eye care centre was established in 2016.

78.96 % all hospitals' and eye clinics' regular expenses are managed by their joint regular income. It is an increase from 69.99% in 2016. The target by 2019 is 90%. Total accumulated savings by end of 2018 was about 116 million. The goal for 2019 is 70 million. Both results are very positive for the sustainability of the project.

These results show that the project has made progress in meeting the goal of vision 2020 "Right to Sight" (Blindness reduces from 0.87% to 0.13% in Rapti, RAAB survey 2010).

On project level, some highlights are:

- **7 200** walk-in guidance session for diabetes patients in Zambia
- **7 221** surgical interventions of persons with Spina Bifida and Hydrocephalus in Uganda, Kenya, Malawi and Zambia
- **11 867** spectacles and eye drops handed out in Angola, Malawi, Mozambique and India.

The Atlas Alliance partner organisations also provide medical rehabilitation services, for instance to people with Spina Bifida and/or Hydrocephalus: In the 2016-2018 period the partner organisations were able to ensure continuous follow up care for **31 706** children, already surpassing their target of **31 000** by end 2019. Of these, **9 655** patients were trained in continence management (only needed for spina bifida), and **8 354** persons were reached through outreach via mobile clinics or home visits.

EXAMPLE:

Women with disabilities are more vulnerable in the health care system, and our organisations work hard to equal these differences. For instance, in Cambodia, an innovative training programme allowed 80 blind and disabled women to attend health care training in four different districts (Samrong Tong district, Borset district, Thpong district and Oudong district in Kampong Speu). Before the training started, a simple pre-test was carried out in order to establish a baseline, and the testing after the training course showed great improvement in their knowledge.

While the Atlas Alliance partner organisations carry out direct provision of services, they also work to ensure that persons with disabilities can access the existing health services in their countries. In the 2016-2018 period, **18 922** persons with disabilities benefitted from health services through referrals. This included hearing screenings of **2 489** persons and assistive devices given to **7 947** persons Malawi and **3 996** eye surgeries conducted by partner hospitals in India. The 2019-target for referrals were set to **9 640**, which means that target has already been reached in 2018 by almost 200%.

Additionally, **650** persons with disabilities out of a targeted **550** by 2019 benefitted from Rehabilitation services through referral by DPO partners of an Atlas

Alliance partner. One project works with this, which is SINTEF in Southern Africa, and the project has provided wheelchairs to new users by 2018 that have reached beyond the 2019 target.

In Malawi, RHF's partner set up a clinic for persons with spina bifida and hydrocephalus at Kamuzu Central Hospital in Lilongwe in 2017. This clinic now provides follow-up to children where they can be seen by a paediatrician, surgeon/clinical officer and an occupational therapist. Before, no services for persons with spina bifida and hydrocephalus were available in Lilongwe and families had to travel to Blantyre. This achievement will bring care closer to the home of the children. By end 2018, 37 children are being followed up through the Lilongwe clinic.

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

It is crucial that health and rehabilitation personnel on all levels have the skills and knowledge needed to provide quality service to people with disabilities. This means that the professionals must have knowledge about different disabilities and diseases, how to treat them, and also about how they can meet people with disabilities with dignity and respect. SDG target 3.12 speaks specifically of the need for training and retention of the health workforce.

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

As the programme period started, the projects' combined baseline on training of health and rehabilitation personnel was at **899**. The aim for the project period was to provide training to an *additional* **1 143** personnel by the end of 2019. In the period 2016-2018 period, the Atlas partner organisations trained as many as **1 652** medical and rehabilitation personnel. Training sessions took place in five different countries and included primary health care in basic eye care services/diseases, hydrocephalus identification, and training people to become ophthalmic Nurses. This means that by 2018 the target for 2019 was already reached, and will lead to greater results at the end of the programme period than expected.

Indicator 1.2.b. Number of community health workers trained

Several of our projects have also been providing training to community health workers. In four project countries



Peer educators in front of a diabetes container clinic in Mufilira, Zambia. PHOTO: NDA

a total of **1 072** community health workers received training in the period 2016 – 2018. The target by 2019 was **132**, which means the local organisations have reached far beyond the original set targets. These results include RHF's partners in Kenya, Malawi and Zambia, where staff received training on more effective ways of running mobile clinics² (Kenya), better hospital-based continence care (Zambia) and training of health surveillance assistants in Malawi. MACOHA conducted training on CBID in Malawi, while DAZ trained peer educators in Zambia on diabetes guidance.

Indicator 1.2.c. Number of volunteers trained

Two projects have also been training volunteers in the programme period 2016-2019, which includes MACHOA's training on CBID to **27** volunteers in Malawi and DAZ's training to **165** peer educators in Zambia. In total **192** volunteers were trained, which is already above the target of **177** for 2019.

Our DPO partners constantly advocate for the right to proper health care, in line with SDG target 10.3 to promote the rule of law. In total, nine consultative meetings were held in 2017. For instance, DAZ had in 2017 a consultative meeting as a diabetes symposium in Zambia, where 29 people from private companies and public institutions attended. The theme of the symposium was «Status for diabetes care and treatment in Zambia». The aim was to compel medical practitioners to focus on prevention and treatment of diabetes complications. NABP's partners had several consultative meetings with government officials in Nepal on early treatment on eye diseases. Because of such meetings and other efforts, the number of agreements signed with health authorities in 2017 was three. The Nepalese government contributed financially to the hospitals in Nepal. This ensures improved eye health to Nepalese people. Furthermore, ANCAA in Angola signed an agreement with local authorities on moving the eye hospital from remote Bungo to the province capital Uíge where two buildings and a separate compound was also donated to the project.

² For more information see the information film: <https://drive.google.com/open?id=1Z2oNAjJwCmUOEtsv23eIx6CwJfBoBYhO6>



EXAMPLE MEDICAL REHABILITATION IN ANGOLA

Sofia Jorge is 34 years old and lives in Songo municipality, Uíge Province in Northern Angola. As a teenager, she completed 4th class, during the Civil War. “I finished 4th grade, but soon after our town was attacked by the rebels, who killed everything and everyone, we fled into the woods for many years, it was a suffering that I do not want to remember”, she says.

“After peace came in 2002, we returned from the woods, but me, my brothers and sister stayed in the city because our parents still feared that the war would not be over. Four years later I got married, and it was around that time my vision problem started. In 2008 had my first consultation at the general hospital in Uíge, but they could not help me. But I didn’t stop fighting. The same year we went to Benguela where they have an ophthalmological centre.” She received treatment there, but to no avail. Sofia returned to Songo in 2009. «I live with my parents since. As soon as my husband noticed I would be disabled, he left me and the children. I spent

so much time crying hiding in the house without doing anything, even thinking about doing something to put an end to my life”.

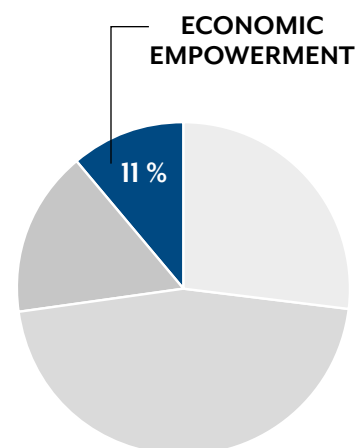
“Thank God, me and others persons in the municipality where identified by ANCAA in December 2017 to receive rehabilitation training. When we received the first lesson of the orientation and mobility training I began to see a new life ahead of me. I can only thank God for sending these people (ANCAA) to my municipality”, Sofia says laughing.

“In November 2018, I participated in my first Activities of Daily Living training, and from then on I stopped shutting myself indoors. Already now I am able to do all domestic activities and walk in the neighbourhoods to meet friends. Today I am a person that is more free, more independent, and more alive. I would like to start doing business to help my family”.

Economic Empowerment

FACTS

- 18 out of the Atlas Alliance's 42 projects have activities in economic empowerment.
- Main result: In the period 2016-2018, **7 854** persons with disabilities completed vocational training.
- Main result: In the period 2016-2018, **18 061** persons with disabilities took part in savings and loans groups.
- Expected impact from Atlas Alliance' work: Persons with disabilities have access to and benefit from economic activities including employment, credit and income generating activities.



Persons with disabilities in developing countries are over-represented among the poorest of the poor. Poverty can greatly increase the chance of a person becoming disabled, and a person with a disability has a greater chance of experiencing poverty. Poverty can furthermore lead to secondary disabilities for those individuals who are already disabled, as a result of poor living conditions, health endangering employment, malnutrition, poor access to health care and education opportunities etc. Together, poverty and disability create a vicious circle.

The Atlas Alliance's economic empowerment projects aim to address poverty reduction in various ways, including facilitating access to formal financial services (microfinance); facilitating access to informal financial services (saving- and credit groups); providing entrepreneurship training and vocational training; and facilitating access to formal employment.

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

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

The total number of persons with disabilities that utilised financial services and report improved financial security in 2016-2018 is **3 320**. This includes persons with disabilities that participate in savings and loans groups, and have gained access to bank services, mobile banking, investment grants and seed funding. This exceeds the target for 2019 (2 870) by 450 persons. The reason for this is mainly that NAD's Economic Empowerment project in Malawi has established new groups, which has contributed to the increase of beneficiaries. In addition, this has also contributed to the increased percentage of persons with disabilities from 37% (1 109) in 2017 to 48% (1 936) in 2018.

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

In the period 2016-2018, **8 602** persons with disabilities report they are engaged in income generating activities. Out of these, 30% are female. 7 368 persons with disabilities report that they profit from these income generating activities. It does not mean that the remaining persons do not benefit, but the systems for monitoring all individuals are yet to be established.

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

The total number of persons with disabilities that are employed in the formal sector is 15 422. 48% of these are women. A series of training sessions regarding skills and capacity improvement in livelihood sector has been implemented in the field of food manufacturing, pastry, ceramics, soup, handicrafts, electronics fixing, employment skills, financial services and private business. In the same project, 405 persons with disabilities became wage employed with a permanent job (49% women).

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

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

Access to vocational training is part of SDG target 4.3, and the number of persons with disabilities who completed vocational training in 2016-2018 was **7 854** (59 % women). Very few projects met their 2017 targets for this indicator, and are not expected to reach their 2019 targets although some of the projects have increased the number of persons reached. For example, for NAD's

EXAMPLE JOB TRAINING

Mr. Krum Vanny is a 29 year old man from Koh Thom district in Kandal province. As a two-year-old he became blind on both eyes after some sort of disease or infection to the eyes. Mr. Vanny was kept at home and did not attend school as his peers in the village would, because of various barriers. His parents feared that he would be teased and discriminated against in school, and his local school did not have teachers with knowledge and understanding about how to include someone with a visual impairment or how to adapt to his needs. At 10 years old he came into contact with Krousar Thmey, a special school for blind and partially sighted children in Phnom Penh. After one month at the school he missed his parents and his home too much and went back to his village. In 2018, Mr. Vanny met with one of ABC's fieldworkers and heard about ABC's massage trainings on the outskirts of Phnom Penh supported by NABP. He expressed his interest and was provided a 3 months intensive massage training. He then had another 3 months of practice at ABC's massage parlour in Kampong Speu province before he travelled to Phnom Penh to work in an independent massage parlour. Before he left for the capital, he met Ms. Leakhena, a fellow blind masseuse, at the ABC massage parlour in Kampong Speu. They fell in love and moved together to Phnom Penh where they both worked as a masseur and



a masseuse. IN 2018, Mr. Vanny earns between USD 170 and 230 pr. month, while Ms. Leakhena earns between USD 150 and 200 pr. month. This income is enough for them to live comfortable and also enables them to send money back to their families in the rural areas. The couple is now planning to get married in middle of 2019 and wish to get children. This case story shows how life changing it can be for an individual to get vocational training and the possibility to earn a living. Last, but not least, people's ability to earn a living and provide for themselves gives people a sense of dignity and motivation that can become a strong and powerful force.

project in Uganda, the outreach almost doubled in 2018, and more is expected to be attained in 2019 since the entrepreneurship training and monitoring plans have been made more systematic by engaging more Trainers of Trainers (ToT), and more time has been allotted for learning and hands-on application.

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

In the period 2016-2018, 329 persons with disabilities received career guidance and information about regulations regarding public and private employment opportunities and vocational training. The 2017 targets were met for this output, and the projects have already exceeded their target for 2019 (270).

One example is NABP's project in Cambodia. Massage performed by blind and partially sighted persons is a huge and very popular business in South East Asia. In Cambodia, NABP's partner ABC have provided training to a large number of masseurs and masseuses since its establishment in 2007. Through the support from NABP, ABC have provided three month massage training

and followed by a three month massage practice in its massage parlour in Kampong Speu province to 35 blind and partially sighted persons (14 women and 21 men) throughout the period 2016-2018. Not only have these 35 blind and partially sighted persons been trained in a vocation, they have also been given a secure income generating source that will enable them to provide for themselves, but also in the majority of cases, their families. There are numerous examples of blind and partially sighted masseurs and masseuses that have saved up enough funds to invest in their own house/massage parlour. On average, a masseur or masseuses earns between USD 200-250 per month. Another important benefit from learning a vocation and earning enough to sustain oneself is that it considerably improves the blind and partially sighted person's self-confidence, faith in the future, and general life quality.

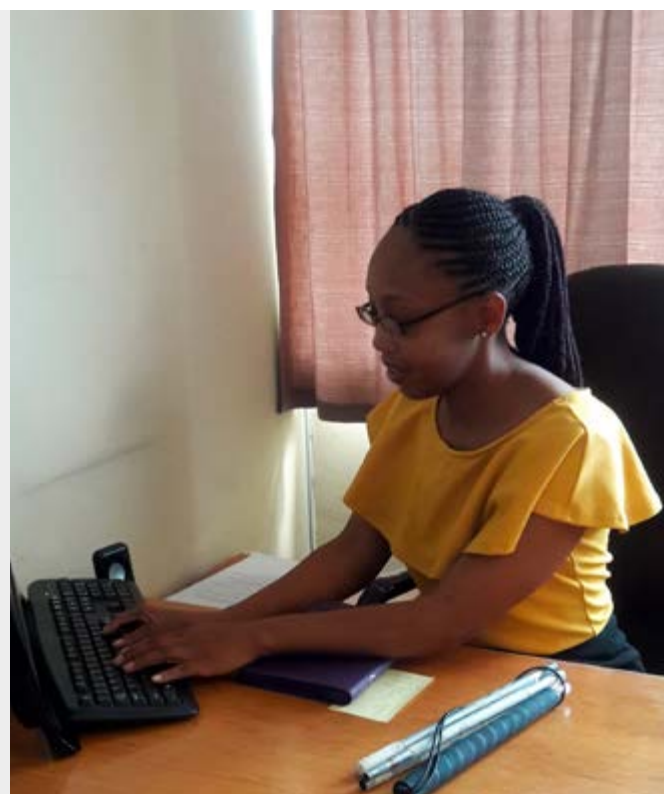
Output 1.2. Men and women with disabilities have access to savings and loans groups

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

The number of persons with disabilities taking part in

EXAMPLE THE EFFECT OF REHABILITATION TRAINING AND MOTIVATION

Mahlape Ramokhitli developed visual impairment in 2013. She says that this change made her feel helpless, hopeless and unmotivated. After a year, however, she joined the Lesotho National League of the visually Impaired Persons (LNLVIP). "I became a new person and ready to face the world, being blind", she said. LNLVIP helped her be comfortable, accept herself and taught her business management, braille and daily living skills. The rehabilitation she participated in 2015 also prepared her for getting a job. She took part in training to work as a switch board operator and in 2018, with the help of LNLVIP, she got a job. She now works at Nedbank Lesotho. Mahlape concludes: "I am who I am now because of the organisation, the activities they taught me, the job they found for me and the love they are giving me."



savings and loans groups in the period 2016-2018 were **18 061** (55 % female). The majority of these persons are participants in projects in Malawi and Uganda. In particular, SDG 8.3 mentions financial services, as it states to “*promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalisation and growth of micro-, small- and medium-sized enterprises, including through access to financial services*”.

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

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

In the period 2016-2018, 13 financial institutions have become more inclusive of persons with disabilities. This includes banks, funds and microfinance institutions in

Uganda. The target for 2017 (nine) was reached, yet the project is slightly behind schedule to reach the target for 2019 (20). Still, this result means that access to financial institutions and thus services for persons with disabilities has improved greatly.

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

In the period 2016-2018, **4 576** persons reported that they have access to formal financial institutions, about half of them were women and a third have a disability. In Uganda, intensified efforts to influence partner microfinance institutions and banks towards packaging their outreach and promotion campaigns in favour of disability inclusion opened room for community awareness meetings hence bridging the communication gap that existed between them and iSAVE members. This lead to increased access to the services they provide.



Malawi

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

Malawi is the country with the highest concentration of Atlas Alliance projects with six organisations supporting nine different projects in the period 2016 - 2018. All organisations have individual projects, targeting various types of disability and themes. In addition, SINTEF conducted a living conditions study that was completed in 2018. NABP works with capacity building of MUB including work on inclusive education, human rights and a small component on eye health, and Signo on access to adapted learner centred education for persons with deafblindness. NAD has supported three projects: The CBID programme implemented by MACOHA; economic and social empowerment of persons with disabilities implemented by FEDOMA; and promoting the rights of children with disabilities, persons with intellectual disabilities, and their families, implemented by PODCAM. PODCAM is a former NFU partner that NAD took over in 2017, in time for the phase out at the end of 2017. In 2017, HLF also had a screening collaboration with MACOHA through NAD's partnership agreement for Community Based Inclusive Development (CBID). Malawi is one of two countries targeted by the real-time evaluation conducted in 2017-2018.

The Malawian setting prior to the programme period

Being one of the poorest countries in the world, 64% of Malawians with disabilities live below the poverty line,

and is ranked 170 out of 172 on the 2018 UNDP HDI (i.e. almost at the bottom of the 'low human development' category). The living condition's studies from 2004 and 2017 showed that 35% and 25%, respectively, of persons with disabilities in Malawi had never attended school, compared to 18% and 13%, respectively, among non-disabled peers. Malawi has a range of healthcare challenges for persons with disabilities, from lack of disability friendly service providers to unavailable medications, inadequate inclusive resources, lack of specialist health workers and physical inaccessibility.

The Malawian government signed the CRPD in 2007 and ratified in 2009. Malawi has yet to sign the optional protocol, which would further strengthen disability rights. The 2012 *Disability Act* served as a milestone in ensuring the rights of persons with disabilities in Malawi. For instance, the Act granted persons with disabilities the right to equal access to health services, employment, social and juridical protection, education, as well as accessibility. It also provided for adoption and recognition of Malawi sign language as one of the official languages. MACOHA, in conjunction with FEDOMA and its affiliates, contributed immensely to its development by providing technical input as well as lobbying for nearly eight years for it to be passed by Parliament. Despite this progress, the government was criticised for inadequate implementation and monitoring mechanisms, no

awareness raising to the public and persons with disabilities on the provisions of the Act, as well as the lack of implementation of programmes that specifically target persons with albinism. It was eventually deemed that the bill needed to be replaced with one that more fully domesticates the UNCRPD. A new disability bill is in the final stages of vetting before being approved to replace the 2012 Disability Act.

2016 – 2018: Advocacy and legislative achievements

FEDOMA/DPOs made profound contributions in the programme period advocating for the reestablishment of the Disability Thematic Committee on Disability Rights at the Malawi Human Rights Commission, the Malawi Growth and Development Strategy 3, reviewing of the Disability Act, and the development of the National Disability Mainstreaming Strategy. NAD supported development of the National Disability Mainstreaming Strategy for a number of years, including in 2016, through secondment of a senior technical advisor (a Malawian) to the line ministry specifically to support this process. The Norwegian Embassy also funded activities implemented during the development of the strategy. They also contributed substantially in the development of a shadow report on the Convention on the Rights of the Child and the subsequent submission to the UN Committee on the Rights of the Child (14 out of 22 recommendations contained in FEDOMA's submission to the UN Committee on the Rights of the Child were adopted).

Malawi signed and ratified the Marrakesh Treaty in 2017, which MUB has advocated and worked for to realize. Furthermore, FEDOMA led in petitioning Parliament to amend the Anatomy Act and the Penal Code so that they prescribe stiffer penalties against perpetrators of violence against Persons with Albinism. The act was passed into legislation.

In 2016, government representatives, FEDOMA/DPOs, and disability-focused INGOs, led by MACOHA, developed a national CBID model for Malawi. The model promotes disability mainstreaming by government sectors to ensure disability inclusive government services and development programmes. CBID training packages developed in 2017/2018 has provided systematic, quality training of government/CBID stakeholders across sectors so they are equipped to mainstream disability in their policies/budgets/planning/reporting. The real-time evaluation concluded that the training resulted in easier



PHOTO: NABP

working relationships across the state-civil society divide. Though it was too early to assess results of CBID training, the evaluation team observed examples of changes in practices among government employees who had taken part in the training.

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

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

2016 – 2018: Persons with disabilities - representational achievements

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

FEDOMA reported on meetings with the Malawi Electoral Commission and political parties to create space for the inclusion of persons with disabilities in the 2019 elections.

Five political parties have opened up for the participation of persons with disabilities, while the Malawi Electoral Commission reduced the nomination fees for candidates with disabilities. More than 40 persons with disabilities are set to participate in the elections as candidates (compared to six candidates in 2014).

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

2016 – 2018: Organisational strengthening

The efficiency of organisational management of FEDOMA has improved as a result of training in project management, monitoring and evaluation, financial management and resource mobilisation, Community Based Inclusive Development, and human rights. In addition, FEDOMA has engaged a Monitoring and Evaluation manager to improve its quality control aspect of programme delivery. Through this a monitoring and evaluation system has been put in place though not yet fully operational.

The reporting period has also seen the establishment of an evidence based and systematic approach to FEDOMA/ DPO capacity development, unlike before when such initiatives were conducted based on request only. This has led to organisational strengthening of many member DPOs, such as MUB branch trainings in Chikwawa and Nsanje, resource mobilisation for PODCAM, NEA, MEHUCA, APPDM and DIWODE, and constitutional review for APPDM. FEDOMA has established DDFs in six new districts. This makes a total of 22 DDFs in place out of the 28 districts in Malawi.

The most important achievements of PODCAM from 2016 to 2017 were linked to resource mobilisation. Through the years, PODCAM visited 25 prospective donors of which nine requested them to write concept papers. One of these were successful. PODCAM also intensified the work with other organisations by building partnerships in which five proposals were written together with other partners. PODCAM experienced modest success and experienced clearly how demanding it is to raise funds in a competitive environment.

RHF's local partner DPO set up their first official board,

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

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

2016 – 2018: Service Delivery Achievements

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

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

In the schools MUB has worked with, there has been an increase in learners with disabilities, especially learners with visual impairment, that are enrolled in school and take part in school activities. As an example, 192 more learners are enrolled in the 17 targeted schools compared with numbers from 2016. The attitudes and engagement

has improved among stakeholders and in local communities, and the MUB inclusive education initiative have positively contributed to the target group's access to education. This is supported by the real time evaluation carried out by Marit Haug, NIBR. MUB has advocated for exams accessible for learners with visual impairment and removal of complex diagrams. In 2018 MUB reports that the exams had no inaccessible diagrams. As a result of MUB's work all 17 targeted schools now have district coordinators for inclusive education under supervision of the office of district education manager.

In MACOHA's four targeted CBID districts, awareness raising by MACOHA and the MOE (as part of its new inclusive education strategy) on rights and inclusive education resulted in parents and guardians having greater awareness that children with disabilities have equal opportunities and the same right to education as all other children. There is an increased number of children with disabilities being enrolled in public schools in these districts.

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

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

For Signo's project, in 2018 the District Education Manager in Salima has showed great support to St.

Francis of Assisi. The school is inclusive of children with all types of impairments. The teachers and hostel caregivers partaking in the project are documenting good results in interacting with the children with deafblindness. Children's health in the home-based education programme has improved due to the trainings offered and the importance of giving the children good balanced diet. Parents are very positive about this and they want to learn new strategies of using the locally available resources in their communities.

The book and booklet about deafblindness developed by Signo and CDBC is still proving to be very useful. The parents are able to practice what they see in the books and are able to share what they see with their friends and other family members. A teachers' manual was distributed in Chiradzulu, Chilangoma, Blantyre Montfort teacher training colleges and Catholic University of Malawi for them to learn about children with deafblindness. MACOHA CBR workers informed Chisombezi staff that the teacher's manual had broken the silence on information sharing on how to work with learners with deafblindness.

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

In 2016, RHF's local partner trained MACOHA staff in SBH identification and care, and developed two information sheets for the community workers to facilitate early detection and referral.

MUB has a small component of eye health organising screenings with hospital staff and other stakeholders like MACOHA. This is a benefit for the people reached but is also done to raise awareness on eye health, the importance of checking out eye problems and to show the difference that a pair of glasses can do for children as well as adults when it comes to education, work and participating in society. 1764 women, men, girls and boys got their eyes checked and assessed for glasses. 692 persons received glasses. 659 were treated, 53 were referred to hospital and seven persons with visual impairment were referred to rehabilitation training.



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

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

The Nepalese setting prior to the programme period

Before the new project period, Nepal went through some major events. The country experienced a devastating 7.8 magnitude earthquake in 2015, followed by several hundred aftershocks. It affected almost one third of the population, and government and individuals alike suffered big losses. Around 9 000 people lost their lives, nearly 22 000 were injured and/or became disabled, and more than 500 000 homes were completely damaged. Local partners had running projects in Nepal at that time, while also preparing for the new project period of 2016 – 2019. Thus, aside from being a humanitarian catastrophe, the earthquake thus affected focus of running projects and the planning process. For instance, NAB's central office and strengthening project was affected by the devastations, with hundreds of blind and partially sighted persons becoming homeless and several losing their lives. Addressing this devastating situation, NAB immediately responded with a relief programme to blind and partially sighted persons and their families with the support of NORAD

through Atlas/NABP, Habitat International, and CBM. Considering the urgency to address the situation of persons in the earthquake affected areas, NAB also changed a district in its original plan for the new project period as Rautahat was substituted by Gorkha, the epicentre district. For the project of NNJS, the impact was fortunately limited in the project areas. However, the project districts were affected in terms of development processes as the focus and concentration of the government, non-governmental organisations and external development partners were mainly on the earthquake-affected districts. This resulted in slow pace of development in the western districts, including the project districts in Rapti zone and in Kapilvastu. The earthquake required an immediate stop of regular activities, forcing them into a more humanitarian scope of work. In the wake of the earthquake, the DPOs have been more engaged in preventive actions, for example influencing mainstream development organisations and humanitarian aid actors to include persons with disabilities in their programmes.

The country also saw the birth of its new constitution. After a long and hard struggle by local civil society organisations and persons with disabilities, including our local Nepalese partners, the new *Nepalese Constitution* of 2015 included provisions on disability rights. These included basic fundamental rights, the right to political participation, equal access to public services and facilities, free education up to higher level, and free education in braille or sign language. Furthermore, despite the progress seen with the government of Nepal ratifying the CRPD in 2010, criticism was raised on the government not having a proper strategy, monitoring mechanism and national framework in place for



Suntali (to the left) and Junu are both 15 years old and they both want to become a teacher. They go to a local mainstream school in Makawanpur province in Nepal. They receive training in braille and how to manage their disability but they also attend classes with the other children. PHOTO: SURESH MAHARJAN

implementation and monitoring of the convention. While there has been a willingness to put disability on the agenda, much has unfortunately been paper based rather than implemented. Some reasons for this are lack of resources, political changes and lack of commitment, as well as many policies only being optional.

2016 – 2018: Advocacy and legislative achievements

Regular lobby and advocacy initiatives have resulted in drafting, revising and implementation of several policies and acts during the project period. With the continuous advocacy and lobbying of NFDN, NAB, PFPID and other DPOs for more than one and a half decade, the Parliament of Nepal finally approved and passed the Disability Rights Act in 2017. It repealed the Disabled Protection and Welfare Act of 1981 and made it illegal and punishable by law to discriminate based on disability. The Act contains provisions on, amongst others, equal access to education, employment,

health and public physical infrastructure, and is an important milestone for implementing the CRPD. The Act was implemented in 2018, and if done correctly and sufficiently, the Disability Rights Act can mark a significant change in the lives of persons with disabilities. The feedback collected from the consultations of NFDN with different stakeholders were incorporated in the draft Disability Rights by-laws, in which are still in the process of approval.

Another great achievement brought about through similar joining of forces for advocacy was the Parliament's passing of the 2016 Education Act, which made provisions for students with intellectual disabilities, as well as the 2017 Inclusive Education Policy. NFDN provided input on the policy and, once the draft was received, circulated it to member DPOs for their feedback and finally back to the drafting committee for finalisation. The Inclusive Education Policy Formulation Committee was led by the Director of NAB,

in the capacity of Curriculum and Textbooks Review Committee's Chairperson, under the National Education Programme funded by MyRights. NFDN and PFPID were also the members of the committee. The policy includes the establishment of schools and resource classes, educational provision for hidden disabilities, text books in braille, large print and sign language, examination provision, and technology enhancement. It will pave the way for inclusive education in Nepal. Our local partners in Nepal have also been involved in lobbying and advocating for the passing of the Disability Health Policy and the Local Governance Act.

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

NFDN, along with DPOs such as PFPID and NAB, has through numerous meetings with different ministries and delegations ensured that the definition of disability

has become wider. The government has now defined ten different types of disabilities, which is an increase from the previous eight types. The presence of NFDN and NFDN's advocacy efforts has also increased the influence on government policies and plans. In province 1, NFDN supports the development of province level policies and plans, while in province 3, a disability information desk was established under the Ministry of Social Development.

2016 – 2018: Persons with Disabilities Representational Achievements

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

According to NAB, per 2018 in their project areas as many as seven municipalities/cities have nominated one member each from the two NAB branches for committees. Additionally, in 2016, Gorkha and Surkhet had blind and partially sighted representatives in the government bodies, while in 2017 Gorkha Municipality



This photo shows the Nepal team in Geneva, participating in the UNCRPD Committee's 19th Session to present the alternative report from Nepal. PHOTO: NAB.

had representation by blind and partially sighted persons. However, as the old committees dissolved in 2018 and the new committees are under formation, there has been no representation in government networks/committees in those areas since 2018. At central level, NAB representation in the Special Education Council continued and the representation in the Higher Commission for Education Plan, though short term, remained influential in making recommendations in favour of blind and partially sighted teachers.

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

2016 – 2018: Organisational strengthening

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

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

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

NNJS covers 90% of Nepal's eye health programmes through hospitals and centres. By 2018, 79% of these hospitals' and eye clinics' regular expenses were managed by their joint regular income. That is an increase from 70% in 2016, and, while NNJS may not reach the target of 90% by 2019, is an accomplishment in terms of sustainability. Additionally, total accumulated savings by end of 2018 was about 116 million, a result which is way above the goal for 2019 of 70 million.

During the project period, PFPID increased its knowledge and understanding of concepts and methods through trainings related to advocacy, self-advocacy, gender, programme management, financial management, anti-corruption and livelihood. One of the important result is the number of dedicated and active self-advocates. Furthermore, the number of member organisations increased. By the time of phasing out in 2018, PFPID had 38 members in 36 districts and nine networks established in nine other districts that were in the process of affiliation with PFPID.

2016 – 2018: Service Delivery Achievements

Some particularly mentionable achievements have been in health and inclusive education. The Government of Nepal has previously had eye health programmes as the lowest of priorities on local level, and eye health is still not part of government health care programmes and/or services. Until some years back, there was no budget allocations for the eye hospitals/centres. In order to change this, NNJS, the NGO partner of NABP and NAB in Nepal, has been doing continuous government lobbying. As a result, local municipalities have started to support their programme by purchasing eye care services in the Rapti and Lahami areas.

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



Uganda

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

Uganda continues to be an important partner country for the Atlas organisations: In the period 2016 – 2018, the Atlas Alliance supported five projects through five Atlas organisations: NAD, NABP, Signo, RHF and SINTEF. NAD supported NUDIPU directly, whereas NABP and Signo collaborated with NUDIPU members UNAB and UNAD. RHF's partners partnered with NUDIPU's members when relevant. Fourteen national DPOs are full members of NUDIPU, and among them are the Atlas local partners UNAB and UNAD; both of whom are members of the Directors' Forum of NUDIPU, which brings together all DPOs' Executive Directors to discuss and address emerging issues in the disability fraternity.

The Ugandan setting prior to the programme period

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

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

Uganda Vision 2040, the national development-planning framework launched in 2007, was and will be guiding the government efforts for the next 30 years. Government strategy is to implement its vision through shorter-term plans. Vision 2040 addresses the needs and rights of persons with disabilities. The second 5-year National Development Plan for 2015/16 – 2019/20, however, contains only two references to children with disabilities, and specifies no targets or measures to address their situation.

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

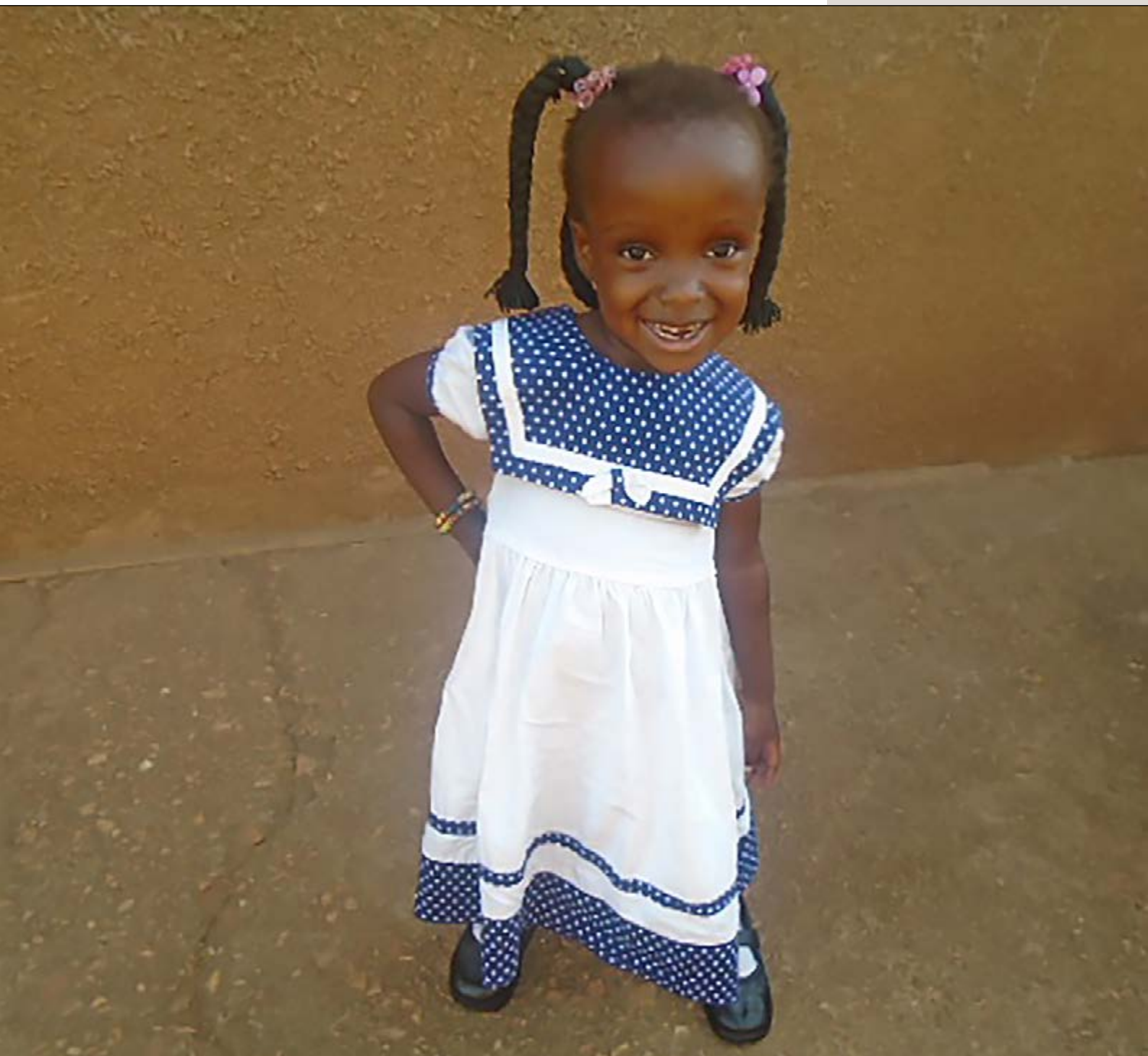


PHOTO: INTERNATIONAL FEDERATION FOR SPINA BIFIDA AND HYDROCEPHALUS

One study estimated that 80 percent of persons with disabilities live in long-term multidimensional poverty. Uganda is ranked among the world's poorest countries and more than 40 percent of Ugandans lived below the international extreme poverty line of USD 1.90 a day in 2016. While statistical information about disability and the level of living of persons with disabilities in Uganda is very limited, the Uganda Functional Difficulties

Survey 2017 carried out by Uganda Bureau of Statistics was recently published. The study on living conditions among persons with disabilities by NUDIPU, SINTEF and Makerere will be published late 2019. With these two studies, the disability movement and government in Uganda will have comprehensive new data on disability that can be used for advocacy, policy development and monitoring of CRPD.

2016 – 2018: Advocacy and legislative achievements

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

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

Legislation:

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

2016 – 2018: Persons with Disabilities Representational Achievements

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

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

2016 – 2018: Organisational strengthening

UNAB has supported the registration of District Based Associations (DBA) at district level. The registration of DBAs makes them autonomous and able to independently handle advocacy as well as own resources. Autonomous DBAs are able to undertake grass root advocacy for services where it is needed the most. Through capacity building and trainings, UNAB branch leadership has been strengthened in handling association matters. Likewise, Lira District union, which had for long failed to conduct a general assembly, held one under the guidance and support from NUDIPU headquarters. As a milestone, the General Assembly was fully funded by the district union.

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

In the NAD project, Manafwa branch succeeded in signing MoUs with two partners that are supporting selected vulnerable iSAVE members' families with scholastic materials for children. There were also seven funding proposals developed and submitted to different funding organisations. Furthermore, in line with the Village Agents draft policy, Village Agents were equipped and designated in both Manafwa and Lira. Since their deployment, they have supported the quality and continuity of old groups as well as mobilisation and formation of new groups.

2016 – 2018: Service Delivery Achievements

For nearly ten years UNAD, Signo's local partner, has developed and improved the method used in their collaboration project. UNAD has been teaching sign language to deaf children that never had been exposed to language before, to their families and network. In turn, this has made it possible for the children to attend school and learn from teachers using sign language. Without these basic skills, the children would not attend school nor understand what the teachers were saying.

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

The local partner of NAD has ensured increased access to formal financial services by persons with disabilities with 13 partner micro finance institutions (MFIs) and Savings and Credit Cooperative Organisations (SACCOs) becoming more inclusive for clients with

disabilities in line with their own agenda of change. Outreach to persons with disabilities through savings groups registered substantial increase in all the three milestones of number of new groups formed, number of persons with disabilities enrolled as well as savings volume when compared to 2017. As a result of intense partnership, advocacy and network engagements by DU executive and staff, iSAVE group members also benefitted from various livelihood programmes. Induction in the iSAVE model for CBM VSLA project implementing partners held in Iganga was also shared with a delegate from FEDOMA – Malawi. This enabled a scale up of the replication of the programme, hence increased inclusion and access to financial services by persons with disabilities within and outside Uganda.

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

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



Zambia

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

In the period 2016 - 2018, four Atlas organisations supported a total of five projects in Zambia. NDA worked with DAZ to promote organisational development and improve diabetes health services. Together with Bauleni Special Needs School, Signo's project addressed the need for adapted quality educational services for children and adults with deafblindness. Through its regional project, which also included Zambia, RHF focused on early intervention, treatment and rehabilitation of people with spina bifida and/or hydrocephalus. Finally, NAD supported the efforts of DRW, ZAPCD and ZAEPD to improve quality of life through advocacy for the rights of persons with disabilities, while also supporting the government of Zambia in piloting a CBID programme. Response Network Zambia (RNZ) is an organisation mobilising communities for self-help projects, and is supported by NAD to work on disability inclusion.

The Zambian setting prior to the programme period

The government of Zambia signed the CRPD as early as in 2008, and it was ratified in 2010. The optional protocol was also signed in 2008 but pending ratification. Local DPOs and international organisations were pushing for the protocol's ratification, as it will further strengthen disability rights. Under the *Persons with Disabilities Act of 1996*, the Zambia Government Agency for Persons with Disabilities (ZAPD) was established, and in 2012 a revised Persons with Disabilities Act came into effect. The Act seeks to further domesticate the CRPD and promote the

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

2016 – 2018: Advocacy and legislative achievements

A new Constitution was adopted in 2016, which is far more inclusive of disability rights than previous versions. The 2016 Constitution prohibits discrimination on the grounds on disability, an important step for disability rights. The DPOs in Zambia keep a close eye on the implementation, or lack thereof, of the CRPD and have taken upon themselves to keep the government accountable with the belief that disabled persons themselves should play a role in the CRPD implementation. In 2012, the DPO umbrella organisation Zambian Federation of Disability organisations (ZAFOD) established the Independent Monitoring Unit (IMU), and in 2016, the Disability Rights Independent Monitoring Team (DRIMT) replaced the IMU. This is an



independent monitoring mechanism chaired by ZAFOD under the secretariat of DRW. It is scheduled to draft a CRPD alternative report in 2019.

The Disability Rights Watch (DRW) also provided technical support to MHUNZA to repeal the mental disorders Act. Judgement was passed in favour of MHUNZA and parts of the law was found unconstitutional.

2016 – 2018: Persons with Disabilities Representational Achievements

In 2016, in an effort to raise awareness on inclusion, a total of 35 disability focal points from the government ministries were trained by NAD's local partner on disability mainstreaming to support existing legislation and policy on disability. Some of these have since been replaced, and eventually the structure of disability focal points was removed. However, with lobbying and engagement with government, the government

backtracked on the appointments of disability focal points in 2018. Focal points are now senior government officers at directorate level. This is important as it will allow for ideas, decisions and influence to permeate through the government system and plans. With the appointment of these new 18 disability focal point persons in key Zambian sectors, including the Office of the Vice President, Finance, Community Development, Health and Education, Human Rights Commission, Justice, Gender and Development Planning, a fully-fledged work plan for a government led multi-cluster planning, monitoring and coordination of CBR/CBID in Zambia has been formulated with key thematic areas focusing on inclusive development.

2016 – 2018: Organisation strengthening

During the programme period, DAZ has strengthened its position as an advocate for people with diabetes in several ways. DAZ has been part of the UN Task Force on NCDs (non-communicable diseases), NCD Alliance

EXAMPLE SELF-HELP GROUPS

Kabuca Women club was formed after a meeting held in their village in 2018. The community members had a negative response towards self-help meetings, as they were used to handouts from other organisations in the area. As they continued to attend the meetings they felt they needed to try the concept. When they started they were only eight women that formed the club, which started by selling fritters at a football tournament. They were the only ones who had fritters so they sold out very quickly and the following day they made even more. The money from the sales was used to buy *kitenge* material (materials women use as wrappers) to make skirts and dresses, while those who could not use the needle made reed mats, which they also sell in the community. More women became motivated after seeing what their friends were able to achieve. Now, the club has 23 members, four of whom have a disability.

The members are very much determined that they have started saving some of the money they realise after the sales with a view of borrowing from the group so that they can boost their individual businesses. They are encouraging other women to join them, especially those with disabilities. They say some of the women with disabilities can offer advice even when they cannot engage in activities themselves. This is encouraging among the women now that they can have money of their own which they can use to pay for their school-going children as most of their husbands spend more time in beer sprees. They feel they have gained respect from the community and that they are on their way to financial independence and improved livelihood.



Zambia, and has improved diabetes programming in the national health structure due to their cooperation with Ministry of Health (MoH). They have increased the visibility of DAZ as an association and of diabetes as a health threat. DAZ has expanded from 9 to 14 local branches (diabetes clinics) in six of Zambia's 10 provinces.

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

2016 – 2018: Service delivery achievements

Together with a wide group of stakeholders and extensive consultations, the CBID programme of NAD did a review of training materials and CBID interventions, and the Zambia CBID programme now has two sets of CBID training manuals. This was an adaptation of the training manuals already developed by NAD and its partners in Malawi. The Community Development colleges in Monze and Kitwe, as well as the Community Health Assistants training colleges in Ndola and Mwachisompola (Ministry of Health) have pledged to consider reviewing their training curricula and provide new adaptation from the newly developed CBID manuals effective from 2019. These training manuals present a holistic and rights-based approach to CBID and will be rolled out to new districts with the government. A board member of RHF's local partner and occupational therapist in Livingstone is actively involved in the CBID training programme as trainer.

Since 2016, seven modules on inclusive education for teachers have been developed and tested in Zambia through NAD's project. In 2018, observer reports clearly showed that teachers were employing inclusive teaching methods in their day to day classroom management in all pilot schools. NAD has established a collaboration with pre-service teacher training institutions, such as the University of Zambia (UNZA). The seven modules have been provided to the Ministry of Education to inform pre-service and in-service teacher training

curricula review in 2019. The ministry now recognizes the NAD funded pilot programme as the model inclusive education programme which all others in Zambia should learn from, with a specific MoU being developed to guide this partnership. Other partners learning from the existing IE pilot includes the World Bank project on education in Zambia, which has initiated support to Ministry of Education

Response Network of Zambia has also been working with the government, such as with the Ministry of Education, in supporting pilot schools to train in-service teachers in inclusive education.

Through NAD's local partner, community schools have upgraded the standards of learning structures which has motivated a number of children to be in school and not miss lessons as they feel proud learning in modern classrooms as opposed to poles, mud and grass structures. The communities have also employed youths that completed school. The government has managed to send trained teachers where the community has put up a good structure for a trained teacher to manage the community school. Signo's local partner, Bauleni, has started teaching deafblind children and young people in and out of school.

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

Although RHF's local partner hospital in Lusaka decided to stop neurosurgical activity in 2017, they have continued to train other service providers in Lusaka, Chipata, Livingstone and Copperbelt and follow up on children after surgery, in order to guarantee continuity of care. Between 2016-2018, 976 children with Spina Bifida and Hydrocephalus received surgery and 1 143 children received follow up care closer to home (home visits and outreach clinics). 596 children, youth and parents were trained in continence care.

Mainstreaming: The Inclusion Project

The Inclusion Project

In 2014, the Atlas Alliance initiated the Inclusion Project, which aims to strengthen the abilities of mainstream development and humanitarian actors to include persons with disabilities in all Norwegian-funded programmes, and as such contributes to ensuring that we “leave no one behind”. This is achieved through dialogue in inclusion-focused network meetings, open trainings and trainings for specific organisations in Norway and partner countries, as well as through the provision of mentoring and advice. From 2016 to 2018, the Inclusion Project has evolved from an effort to generate interest among Norwegian-funded NGOs to learn about inclusion, to a project characterised by practical trainings, dialogue about real inclusion challenges, and examples of inclusion being practiced in partner countries. The project has also expanded from Norway and Malawi into Nepal and Mozambique.

Key achievements in Norway

Over the past three years, “leaving no one behind” has become a mantra among civil society organisations in Norway. While the Sustainable Development Goals are a major reason for this positive change, the Inclusion Project has been instrumental in building competency and a culture of sharing on regarding inclusion among Norwegian-funded NGOs.

The Norwegian inclusion team has conducted 11 trainings from 2016 to 2018, involving 28 Norwegian-funded NGOs engaged in international development and humanitarian aid. This is close to the target of four trainings every year, and reaching 30 Norwegian-funded organisations by the end of 2019. In 2018 specifically, the inclusion team provided five trainings, two general inclusion trainings open to all organisations, one inclusive education training open to all organisations, one general inclusion training for Plan Norway and one inclusive Disaster Risk Reduction (DRR) training for Save the Children. Examples of the impact are evident in partner countries, Malawi in particular, where lessons are being put into practice.

In order to achieve the goals of the project, the Inclusion Project has also focused on developing the human resources, competencies and materials necessary. Through the project, we have established an inclusion team with nine members, which includes five programme advisers and four youth volunteers, who are actively training and advising mainstream development actors on disability inclusion. As such, we have reached the target we set for building a competent team. Initially all trainings were focused on general inclusion practices, but during 2017 the inclusion team developed training packages on inclusive education and on inclusive DRR. Out of 11 trainings since 2016, two have focused on inclusive education and one on DRR.

The dialogue on inclusion with mainstream development and humanitarian actors has continued in 2018. A working group was established to steer the development of a web-based information hub on inclusion, and included organisations that volunteered from the Inclusion Network, more specifically Plan and Save the Children. A survey was conducted to establish the needs within the network, and the effort to develop the concept and content has started. It is expected that the resource hub will be up and running in the course of 2019.

The Inclusion Network

The Inclusion Network is the meeting place for sharing of knowledge, skills and experiences, as well as sharing of handbooks and reports. There was positive feedback from the participants on the useful learning aspects. There were nine Inclusion Network meetings in the reporting period (three per year) with an average of 15 participants at each meeting. In addition to the Atlas members, 15 organisations participated in one or more of the meetings¹. By the end of 2018, the network’s mailing list consisted of about 75 people working in international development.

¹ Adra, Digni, Caritas, Himalpartner, KFUM-KFUK Global, Kippenes, Norwegian Church Aid, Plan International, Save the Children, SAIH, SOS Children’s Villages, Doctors Without Borders, The Development Fund, The Drylands Coordination Group and Friends of The Earth Norway (Naturvernforbundet)



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

Key achievements in partner countries

Malawi: Malawi has the longest partner country inclusion project history, which is evident in the results emerging. The Malawian DPO umbrella FEDOMA drives the Inclusion Project forward in Malawi with the involvement of member organisations. The Malawian inclusion team has 10 members, and this team has conducted 22 trainings in total, both at the national and regional levels (i.e. outside Malawi.) This is beyond the target of 3-4 trainings a year. In Malawi, three Norwegian-funded organisations have set targets for disability inclusion in their work, more specifically TEVETA (DIKU-funded through NAD), Network for Youth Development (Operation Days Work funded) and Find Your Feet (Development Fund partner). The project did not set a target for this indicator, but the result should still be seen as an achievement. Within the Malawian Inclusion Network, 24 articles documenting best practices have been written, and seven of these have been published. This is exceeding expectation,

which was two articles/reports per year in any inclusion network. There are many concrete examples of disability inclusive interventions undertaken by Norwegian-funded mainstream NGOs following trainings and other technical support provided by FEDOMA. DPOs trained on inclusion by FEDOMA are demonstrating confidence to engage mainstream actors and this is widening the scope for disability inclusion advocacy, which initially was reliant on efforts by FEDOMA. Each of the DPOs have adopted an advocacy agenda for promoting inclusion in their specific area of expertise. They are targeting relevant mainstream actors and have documented concrete examples of inclusive interventions undertaken by these actors.

Nepal: A Nepal inclusion team was established in 2017, and consists of four core resource people at national level. The Nepali DPO umbrella NFDN is the lead organisation. In the course of 2017 - 2018, the Nepal inclusion team has conducted trainings in

seven provinces for DPO leaders and two trainings for Norwegian funded NGOs, nine trainings in total. In total, 323 persons have participated in the trainings, of which 262 were persons with disabilities from DPOs and 61 were staff members from various organisations. Hence, our partner in Nepal has emphasised anchoring the disability inclusion theory within their structures across the country, enabling provincial and local level leaders to engage in dialogue with NGOs active in their area on disability mainstreaming. The representatives of various organisations participating in the trainings have developed a tentative action plan on disability inclusive development, and are expected to incorporate this into their organisation's plans and strategies.

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

EXAMPLE FIND YOUR FEET (FYF) IN MALAWI LEADS THE WAY ON INCLUSION

Find Your Feet (FYF) is a UK-based organisation with its Malawi head office in Mzuzu, the northern region of Malawi. The organisation has two projects supported by Norway through the Development Fund. In order to effectively engage and work with persons with disabilities, FEDOMA started a collaboration by training FYF staff members in disability mainstreaming in 2014.

Following this training workshop, FYF field staff held a series of community sensitisation meetings to address perceptions and attitudes that promotes exclusion of persons with disabilities. Despite the sensitisation activities, there was low attendance of persons with disabilities in activities. This prompted FYF to make a radical move to advocate for skills development and economic empowerment for persons with disabilities. Due to this initiative, persons with disabilities now participate in trainings, receive inputs (e.g. seed, livestock) to support their activities in Climate Smart Agriculture, and are elected into leadership positions. There has been a significant increase in the participation of women with disabilities.

FYF has devised strategies for Disability Mainstreaming, which include the following:

1. Inclusiveness approach: FYF strives to give equal opportunity for everyone to participate in development activities
2. Targeting: Projects have deliberate targets to make sure that persons with disabilities are included in the project activities
3. Budgetary support: Specific budget lines are developed to support persons with disabilities e.g. for seed and livestock
4. Capacity building: FYF trains its staff in disability mainstreaming in order to effectively engage and work with persons with disability and general population in the villages
5. Partnership: FYF takes advantage of the various expertise available for its partners. It engages FEDOMA and like-minded institutions
6. Case story documentation: With their consent, stories about persons with disabilities are captured and shared
7. Disability monitoring: M&E templates are designed and used to track inclusion of persons with disabilities for each project activity and reported upon
8. Performance assessment: Disability mainstreaming is one of the staff performance indicators against which field staff are appraised



Cross-cutting issue: Human rights

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

is key in the fight against discrimination of persons with disabilities.

The work of the Atlas organisations and their partners has contributed to safeguarding the human rights of persons with disabilities in all our partner countries on a range of issues. In addition, our partner organisations contribute to improving the overall human rights situation in these countries. For example, NABP's partner ANCAA, and other representatives of Angolan civil society organisations, feel they have more liberty of expression under the new regime, and that there is a democratic change seen in Angola. ANCAA mentions that the government is more open to critical comments and constructive suggestions after the new president took office. This applies not only to the disability sector, but is a general comment that civil society has more "space".

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

ARTICLE 5 – EQUALITY AND NON-DISCRIMINATION

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

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

ARTICLE 6 – WOMEN WITH DISABILITIES

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

ARTICLE 11 – SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES

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

ARTICLE 19 – LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

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

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

an important role in upholding the rights of persons with disabilities.

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

NABP: Capacity Building and Rehabilitation

Mozambique. Strong and active DPOs contribute to a stronger Mozambican civil society, where disability rights are part of a greater advocacy for human rights in general. Initiatives in rehabilitation, economic empowerment and inclusive education contribute to fight poverty and create access to opportunities for all.

ARTICLE 20 – PERSONAL MOBILITY

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

ARTICLE 24: THE RIGHT TO INCLUSIVE EDUCATION

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

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

and advocated for during the inclusive education programme. This has led to more children being included in schools, including more children with disabilities. Through the training of trainers, the in-service training and the pre-service training, the need to address exclusion has been addressed, and many teachers and other stakeholders now have a clearer idea of the UNCRC and UNCRPD articles and how these should be upheld.

Signo: Chisombezi Deafblind Center (CDBC), Malawi. CDBC has contributed to the opening of a new school in Salima. The school is constructed by CDBC and handed over to the government. The school has given access to inclusive education for 848 children, including 60 children with disabilities.

ARTICLE 25 – HEALTH

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

NDA: Diabetes Association of Zambia. DAZ gives diabetes patients access to health services by running small container clinics, training patients and healthcare providers in diabetes management, and spreading awareness about diabetes, its symptoms and risk factors in society etc. Without the existence of DAZ there would be very little attention paid to people living with diabetes and their rights. DAZ fully recognizes the need to reach and educate every Zambian on the risks of diabetes regardless of gender, colour, creed, disability, age, or nationality. In order to ensure access to diabetes information to the various interest groups, the association has designed programmes such as a diabetes education school programme in order to equip children in school with diabetes education as well as translation of education materials into braille in order to promote access to diabetes awareness materials to the visually impaired.



Wheelchair basketball in Bulawayo, Zimbabwe.

PHOTO: SINTEF

ARTICLE 26 – HABILITATION AND REHABILITATION

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

ARTICLE 27 – WORK AND EMPLOYMENT

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

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

ARTICLE 29B – PARTICIPATION IN POLITICAL AND PUBLIC LIFE

NAD/Response Network Zambia: Improved quality of life. Response Network is a rights based facilitation organisation that serves as a mechanism through which rural communities can have access to participation and mobilisation in the local communities. Since most civil society organisations do not have a presence in the rural areas, Response Network facilitates increased participation by persons with disabilities. Through various self-organised groups, communities have received training on reading and writing and promoted access to the justice systems. Community members have been trained as para-legals and are active in ensuring

rights of persons with disabilities are upheld by engaging schools, communities at large, clinics and traditional leaders to support the rights of persons with disabilities in every aspect of their daily lives. Seven governance clubs with 99 members are actively encouraging women to take up leadership roles and become more proactive in developmental activities. People from the communities have started reporting cases of human rights abuse to legal offices so that the police can investigate cases on the ground.

ARTICLE 33 – NATIONAL IMPLEMENTATION AND MONITORING

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

EXAMPLE **DISABILITY CONFERENCE – INCLUSIVE EDUCATION IN AFRICA**

Inclusion Africa's (IA) work on inclusive education gained momentum and recognition in 2018. The Centre for Human Rights, University of Pretoria held its 6th annual disability conference under the theme of inclusive education in africa- "Are We Learning Together?". IA's chairperson, regional coordinator and one representative from IA member organisations were invited as speakers to share experiences on IAs work on inclusive education in the region. IA's regional coordinator was one of the speakers who set the tone of the workshop in the first plenary session which drew participants from academia, civil society, DPOs, governments and development partners from 13 African countries, Europe and USA. In her presentation, the regional coordinator shared findings from the baseline survey on inclusive education that IA concluded in late 2017, while the Chairperson shared experiences from Ghana on how to include learners with autism in regular classrooms. The event not only gave IA a platform to showcase its experiences and work done by the members on inclusive education, but it was a good avenue for IA to disseminate the baseline survey report with the wider group of participants at the event. In addition, following up from the event IA is in discussion with CBM in Cameroon who have requested IA to partner with them and ensure children and youth with intellectual disabilities are not left out in inclusive and quality education in the country.





Women's rights and gender equality

Women and girls with disabilities face greater difficulties than men and boys in accessing housing, health care, education and employment¹, and there is a higher prevalence of disability among women than among men. To ensure better access for women and girls with disabilities, the Atlas Alliance strives to include a gender perspective in all programmes and projects, guided by SDG 5 (*achieve gender equality and empower all women and girls*) and by relevant articles in the UNCRPD. Article 6 states that “...women and girls with disabilities are subject to multiple discrimination, and in this regard (states) shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”, while Article 25 calls for access to gender-sensitive health services and Article 16 mentions the gender-based aspects of exploitation, violence and abuse.

In 2017, the Atlas Alliance Secretariat, joined by representatives from Atlas organisations, drafted a gender policy to be adopted by all Atlas organisations. The policy was finalised and approved by the board in 2018, together with a set of gender mainstreaming guidelines for project development and implementation. The policy and the guidelines lay out the Atlas Alliance's commitment to strive for a world free from gender discrimination.

Equal representation

For an organisation to be able to ensure gender equality and the strengthening of women's rights in its programmes and projects, it needs to have the appropriate policies, processes and routines in places internally as well. Since 2016, the Atlas partner organisations have strived to become more inclusive of women and ensured gender balance through memberships, representation and women's wings.

In the project period 2016 – 2018, the following results have been achieved:

- 45% of board members of local partners are women
- 57% of the members of local partner organisations are women
- 34 % of local partners' staff are women

Several local partners of Atlas members have brought gender equality to the core of their foundation. For instance, in Southern Africa, the constitution of SAFOD states that the organisation shall have a women's wing. Both NAB and NFDN in Nepal have provisions in their constitutions on women representation at central and district boards. ANCAA in Angola has a minimum women's participation policy for all delegations and board members, and in Malawi, the 50-50 gender divide is now mandatory in MUB membership structures and activities.

Many of the local partners have also developed their own gender policies. While not all projects report on this, among those that do there has been a positive trend. By 2018, 28% of the 25 applicable projects have a clear and supported gender policy in place. This is an increase of 12% from baseline data. Data also shows that 44% of the applicable projects reporting on this have improved their gender policy process from baseline.

It is not always sufficient to simply set numerical rules to ensure greater representation of women, as there are many reasons why women tend to be underrepresented in DPO boards and delegations. At times, men may be reluctant to let women be involved, and women may not always participate actively due to traditional gender roles. In order to combat this, local partners have also provided leadership training and workshops for women members. AFUB and ANCAA held a workshop on policies, leadership, and creation and strengthening of women and youth committees, while

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

MUB trained women members in personal development, organisational management and administration after being elected at the general assembly.

Equal participation

The Atlas organisations and local partners have worked on gender issues by enhancing the capacities of women with disabilities and encouraging them to advocate for their rights, as well as through direct service delivery. In general, local partners have strived to get closer to gender parity and many have shown equal participation in various activities. By end of 2018 some of the results seen were:

- 47% out of the 15 001 learners enrolled in school were girls
- 53% of all patients who have received direct medical care have been women
- 55% of savings and loans group participants were women
- 59% of all participants of vocational/entrepreneurship training were women

In several projects, organisations have made efforts to increase women's participation in activities. In Malawi, NABP's partner MUB carried out rehabilitation training with economic empowerment to a greater number of women than men. This was due to women often encountering more financial challenges than their counterparts. In Nepal, as women participation was lower for economic activities, NAB increased their home visits to encourage their increased participation. In Uganda, on the other hand, NAD's iSAVE programme now has 6 954 active women. This constitutes 64.4% of the entire membership portfolio.

In East Africa, women dominate NUDIPU's Disability-inclusive Disaster Risk Reduction (DiDRR) core group, and the way NUDIPU organises its activities within the project positively addresses gender issues. Its budget is flexible, for example, to allow breast-feeding mothers to participate with their babies and baby-sitters. The additional costs for the baby-sitters' travel, food and accommodation are covered by the budget. Start and end times of activities usually allow mothers to first care for their school-aged children. In this way, mothers are not disadvantaged because of their family responsibilities.

NAD's CBID/livelihood project in Malawi has a particular focus on women. Out of the 1901 persons that benefited from public works programmes (95% of the target of 2000), the majority were women (55%) – the reason for this being that they are considered ultra-poor and marginalised compared with men. CBID also implements activities that respond to the respective perceived needs of men and women and in consideration of the impact of activities on women, men, girls and boys. Also, 60% of CBID volunteers are women. The reason for promoting an increased number of women volunteers is that they are able to easily approach female persons with disabilities to actively engage them and encourage their participation in society.

Another challenge has been to ensure that girls with disabilities get access to education, which some parents resist. NAB in Nepal has thus increased their home visits for parental counseling, as well as initiated a series of meetings with school management teams to secure the creation of a welcoming environment. In Zambia, gender is central in the inclusive education project, which is reflected in the focus on girls' attendance in schools in the teacher training programme of Disability Rights Watch (DRW). The teacher training seeks to illustrate gender equality and inclusion in practice, and there has been a marked change in the participation and leadership of women among the teachers and in girls' attendance in pilot schools.

In Angola, NABP's partner experienced that there were fewer women coming to the clinic. One reason being that men were more engaged in formal employment and therefore more easily could access the clinic. With frequent announcements and publicity, the number of women attending the clinic has slowly been increasing. In Nepal, on the other hand, NAB reported that women's health status is improving as a total of 59% women are beneficiaries of the programme's medical services, particularly through outreach camps to remote areas.

In Malawi, women at the new school of Signo's partner are trained to work together with men, for example by offloading bricks, handing mud to the builders, and removing soil from the foundation of the school block.

Men and gender balance

Gender balance goes both ways, and many of our local partners have seen the need to engage more directly with men to ensure such a balance. For instance, in African societies, caregiving for children and persons with disabilities is often left to women family members. With this in mind, Inclusion Africa and RHF have both seen a need to initiate interventions that will promote the role of male family members. Within the DPOs in Malawi and Southern Africa it is mainly the mothers that are actively involved in the organisations and activities of the support groups, while experience has shown that many fathers get more involved when it comes to organisational leadership. Another observation has been that fathers that are already involved in the DPOs actively encourage other fathers directly to take responsibility in the care of their children. Additionally, nursing is female dominated world-wide, as in Lesotho, and the local partner of NABP has been advocating for more male students in the ophthalmic nursing course in the country.

Sexual violence and harassment

During the programme period, several of our local partners saw it as a necessity to expand their focus areas to cover sexual and domestic violence. In Palestine, addressing the sexual violence of girls and women with disabilities has become an important strategy in the CBID programme, while the eye health projects of NABP in Mozambique and Angola all register, track and counsel cases of domestic violence against women. Based on the experience from these projects, this will be a priority activity for several other projects in the next programme period. For NAD, support to DRW and involvement of 19 women paralegal officers in Zambia is a key result to ensure that all cases of rights abuse towards women with disabilities are dealt with.

Many of the local partners have developed their own policies or started awareness raising to protect women. For instance, in 2018, NABP's local partner in Laos developed its own sexual harassment and gender violence policy. Realising the need for safe accommodation for blind and partially sighted women who come to Kathmandu for education and other opportunities, NAB has been providing hostel facilities since 2001, and started constructing its own blind-friendly (universally designed/universally accessible) safe home for blind and partially sighted women in 2017.

During a women's rights and gender equality talk, Signo and its local partner in Zambia discovered that domestic violence in rural areas is relatively common, and sometimes even considered a normal part of a relationship. Because of this, sensitisation programmes in rural areas have been seen as crucial for women and men to learn to distinguish between love and abuse, and what is acceptable in a relationship. At the same time, RNZ has seen that an increasing number of women participation in their project in Zambia has led to increased awareness among women who have previously been silent when inflicted with gender based violence and abusive marriages.

EXAMPLE ACTIVISM CAMPAIGN AGAINST VIOLENCE TOWARDS WOMEN IN NEPAL

In 2018, FFO and NFDN organised an advocacy meeting with the National Women Commission (NWC) in Nepal. Data on victimised women with disabilities of the fiscal year was shared, with 29 cases of violence being registered. As a result of the meeting, a sixteen-day activism campaign against violence towards women and children with disabilities will be raised by NWC as part of a mainstream campaign of the Nepalese government.

The environment and climate change

The projects in the Atlas portfolio primarily focus on organisational strengthening of DPOs, awareness raising, empowerment of and service delivery to persons with disabilities. The impact the projects have on the environment is therefore low. With that said, there are project elements that are not always environmentally friendly, just as there also are project activities that aim at positively affecting the environment.

How the projects may affect the environment and climate

Many of the projects rely on transportation to get to project areas, such as airplane and motorised vehicles, while some provide assistance directly in the local communities and thus limits the need for travel. For instance, the NAD supported DRP in Palestine is community based, building on a decentralised structure of CBR workers, social workers and services. Norwegian Atlas organisations need to use airplane to conduct field visits, but in order to reduce the environmental impact the organisations consciously limit or combine trips. Signo is certified by the “Miljøfyrtårn” and thus encourages their partner organisations to take care of the environment.

While local partners in general do not have environmental and climate policies in place, many do have environmentally friendly procedures. Some examples are ensuring that vehicles are properly serviced to keep pollution levels at a minimum, refraining from printing documents to save paper, and limiting the use of plastic. Projects that provide service delivery in health and rehabilitation do encounter vast amounts of waste, but have procedures in place for proper waste management or collaboration with local authorities for disposal. Any waste from manufacturing and repair of assistive devices of SINTEF's partner LOREWO in Southern Africa is sorted and recycled when possible and handled in an environmental friendly way. Seeing how one blind and partially sighted child uses paper equivalent to 133 other learners (in quantity and

gram of braille paper), NABP's partner UNAB in Uganda has started engaging partners on how to recycle used braille paper.

Other projects have direct initiatives that purposely set out to impact the environment in a positive manner:

- The parent support groups of NAD's local partner in Zambia use paper technology from recycled waste to make assistive devices for children with disabilities.
- NABP's partner in Nepal has been providing vocational training on paper bag and envelope making to utilize waste paper and minimize the use of plastic.
- AICB, NABP's partner in India, received funding in 2017 to ensure that both their main office and the AICB school for the blind have solar power systems installed. The same project has also contributed to 47 households receiving LPG stoves, eliminating the use of polluting fuel like coal.
- In Uíge, Angola, the rehabilitation project of NABP received an empty building from the local authorities where ANCAA installed a proper sewage tank. The tank enables the sewage to be collected by a sewage truck instead of spilling into the open drain system.
- Recently, the project of Signo in Bauleni constructed a bio gas plant helping in the management of waste from the piggery and other digestible materials. The slurry will be used as natural fertilizer for the garden while the gas will be used for cooking, thereby cutting down on electricity consumption.
- Through the self-help facilitation programme of NAD in Zambia, communities in the target areas are sensitised on sustainable development. Through the programme, 27 organic vegetable growing clubs with 334 members, including eight persons with disabilities, are actively participating in organic growing activities.
- In Malawi, by encouraging blind women to plant and take care of trees, NABP's partner MUB is contributing to the country's effort in reducing incidents of floods that lead to land degradation.



PHOTO: SINTEF

- ACAMO is coordinating with Adel-Sofala and Kulima, the Mozambican partners of Friends of the Earth Norway. Both organisations have pledged to include ACAMO, their members and other persons with disabilities in their projects, including providing access to solar technology solutions and environmentally friendly cooking stoves.
- In Uganda, the increased access to financial services has enabled NAD's iSAVE members, who were formerly dependent on hazardous pollution practices, to instead invest in environmentally friendly enterprises. In Manafwa district, a local community based organisation (Advocacy for Future Generation) has partnered with the District Union to train and support iSAVE group members in environment conservation. This by tree nursery establishment and planting of trees in hill slopes, soil conservation on slopes, farm and other environment friendly agroforestry practices.
- In Uganda, NAD's DiDRR project has been working with the District Environment Officers and climate-friendly organisations to ensure that the project's activities do not contribute to environmental degradation. The project's outreach is encouraging persons with disabilities to plant local fruit trees that do not require much water in order to protect the environment and, at the same time, provide fruit that can be consumed by the community. The project has even influenced the disability inclusiveness of the 2017 National Environment Management Authority Bill and the Climate Change Bill.
- NAD's CBID programme in Malawi was involved in the identification and monitoring of persons with disabilities who were included in an afforestation project and a water conservation structures project. Persons with disabilities were involved in Climate Smart Agriculture (fish farming, irrigation and conservation agriculture).

How the environment and climate may affect the project communities

Direct impact on project communities

Due to climate change, Malawi has been experiencing a rain shortage that has affected the country's energy generation. This again has compromised the work rate at the head office of NAD's local partner. The various disasters, ranging from floods to storms, also compromise the active participation of affected persons with disabilities. As a result of flooding and drought, many Malawians haven't had enough harvest for years. Hunger was one of the major problems experienced by households of persons with disabilities, thus increasing the poverty level in already vulnerable households.

In Nepal, the level of pollution is increasing in urban areas and can cause various eye diseases leading to blindness. Pollution also affects persons with low vision as they are vulnerable to infections that lead to total blindness. NABP's project patients are especially vulnerable to pollution during operations and post-operative recovery.

Penn State University is currently conducting research into the link between environment and prevalence of hydrocephalus. Infant hydrocephalus is the most common reason for neurosurgery in young children worldwide, and most of the cases are results of an infection. Climate factors, such as heavy rainfall, can influence infection rates. The research team is aiming to develop innovative models that incorporate the ability to predict outbreaks of epidemic disease, allowing personalised treatment of infectious diseases, and thereby decreasing the prevalence of hydrocephalus. This research is done in collaboration with RHF's partner hospital in Uganda.

Disability Inclusive Disaster Risk Reduction (DiDRR)

Climate and environmental changes are significantly more challenging and threatening for persons with disabilities than for those without disabilities. People with disabilities are more vulnerable during storms, floods and extreme heat. They are also more susceptible to diseases and complex, disability-related challenges of relocation and forced migration (i.e. finding new housing or support networks). People with disabilities often face barriers in accessing healthcare services and in receiving timely public health or emergency

information in an accessible format. People with disabilities may also face additional physical challenges associated with evacuations, which can make health impacts worse, especially if local emergency response plans do not adequately anticipate and address the special needs of these populations. Persons with disabilities also need special follow-up support after a disaster has struck. Like many groups in society, they are especially dependent on access to clean water and sanitation in their immediate vicinity, as they often are less mobile than persons without disabilities.

Planning for Disability Inclusive Disaster Risk Reduction (DiDRR) is therefore key. In partnership with FEDOMA and NUDIPU, NAD has developed a policy brief and a guiding document on DiDRR that follows up the Sendai Framework. The guide provides practical advice for mainstream disability inclusion in DRR for actors and duty bearers. Enabling Education Network (EENET) published a desk study commissioned by NAD in 2017 on the implications of ensuring equal access and inclusion of persons with intellectual disabilities and mental health issues in disaster risk reduction and humanitarian action, with particular focus on Lebanon and Palestine. The publication has been widely shared and well received in project countries and among international DRR actors.

In Nepal, NFU's partner PFPID has developed an information booklet for people with intellectual disabilities and their families, explaining what to do when there is an earthquake.

In NAD's project in Malawi, by empowering persons with disabilities with knowledge and skills on DiDRR and through their participation in climate and environment conservation initiatives, persons with disabilities have become DiDRR agents of change among their peers. Their participation in and contribution to district Civil Protection Committees and other DiDRR structures complement what other actors in the sector are doing. The FEDOMA DiDRR project has been able to establish partnerships with institutions working in the climate and environment sector, such as CADECOM and Malawi Red Cross, both of which have been trained in disability inclusion in DRR. This knowledge enables them to promote the participation of persons with disabilities in issues of climate and the environment.

Anti-corruption

As with the thematic areas, the Atlas Alliance cross-sectoral work aims at reaching the Sustainable Development Goals. In the case of anti-corruption, this would be SDG 16; *to substantially reduce corruption and bribery in all their forms, in order to promote just peaceful and inclusive societies.*

The Atlas Alliance Secretariat and Atlas organisations have zero tolerance towards corruption. In 2016 our financial manual and checklist was revised by KPMG as part of an inclusive process where the organisations were involved in the discussions. In 2017, an anti-corruption plan was developed for 2018-2019, along with the appointment of an anti-corruption focal person within the Atlas Alliance secretariat. The plan included efforts such as annual due diligence reports for all partner organisations, regular finance meetings (“Økonomiforum”) for all the Atlas organisations (four per year, with two of them dedicated to anti-corruption work) and financial checklists. These documents and meetings are actively being used and utilised to combat corruption and promote good organisational culture and social change. Our aim is to raise the threshold to abuse of power and funding, uncover old cases, and expose new attempts of corruption and misuse.

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

In the current programme period, the Atlas secretariat has begun exploring the possibilities of introducing social audit as a part of its future anti-corruption work. Social audit does not only ensure organisational reviewing that can help local partners become more transparent

and improve their social performance, but also creates awareness and inclusiveness among beneficiaries. It was recommended by KPMG in 2016, and in 2018, the Atlas Secretariat held a two-day social audit seminar in Nepal for local partners. Where relevant, implementation of social audits will be integrated in projects’ plans for the next framework agreement (2020-2024).

Examples of Atlas organisations’ and their partner organisations’ anti-corruption measures:

- To ensure greater transparency, the Atlas organisations have been assisting partners in developing their own financial guidelines. In 2016, such policies had been developed and actively used by 76% of local partners, which by 2018 had increased to a 96% - a result which reflects the focus the Atlas organisations have had on this. Several local partners have also developed or are in the process of developing separate anti-corruption policies. Most local partners have included clauses in their financial guidelines that cover i.e. anti-corruption, car usage, public announcement of expenditures and procurement procedures. Some local partners also train members on financial management and anti-corruption measures.
- A majority of the local partner organisations ensure that no single person is financially responsible. Checks that require two signatories and approval of funds disbursement from both a manager and CEO are among the common measures observed across the various partners. Many also have a separate bank account for the Atlas funds.
- Both internal and external audits are completed annually by each local partner. In many instances, the Atlas organisations and/or their auditors communicate directly with the auditors of the local partners. Additionally, the Atlas organisations conduct due diligence regularly when visiting their local partners, in which they go through the Atlas financial checklist and guidelines.

- **NUDIPU**, collaborating with **NAD** in Southern Africa, is in the process of phasing out cash transactions. All payments are now made through mobile funds to reduce incidences of cash handling. Even fuel for vehicles is paid using a fuel card. The same applies for the **NAD** project in Zambia.
- The Eye Health Programme of **NABP** in Rapti and Bahadurgunj organised a social audit meeting in 2018. The meeting was conducted in the presence of the Mayor and Deputy Mayor of Lamahi Municipality, representatives from donor agencies and different political parties, as well as beneficiaries from more than 50 regions. The information on the services provided by the programme was disseminated, followed by discussions and recommendations.
- The custom clearance process in Mozambique is painstakingly complex and slow, and provides possibilities for individuals to benefit from facilitating or rescuing imported goods. **NABP** has in the last couple of years worked intensively to make the Ministry of Health accountable for a transparent and quicker custom clearance.
- For the **NAD** funded project in Uganda, AMFIU and NUDIPU developed operational financial manuals at organisational and District Union level respectively, with all iSAVE Programme District Unions establishing Finance and Procurement Committees to guide effective funds utilisation. NUDIPU also installed a toll-free line at its office and encourage iSAVE members to report incidences of financial impropriety.
- In Angola and in Mozambique, the **NABP** projects provide free health care services and have made efforts to ensure that there is limited risk of personnel taking advantage of unknowing patients. So far they have not encountered any staff demanding payment from patients for medicine, consultations or surgery. Radio announcements are frequently broadcast to inform that services are free of charge and open to all citizens.
- In 2018, in coordination with **NFU**, EENET developed training materials for PFPID's member organisations on good governance. The material was in Easy Read Language and translated into Nepali. This was a follow up from work started in 2017.
- **FFO** has in 2018 gone through the financial checklist and also performed Due Diligence with local partners NFDN in Nepal and SAFOD in regional Africa. Information was provided on the whistle blowing mechanism of Norad. All seven provinces in Nepal have furthermore been monitored (including training) in 2018, which has been important with new staff and newly elected boards.
- **SINTEF** has joined the UN Global Compact and Transparency International, and has established mitigation strategies to avoid corruption. They follow the flow of money to its partner in Zimbabwe through regular communication, monthly follow-ups and yearly visits.
- In Malawi, the local partner of **NABP**, MUB, has its anti-corruption policy in place after an approval from the Executive Board. The Board has also resolved that after the 2019 general assembly and elections, all members of the MUB governance structure and management will have to sign a mandatory anti-corruption form. In 2018, MUB developed a project scheme to train its grassroots members in anti-corruption in order to establish and sustain anti-corruption culture.

Report on suspicion of financial irregularities in 2016–2018:

- 2016: NAD reported an incident in their programme in Palestine regarding a local DPO that failed to pay office rent to their property owner. This was taken to court by the property owner, resulting in freezing of the DPO's bank account containing 7 000 of programme funding. As a counter measure, the DPO also took the case to court. The case is now settled and the loss was covered by NAD and Diakonia (Sweden).
- 2017: The Atlas Alliance supported the East Africa Cup sports tournament with 80 000 NOK in 2016 to contribute to an inclusive sports tournament and received good reports on the participation of youth with disabilities. Several Norwegian donor organisations have collaborated since the autumn of 2016 on a major investigation of the Christian Sports Contact (CHRISC) in Kenya, Tanzania and Uganda, as well as the East Africa Cup. The investigation revealed a misuse of 4 974 059 NOK in the period 2012 to 2016. The Atlas Alliance has repaid 28 860 NOK of its share to Norad.
- 2018: NABP independently appointed an investigative firm to investigate UNAB in Uganda on a number of corruption issues raised, including regionalism, tribalism, break-ins and fraud. The report unearthed a number of anomalies that required improvement both from individuals and from the organisation. As a result, the consultants recommended capacity building of both the UNAB board and secretariat on a number of aspects (such as financial management and on how to conduct board business). Funds from Atlas were frozen after consultation with Norad, while a resolution from the December board meeting in UNAB stated that all those caught up in the corruption scandal should pay up and clean their records. UNAB requires a complete overhaul – right from the board to appointing a management firm to support systems while gradually handing over the institution to a new secretariat.

Added value

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

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

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

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

- **Organisational development:** DPOs are often weaker than other NGOs, and it is important that they have access to long-term partners like the Atlas Alliance. Several of the local partner organisations were established with the assistance of the Norwegian Atlas organisations, who have years of advocacy and organisational experience in Norway and can share competences and experiences in the different development stages. For example, FFO has coordinated the CRPD Shadow Report in Norway, and has brought this experience to the CRPD trainings they have carried out in Africa.
- **Operational funding:** Many of the Atlas organisations provide financial support to cover the operational expenses of the local partners, and even bring in additional donors. This is important because the local partners can spend less time looking for additional funding, and more time on actual advocacy and service delivery. For example, many donors prefer to finance only project-specific activities, while the Norad funding can be used for general operational expenses, which is crucial to be able to run an organisation.
- **Networking:** The Norwegian organisations are often part of national and international networks, and our partners are invited to be part of a worldwide disability movement where they can gain knowledge, inspiration, tools and encouragement to fight for their rights in their own countries. This includes international donors, likeminded DPOs in other countries, and like-minded DPOs in the partner organisation's own country. South-South relationships have been established and partners are even preparing joint activities among themselves.
- **Technical support:** The Atlas organisations work closely with their partners to provide high-quality, relevant technical support, for example on how to secure donor funding, which usually comes with very specific requirements. At the same time, the organisations work hard to ensure local ownership, which is crucial for project success. With many years of experience, the Atlas organisations have mastered this dual approach of local ownership and high international standards.
- **Laying the groundwork :** SINTEF is currently involved with WHO on the new GATE initiative, inspired by the Norwegian systems for provision of assistive technology. The living condition studies not only create a baseline in the studied countries but also support the advocacy work of local partners. There are many examples of utilisation of results from these studies, including direct influence on policy development in several of the collaborating countries.
- **Mutual sharing and learning:** There is a mutual learning outcome in partnerships for experiences and new ideas. For instance, federations in Norway

and partner countries both have challenges speaking with one voice on behalf of many affiliates, and their challenges being credible and legitimate.

Internal coordination and quality assurance – added value from the secretariat

The secretariat is tasked with ensuring that the Atlas organisations have the necessary skills, tools, knowledge and funds to support DPOs and partners in achieving programme goals in a coordinated, cost-effective and transparent way. Throughout the 2016 – 2018 period, the secretariat has worked diligently to improve processes and procedures to facilitate the work of the organisations. This includes a common online database with updated documents and tools for project management and applications for funding. This also includes shared strategies, policies, action plans, and other tools, and is a clear added value as it saves time and provides the organisations with a standardised set of documents that fulfill the requirements of the alliance and of donors. The organisations participate actively in the development of these tools and documents, ensuring a democratic and transparent process. In addition, organisations that use other or supplementary documents share these with the alliance.

The Atlas organisations meet once a month in “Bistandsfaglig utvalg”, the Atlas Alliance’s development advisory committee, where programme advisors from all the organisations get together to share knowledge, experiences and ideas. Once a year, the whole alliance, including the board, gets together for the Annual Meeting.

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

The Atlas Alliance secretariat joined the 11th session of the Conference of States Parties to the CRPD, which took

place at the UN headquarters in New York from 12 June to 14 June, 2018. This meeting is held yearly to discuss the progress on the implementation of the convention. The overarching theme of the 2018 session was “Leaving no one behind through the full implementation of the CRPD”. The Atlas Alliance helps bring the international development perspective to the table.

On 24 July 2018, the UK Department for International Development (UK DFID), along with co-hosts the International Disability Alliance and the Government of Kenya hosted the first-ever Global Disability Summit in London, UK. The Atlas Alliance secretariat participated in the meeting and welcomed the participation of high-level Norad officials as well, confirming Norway’s commitment to disability-inclusive development.

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

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

- Continue the development and improvement of the data collection and reporting tool *Petrus* to ensure that we can collect data and show results in a good and transparent way.
- Joint projects, including the Inclusion Project, real-time evaluation and Social Audit.
- Participate in meetings with other Nordic disability umbrella organisations.
- Give individual advice to Atlas organisations based on the organisations’ expressed needs and observations made by the secretariat. The secretariat and the organisations stay in constant contact, and the organisations in Norway are visited on a regular basis.

Monitoring and evaluation

In development work, it is important to distinguish between what is done and what this work leads to – the latter is what we call results. Norad describes a result as “something that happens as a consequence of actions or events. In this setting, results can be described as the effects of development work.” The Atlas Alliance is committed to reporting on both the activities, i.e. what is done, and on results, meaning what this leads to, by carrying out high-quality monitoring and evaluations of the project portfolio, to ensure that resources are used in an efficient way and benefit the target populations in the way intended.

The monitoring and evaluation work for the 2016 to 2018 period has been guided by the 2015-2020 Evaluation Strategy, which built on lessons learned from the previous framework period, and incorporated recommendations from the Scanteam evaluation of the Atlas Alliance, carried out in 2014. The evaluation recommended that the commissioning of evaluations be centralised, to allow them to be used strategically across the Alliance and to promote learning.

Acting upon these recommendations, the Evaluation Strategy called for real-time evaluations of at least two of the four thematic areas in the 2016-2019 period, and under the coordination of the Atlas secretariat, two real-time evaluations were conducted, one in Malawi and one in Nepal. The objective of the evaluations was to get a more comprehensive understanding of key aspects of the Atlas Alliance’s work, evaluate the impact of the work, and identify more effective ways of working. The choice of methodology, real-time evaluation, was made because real-time evaluations can provide good learning opportunities, not only for a particular programme, but also for the whole alliance, across organisations and thematic areas. One of the other benefits of a real-time evaluation is the constant feedback to implementers, which allows them to make changes along the way; a traditional final evaluation provides feedback after the fact, when the project is over. Findings in the real time evaluation inform adjustments in programme planning and implementation and in that way help the organisations reach their objectives. The Atlas

organisations have expressed that this interaction with the evaluators have proven beneficial and in addition has created a space of confidence and exchange along the way.

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

The evaluations will be completed in 2019, but already provide valuable insight into what works and what can be improved. For instance, strategies to achieve representation in decision-making and planning committees have been largely successful in both countries, and some specific impacts, for instance the construction of disability friendly infrastructure have been noted. The real-time evaluation also points to areas that show particular promise for larger impact, such as engagement with municipalities on disability-friendly planning and budgeting and disability mainstreaming. The evaluation stresses the importance of collective impact, and encourages DPOs to explore the potential for collective action through cooperation with other organisations.

Monitoring system

The 2016-2019 framework period started with the much-anticipated process of developing a new reporting system, Petrus. Both the secretariat and the organisations wanted to collect data and carry out the results reporting in a more accurate, systematic and coherent way. The Atlas organisations and their local partners can access their projects in the system and add project data, narrative analyses, and all financial information.



Charity Kawana in Zambia really wants to go to school. PHOTO: NAB

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

Petrus has also made it easier for the organisations to aggregate data on gender, providing improved reports, after recommendations from Norad and increased focus on gender within the Atlas Alliance.

By 2018, Petrus was more complete and while the developers were still making changes upon the requests from the secretariat and the organisations, the 2018 reporting process was carried out through

Petrus, with all the organisations submitting their quantitative results and narrative reports through the system. In general, the system is time-saving for the Atlas organisations and the secretariat, and makes the reporting more systematic, predictable and coherent. With Petrus, the secretariat can easily follow project and programme development throughout the contract period. The system has greatly improved the secretariat's ability to monitor the programmes and to communicate our achievements as an alliance.

Project evaluations

NAD commissioned a thorough evaluation, finished in late 2018, of the NAD/NFU supported Inclusive Education Project in Zanzibar. The project objective was to support the system to become more inclusive and to be able to respond to the diverse learning needs of all children, including those with disabilities. The project has a strong focus on teacher training, with a sequence of training modules that move from general to specific. The project also created a group of Principal Trainers

coming from different parts of the Zanzibari education system. The evaluation showed that the teachers became more confident in their ability to meet the needs of all children; those with disabilities and those without, and they adopted new strategies in their classrooms. They also acquired a deeper understanding of the concept of inclusion and how it is about all children. Parents and School Inclusion Teams also provided positive feedback; for instance, parents of children with disabilities found that their children are being accommodated in a better way and that their needs are being addressed. The evaluation also showed positive impact on learners, both with and without disabilities, and there has been a steady increase in the number of learners with disabilities and/or special educational needs enrolled in the pilot schools. In addition, drop-out rates have gone down. The children themselves also expressed satisfaction: they were happy to be at school, they felt supported by the teachers, and appeared to become more independent. The evaluation recommends that the teacher training programme be incorporated into the pre-service training curriculum, and made compulsory for all future teacher trainees.

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

NABP carried out an evaluation of the project “Strengthening Portuguese and Spanish speaking Country members of the African Union of the Blind” from 2016 to 2018. The objective of the project was to strengthen six member organisations of AFUB with Portuguese and Spanish as their official language. Because they constitute a linguistic minority within the Union, they had been less involved in activities and projects. A first project ran from 2010 until 2015, while this second place was implemented from 2016 to 2018. The last project focused on two interrelated outcomes: strengthening the six Lusophony and Spanish

member organisations of AFUB to better represent and advocate for their constituency; and ensure adequate representation of women in decision making bodies, staff and volunteers both at AFUB and member organisations. The project also aimed to improve the communication and cooperation between AFUB headquarters and the member organisations, among other things, by translating important documents from English into Portuguese or vice versa. The second is to support AFUB’s advocacy towards the African Union in order to ensure issues affecting persons with visual impairment are mainstreamed in the planning and decision making process.

The evaluation concludes the objectives of the project remain relevant and that progress has occurred; for instance, all targeted organisations have established their women and youth committees, contributing to increased diversity in the organisations. The evaluators recommend that the organisations expand the concept of diversity and also work on including other groups, such as sexual minorities and persons with albinism as well as geographically expanding the current activities so that those in rural areas can equally benefit from the work of the organisations.

NABP also commissioned an extensive evaluation of their project in Cambodia; “Organisational Strengthening of Association of the Blind in Cambodia”. The evaluation found important achievements, such as an increased number of donors and external funds, increased level of incomes for the association, and a high number of blind and partially sighted persons having received eye operations, capacity building/trainings, and loans, allowing them greater independence.

The evaluators concluded that “[t]he biggest strength of this project is the focus on both advocacy and service delivery, including education, training and/or income opportunities.” The evaluation shows that the association has gradually strengthened its organisational capacity, and found improvements in the democratic structures, and matters related to management and leadership such as planning, reporting, HR, financial management, M&E and involvement of members and staff during decision-making processes. The association is now seen as an important civil society actor by both the government and other important stakeholders, something that is very important for the sustainability of the organisation.

Advocacy, communication and documentation

The aim and expected outcome of the general advocacy work in Norway is that Norwegian authorities and relevant national and international stakeholders actively promote the rights of persons with disabilities and implement CRPD in Norway's foreign policy and development cooperation, as well as secure and fulfil the common agenda of the Sustainable Development Goals of "Leaving no one behind". The most significant achievement is that Norwegian development policies and plans increasingly reflect the ambitions to include persons with disabilities in vital areas of development cooperation. This is especially obvious in the priority areas of education and health, but also in the general policy ambitions. We developed a new policy platform and plan in January 2018, which has been followed up with relevant meetings, articles in the media and social media. Increasingly we have seen that our topics and issues have been given attention at relevant policy level.

The highlight of 2018 for the disability movement was the Global Disability Summit in July, when the international community, including Norway and the civil society organisations, supported the Charter for Change, promising a new political will and leadership to turn political promises into change, including securing the leadership and diverse representation of persons with disabilities in the change process. It was much appreciated that Norway participated with the Director of Norad, Jon Lomøy, and proclaimed the financial support of *The Inclusive Education Initiative* (IEI), a joint effort by the UK Department for International Development (DFID), the Norwegian Ministry of Foreign Affairs (MFA), and the World Bank. The Summit was attended by approximately 1 200 delegates from around the world, including the President of Ecuador, the Vice-President of Argentina, five heads of UN agencies, and over 40 government Ministers from around the world. 67 countries were represented, along with nearly every multilateral agency and leading figures in the global disability community.



Geir Jensen, head of the Norwegian Association of the Deafblind and president of the World Federation of the Deafblind, together with Norad director Jon Lomøy

During the June 2018 CRPD Conference of the State Parties, the Atlas Alliance was part of the delegation and made proposals to the content of the Norwegian Statement. →

Advocacy and documentation

Documentation of facts is a vital element in effective advocacy, and an important tool for supporting our policy issues.

In April 2018 the World Bank's global disability advisor, Charlotte McClain-Nhlapo, visited Norway and the Atlas Alliance, and conducted meetings with the Ministry of Foreign Affairs, Norad and parliamentarians. She participated in the meeting in the Parliament where the report *"Mapping of the support to promote the rights of persons with disabilities"*¹ was presented.

The next report, launched in May 2018, was about stigma as a hindrance for inclusive education, presented by SINTEF² with the Minister for Development Nicolai Astrup participating in the presentation and discussions. He underlined the need for civil society organisations as a driving force as well as experts to increase the competence on inclusion.

The report *"Leaving no-one behind – A Nordic movement for change"* was written by the Atlas Alliance on behalf of the four Nordic countries and launched during an event on December 3rd, where Nikolai Astrup also participated.

The same day the UN launched the "UN Flagship Report on Inclusive Development", another important

milestone for the disability right work at global and national level.

The reports are being shared and presented in relevant media and social media platforms, getting increased attention both at government and at civil society level. The new policy platform was actively used and supported by members of Parliament. The specific results of this advocacy work is very positive, and will be thoroughly documented in the 2019 report.

Other communication activities

As a unique voice on disability in development, it is important for the Atlas Alliance to maintain an online presence. During 2018, we actively used webpages, Facebook, Twitter and newsletters to reach out to the public.

On Twitter we had a total of 131 000 views, a 48 % increase from 2017, and a 78 % increase from 2016. By the end of 2018, we had 1 352 followers on Facebook, a 0,5 % increase from 2017 and a 12 % increase from 2016. On the webpage, we posted 30 news articles. Articles from our web page was shared with our e-mail newsletter with about 850 subscribers. A large majority of the content in all channels is highly relevant and in line with our work on advocacy, policy, research and documentation.

¹ NIDS 2018

² "The role of stigma in accessing education for people with disabilities in low and middle-income countries: a review of the evidence", SINTEF 2018

Deviations from the plan and lessons learned

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

Since the approval of the results framework in 2016, the main change in the overall Atlas Alliance programme and project portfolio has been that NFU decided to stop all its international work. This decision was later changed to a strong reduction rather than a full stop. This released NFU funds to other Atlas organisations to increase their international work. The funds were earmarked work targeting persons with intellectual disabilities, and were distributed to NAD, RHF, SINTEF and NFU. More details on the distribution of the funds can be found in the Atlas Alliance Results Report for 2017.

In many of our project countries, local partners experienced unforeseen national challenges and potential hindrances during the reporting period. This applied particularly to countries where there have been shifts in the political environment, security issues and economic instability. The political changes in Nepal has caused issues for our partners there, who have spent time and resources on adapting to a new political sphere and re-establishing offices in new regions. In Angola, inflation has made NABP's partner ANCAA unable to carry out several activities and many blind and partially sighted persons have dropped out of braille classes as they cannot afford transportation. In Malawi, PODCAM have focused mainly on sustainability and phase out of the organisational development programme that PODCAM and NFU implemented from 2006-2016. In Zanzibar, NAD's partner ZAPDD has focused mainly on

strategic planning, fundraising, sustainability and phase out of support from NAD. In Lesotho, NABP's Eye Health Care Project experienced changing plans of the Ministry of Health and frequent replacement of key ministerial staff, hospital staff and politically appointed staff, preventing the project from conducting surgeries and in general slowing down decision making in the health sector. NABP and EHCP are looking into making changes to the project or possibly adjusting the phase out year.

Through regular dialogue with and visits to local partners, results monitoring, organisational assessments, and evaluations, the Atlas Alliance organisations have gained useful experiences and extensive thematic and geographic knowledge that will be useful in the planning of the next programme period, 2020-2024. A summary of the key lessons learned are listed below.

Key lessons learned – results monitoring

During the reporting period, The Atlas Alliance secretariat and organisations have worked extensively to improve our systems for results monitoring. Although the original results framework for the 2016-2019 period has worked relatively well, some indicators have proven to be difficult to report on – either due to the challenges getting reliable data, or there have been other contributing factors making attribution difficult to measure. The Atlas Alliance submitted an updated results framework to Norad in November 2017, which better reflects the work of the Atlas organisations simply by rewording some indicators, and rearranging others. This framework will provide the basis for the results framework for the period 2020-2024.

Key lessons learned – project implementation

- **Local ownership:** Local ownership and commitment of local authorities is an important success factor to achieving results. FFO's partner SAFOD has changed their approach from centralised workshops

to country-specific workshops to ensure increased impact and sustainability through local ownership and targeted interventions. In NAD's CBR project in Palestine, the strategy of strengthening community ownership has worked well and improved sustainability of the program. In Palestine, with its frail government, the strategy of cooperation with municipalities has proved effective as they are close to the ground and more aware of the problems of their communities. For RHF, training of health and community workers at district and referral hospitals as well as CBR programs has been important, improving care at local level. In Uganda, the commitment of local education authorities has been an important success factor for Signo to achieve results.

- **Long term interventions:** It takes time to change attitudes, train people, and develop sustainable organisations and services in low and medium income countries. Developing long term training strategies and high-quality interventions are important. SINTEF points out the need to provide long term predictable and quality follow up and mentoring. In Zambia, NAD has experienced that the best way to achieve impact, is to work in the same area for the whole period of the four year agreement rather than changing area every year.
- **Government collaboration:** Close collaboration with local government is crucial for achieving results and ensuring sustainability. In a country like Lesotho, where top politicians and government frequently change, advocacy should target staff in the bureaucracy. In the changed country context in Nepal, there is a challenge of advocating for ensuring the rights of persons with disabilities at province and local level since the representatives are all new and the policies are being developed. In the new context, many policy processes have to restart from scratch. In NAD's DiDRR project in Uganda, close collaboration with the Office of the Prime Minister has made it easier to collaborate with mainstream DiDRR actors. In Malawi, RHF has had a good working relationship with the Environment Health Office, making it easy to get support to implement the project.
- **Sustainability:** Many local partners, such as the Diabetes Association in Zambia and FFO's partner SAFOD, have invested in resource mobilisation to ensure that they can continue the interventions after the Norwegian Atlas organisations pull out. There is also a need to motivate more members to be committed to, and active in, the organisations. Many DPOs rely on a few active members, which poses a high risk on sustainability. Professionalising the organisations is key, with clear long-term vision and strategic plans, appropriate policies and guidelines, and full-time paid staff committed to the opportunities that arise.
- **Harmonisation:** In Tanzania, NFU and NAD has prioritised the development of a solid model for how inclusive education can be implemented. The model can be duplicated and customised to other contexts, providing a solid foundation for all stakeholders to develop and respond to their particular requirements. In Malawi, the successful participatory process involving key CBID stakeholders (government, FEDOMA/DPOs and other disability actors) in developing the CBID model and training packages and in training has required considerable time, funds and human resources but has resulted in a harmonised model, quality training up of trainings and impact tracking mechanisms to ensure feedback and documentation of the evidence for further improvement of the approach.
- **Concentration:** FFO's partner SAFOD now aims to maximise the resources for different (but interrelated) interventions, rather than try to spread to as many countries as possible. This has led to higher impact, despite focusing on fewer countries. In Angola, the concentration of different projects in the same province has given NABP's partner ANCAA more leverage in cooperation with local government departments and local politicians.
- **Ability to adapt:** In face of natural disasters (such as the earthquake in Nepal and the floods in Malawi), our partners has shown an ability to adapt to an adverse situation. Timing of activities with regards to rainy seasons is also a lesson learned by several partners.

- Organisational Capacity Assessments (OCA):** This tool assesses the organisation's strength and weaknesses in relation to its management, leadership, advocacy, and project implementation capacity, and can be used for comparison for future assessments. OCAs have proven to be an excellent platform where the whole organisation, both staff, board and members, can meet, establish relations, do team building exercises, exchange ideas, failures and best practices, and assess their own performance and learn from past experiences.
- Gender equality:** In Palestine, addressing sexual violence within households with members with disabilities proved to be essential and timely, and this work needs to be continued and developed in the coming years. In India, there are still misconceptions and cultural issues that influence negatively in providing opportunities for visually impaired women/girls. In 2018, NABP's partner AICB introduced women-only workshops to compensate for the extra difficulties faced by visually impaired women. The workshops focus on women-specific issues and are conducted by AICB's female staff. The workshops has given the rural communities an opportunity of witnessing and meeting visually impaired women who have achieved success in their respective spheres.
- Youth with disabilities:** The participation of youth with disabilities and their empowerment to change their reality has worked well and has the potential to be developed further. Youth have a strong energy and enthusiasm and can bring their own issues into decision-making processes. The power of young adults towards decision makers is tremendous. The Atlas organisations will therefore continue to support youth leaders in their role as advocates.
- Anti-corruption:** All local partners have financial guidelines and anti-corruption policies in place, but there is a need for more training and awareness raising to ensure that routines and systems for financial management are effective and adequate. In Uganda, NABP's partner UNAB uncovered corrupt practices in their organisation. This has been a difficult process, but has also given NABP valuable experience in how to prevent corruption, such as improving routines, systems and structures for increased transparency and control.
- Culture and religion:** In Nepal, including traditional healers in training on Primary Eye Health Care (PEC) has proven to be very effective, as most people who live in the remote districts (especially illiterate people and people residing in villages) believe blindness is a curse from God. Therefore, when people have health issues they go to traditional healers for treatment instead of hospitals. NABP's experience is that trained traditional healers first safely treat the patients, and then refer the patients to hospitals.

Financial overview

TABLE A – OVERARCHING FINANCIAL OVERVIEW 2016-2018

	1	2	3	4	5	6
	Approved total budget for agreement period	Total expenditure to date	Approved budget for reporting year	Total expenditure in reporting year	Deviation (3) - (4)	Deviation % (5) as % of (3)
	2016-2018	31.12.2018	2018	2018	2018	
Project costs - Atlas Alliance Secretariat (including the Inclusion Project, Living Conditions Studies and the Atlas Alliance Secretariat)	28 227 815	25 948 207	11 114 230	8 834 622	2 279 608	21 %
Project costs - grant recipient (technical advice and travel costs)	22 584 072	22 747 729	7 367 989	7 531 646	- 163 657	-2 %
Project costs - local partners	163 143 175	161 752 618	57 912 587	56 522 029	1 390 558	2 %
= Total project costs	213 955 063	210 448 554	76 394 806	72 888 298	3 506 509	5 %
minus other external funding	15 692 621	16 248 675	7 598 602	8 154 656	- 556 054	-7 %
= Project costs, basis for calculation of grant recipient's own contribution	198 262 442	194 199 879	68 796 204	64 733 642	4 062 563	6 %
minus grant recipient's own contribution (min. 10%)	16 186 142	16 515 172	5 232 868	5 561 898	- 329 030	-6 %
= Norad share of Project costs	182 076 300	177 684 707	63 563 336	59 171 744	4 391 593	7 %
plus Norad contribution to administrative costs (up to 7%)	11 536 601	11 282 552	3 965 993	3 711 944	254 049	6 %
= Total Norad grant	193 612 900	188 967 259	67 529 329	62 883 688	4 645 641	7 %

TABLE B - OVERVIEW OF PROJECT EXPENDITURE 2016-2018

	1	2	3	4	5	6
	Approved project budget	Total Project expenditure	Total Norad grant	Total expenditure of Norad grant	Deviation of expenditure of Norad grant (3) - (4)	Deviation % (5) as % of (3)
Africa, sum	134 018 101	130 544 601	134 018 101	130 544 601	3 473 500	3 %
Angola	8 397 684	8 220 649	8 397 684	8 220 649	177 035	2 %
Lesotho	6 286 588	6 095 686	6 286 588	6 095 686	190 903	3 %
Malawi	25 331 052	25 914 179	25 331 052	25 914 179	- 583 127	-2 %
Mozambique	6 760 161	6 765 092	6 760 161	6 765 092	- 4 931	0 %
Regional Africa	33 340 057	31 176 159	33 340 057	31 176 159	2 163 899	6 %
Tanzania	5 325 831	5 317 308	5 325 831	5 317 308	8 523	0 %
Uganda	20 591 188	19 257 026	20 591 188	19 257 026	1 334 162	6 %
Zambia	27 985 539	27 798 503	27 985 539	27 798 503	187 036	1 %
Asia, sum	37 800 631	38 286 495	37 800 631	38 286 495	- 485 865	-1 %
Cambodia	1 879 557	1 762 858	1 879 557	1 762 858	116 699	6 %
India	1 809 678	1 792 485	1 809 678	1 792 485	17 193	1 %
Laos	2 586 291	2 730 273	2 586 291	2 730 273	- 143 982	-6 %
Nepal	14 935 547	16 622 421	14 935 547	16 622 421	- 1 686 874	-11 %
Palestine	14 449 235	13 407 135	14 449 235	13 407 135	1 042 100	7 %
Regional Asia	2 140 323	1 971 323	2 140 323	1 971 323	169 000	8 %
Atlas Alliance Secretariat and the Inclusion Project	21 794 169	20 136 163	21 794 169	20 136 163	1 658 006	
Total	193 612 900	188 967 259	193 612 900	188 967 259	4 645 641	2 %

* Exclusive own share, inclusive 7% admin support

