



THE ATLAS ALLIANCE

PROGRESS REPORT | 2020

JUNE 2021

Contents

Introduction	3
Abbreviations	4
The Atlas Alliance – who are we?	6
Results 2020	
Human Rights Advocacy	10
Inclusive Education	20
Inclusive Health and Rehabilitation	30
Economic Empowerment	40
Disability Inclusive Disaster Risk Reduction	46
Cross-cutting issues	
Human rights	50
Women's rights and gender equality	53
The environment and climate change	57
Anti-corruption	59
Added value	62
Monitoring and Evaluation	64
Advocacy and communication	66
Challenges and lessons learned	68

Name of grant recipient: The Atlas Alliance

Norad agreement number: QZA-19/0256

Agreement period: 2020-2024

Reporting period: 2020

COVERPHOTO: Inclusive Education, Tanzania. **PHOTO:** NAD

Introduction

Across the world, persons with disabilities face basic human rights violations such as stigma, social exclusion, and lack of access to quality education and employment. To remove these barriers to full participation, and for the world to achieve the Sustainable Development Goals (SDGs), the rights of persons with disabilities, as explained in the UN Convention on the Rights of Persons with Disabilities (CRPD), must be fulfilled. We are proud to present our results in this 2020 annual report, and to share concrete examples of how the Atlas Alliance and our partners contribute to the implementation of the UN CRPD.

2020 was the first year of the Atlas Alliance 2020-2024 framework agreement with Norad. Based on our organisations' almost 40 years of experience working to promote the human rights of persons with disabilities in Africa and Asia, this agreement reflects lessons learned both inside the alliance, as well as in the development sector as a whole. The current framework agreement build on our previous work, but it also reflects lessons learned and new strategic priorities. In order to focus our efforts and become more efficient in project implementation and follow-up, we have reduced the number of projects from 42 to 34. Reflecting the changing priorities in our partner countries trying to accommodate for the consequences of natural disasters and armed conflict, we have added one more thematic area to our existing four (Human Rights, Inclusive Education, Health and Rehabilitation, and Economic Empowerment), namely Disaster Risk Reduction. This is a small but growing thematic area for the Atlas Alliance.

The main challenge of 2020 was without a doubt the COVID-19 pandemic. This affected every aspect of program operations and implementation, and severely affected the health, security and well-being of our target groups. It also had an impact on the modality of work for the secretariat and Norwegian Atlas organisations, and drastically reduced our ability to visit partners and provide face to face support and follow-up. Activities have been postponed or changed to accommodate for each partner country's specific COVID-19 guidelines and restrictions. Despite all this, our partners have shown impressive resilience and ability to adapt to the new and challenging situation. The Norwegian project advisors actually have more frequent contact with their



LILLY ANN ELVESTAD
Chairperson of the Board

partners through increased use of digital communication tools. The innovative solutions that our partners have implemented to deal with the new, and ever shifting, reality are described in detail in each thematic chapter.

In parallel with the framework agreement, the Atlas Alliance coordinates an innovative and ambitious strategic partnership, "Together for Inclusion". This consortium builds on the unique experience, specific competence, and credibility of DPOs in developing countries, integrating an inclusion focus into the work of mainstream NGOs. At the same time, mainstream NGOs contribute with their specific thematic competences, as well as their extensive experience and networks in the partner countries. There has been extensive learning across the two agreements, particularly within human rights advocacy, and monitoring and evaluation. In light of the pandemic, it is crucial to pay close attention to how our projects and results are affected, but more importantly, how persons with disabilities are affected. Our focus on monitoring and evaluation, research and learning continues, and will help us understand how the pandemic has affected persons with disabilities, and what should be done to address these issues.

We are proud of our accomplishments in 2020, and hopeful that the COVID-19 challenges are soon behind us. However, as we are writing this report in June 2021, it is clear that the project implementation and results in 2021 will also be heavily affected by restrictions on mobility and gathering. In the COVID-19 crisis, as with all crises, persons with disabilities are disproportionately affected. If anything, this pandemic has given us an extra motivation to adapt and continue the fight for the human rights of persons with disabilities.

Abbreviations

ACAMO	Associação dos Cegos e Amblíopes de Moçambique	EHCP	Eye Health Care Project
ADRREM	Africa Disaster Reduction Research and Emergency Missions	FAMOD	Forum of Associations of Disabled People in Mozambique
AFUB	African Union of the Blind	FFO	The Norwegian Federation of Organisations of Disabled People
AMFIU	Association of Microfinance Institutions of Uganda	FODPZ	The Federation of Organisations of Disabled People in Zimbabwe
ANCAA	Associação Nacional dos Cegos e Amblíopes de Angola	GBV	Gender-based violence
APAPE	Association des Parents et Amis des Personnes Encéphalopathes	IA	Inclusion Africa
APHEHM	Association for the Promotion of the Mentally Handicapped Child	IGA	Income generating activity
BSNP	Bauleni Special Needs Project	INGO	International non-governmental organization
BYAN	Blind Youth Association Nepal	KADUPED	Kasese District Union of Persons with Disabilities
CBID	Community Based Inclusive Development	LAB	Lao Association for the Blind
CCA	Climate change adaptation	LCD	Leonard Cheshire Disability
CDBC	Chisombezi Deafblind Centre	LNFO	Lesotho National Federation of Organisations of the Disabled
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	LNLVIP	Lesotho National League of the Visually Impaired Persons
CEO	Chief Executive Officer	LSHTM	London School of Hygiene and Tropical Medicine
CRPD	Convention on the Rights of Persons with Disabilities	M&E	Monitoring and Evaluation
CSO	Civil Society Organisation	MACOHA	Malawi Council of the Handicapped
DDA	Department of Disability Affairs	MCDSS	Ministry of Community Development and Social Services
DDF	District Disability Forum	MECP-Z	Madrassa Early Childhood Program Zanzibar
DHO	District Health Officer	MFI	Microfinance institution
DiDRR	Disability inclusive Disaster Risk Reduction	MHU	Mental Health Uganda
DPO	Disabled Persons Organisation	MOEVT	Ministry of Education and Vocational Training
DRIMT	Disability Rights Independent Monitoring Team	MoES	Ministry of Education and Sports
DRP	The Disability Rights Programme	MoLSW	Ministry of Labor and Social Welfare
DRR	Disaster risk reduction	MoU	Memorandum of Understanding
DRW	Disability Rights Watch	MRC	Medical Research Council
EENET	The Enabling Education Network	MUB	Malawi Union of the Blind
		NAB	Nepal Association of the Blind

NABP	The Norwegian Association of the Blind and Partially Sighted	ToT	Training of Trainers
NAD	The Norwegian Association of Disabled	TOFI	Together for Inclusion
NFDN	National Federation of the Disabled Nepal	UDHR	Universal Declaration of Human Rights
NFU	The Norwegian Association for Persons with Intellectual Disabilities	UN	United Nations
NGO	Non-governmental organisation	UNAD	Uganda Association of Deaf
NNJS	Nepal Netra Jyoti Sangh	UNCRC	United Nations Convention on the Rights of the Child
NOK	Norwegian Krone	UNHCR	United Nations High Commissioner for Refugees
NPR	Nepalese Rupee	UNICEF	United Nations Children's Fund
NUDIPU	National Union of Disabled Persons of Uganda	WASH	Water, Sanitation and Hygiene
OPD	Outpatient Department	WHO	World Health Organisation
PASHL	Parents Association for Spina Bifida and Hydrocephalus Limited Malawi	YMHN	Youth Mental Health Norway
PKF	Papaya Kay Foundation Zambia	ZAEPD	Zambia Association for the Employment of Persons with Disabilities
PUSH	People United for Spina Bifida and Hydrocephalus	ZAFOD	Zambian Federation of Disability Organisations
PODCAM	Parents of Disabled Children Association Malawi	ZAMISE	Zambia Institute of Special Education
QECH	The Queen Elizabeth Central Hospital		
RHF	The Norwegian Association for Spina Bifida and Hydrocephalus		
SADC	Southern African Development Community		
SAFOD	Southern Africa Federation of the Disabled		
SBH	Spina Bifida and Hydrocephalus		
SDG	Sustainable Development Goal		
SG	Savings group		
SHA-U	Spina Bifida & Hydrocephalus Association Uganda		
SHAKN	Spina Bifida and Hydrocephalus Association Kenya		
SHIJUWAZA	The Zanzibar Federation of Disabled People Organizations		
SRHR	Sexual and reproductive health and rights		
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority		

The Atlas Alliance – who are we?

The Atlas Alliance is a Norwegian umbrella organisation for Norwegian Disabled Persons Organisations (DPOs) engaged in international development work. Founded in 1981, the Atlas Alliance has a long trajectory of promoting the rights of persons with disabilities. 2020 was the first year in a new five-year framework agreement (2020-2024) between the Atlas Alliance and Norad.

Under the 2020-2024 framework agreement, the Atlas Alliance coordinates and supports six Norwegian DPOs and one affiliated organisation in the planning, implementation, monitoring and reporting of a total of 34 projects in 13 countries and regions. The following seven organisations received funding through the agreement with the Civil Society Department at Norad, agreement no. QZA-19/0256:

- 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)
- Youth Mental Health Norway (YMHN)
- The Signo Foundation

Nothing about us without us

The Atlas Alliance Theory of Change is rooted in a rights-based approach and is linked to our core goal of promoting human rights through building strong and representative organisations, political lobbying and advocacy, and meeting individual needs through targeted service delivery. Persons with disabilities face varying degrees of oppression, discrimination and exclusion in all our partner countries. We aim to change society's attitudes toward persons with disabilities. To achieve this, the Atlas Alliance organisations support local, national and regional DPOs to hold national and local

governments accountable to their obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD).

The 2020 results report

The 2020 results report summarises key results and achievements in 2020.

The 2020 results are heavily affected by COVID-19. The restrictions to movement and gathering, as well as the increased personal risk of infection and serious illness for our local partners and target group, means that most results are lower than expected. Still, the Norwegian Atlas organisations and their local partners have shown an impressive ability to adapt to the rapidly changing situation, and we are proud of what we have achieved despite these challenges.

The Atlas Alliance focus on five thematic areas. Our Theory of Change and Results Framework are designed based on this thematic division, and this report follows the same structure.

1. Human Rights Advocacy
2. Inclusive Education
3. Health and Rehabilitation
4. Economic Empowerment
5. Disability Inclusive Disaster Risk Reduction

The quantitative results are listed under their respective indicators throughout the report, supported, where relevant, by narrative examples. Separate chapters present each thematic area. Each chapter follows the structure of the results framework, listing results according to indicators both at outcome and output level. The complete overview of quantitative and qualitative results can be found in the Atlas Alliance 2020 Results Matrix, attached to this report.

The results framework of the Atlas Alliance is an aggregation of 34 projects, with each project having



As part of NABP's project in Nepal, Jyoti Prasad received successful eye surgery that restored his eyesight. PHOTO: NAB.

its own project results framework. The outputs in our common results framework are at a higher level than the outputs in the individual project frameworks, and our outputs often refer to actual results for the beneficiaries.

Concrete measures taken by the Atlas Alliance secretariat, the Norwegian Atlas organisations and their local partners to address potential negative consequences of project activities are described in the chapters dedicated to the cross cutting issues: Anti-corruption, women's rights and gender equality, the environment and climate change, and human rights.

The report further summarises reflections on the

progress and achievements within our monitoring and evaluation (M&E) efforts, as well as key milestones for our Advocacy and Communication work. It also includes a chapter describing our Added Value as an umbrella of DPOs. Lastly, the report contains reflections about lessons learned and how these will inform our work in the future.

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

EXPENDITURE PER COUNTRY 2020

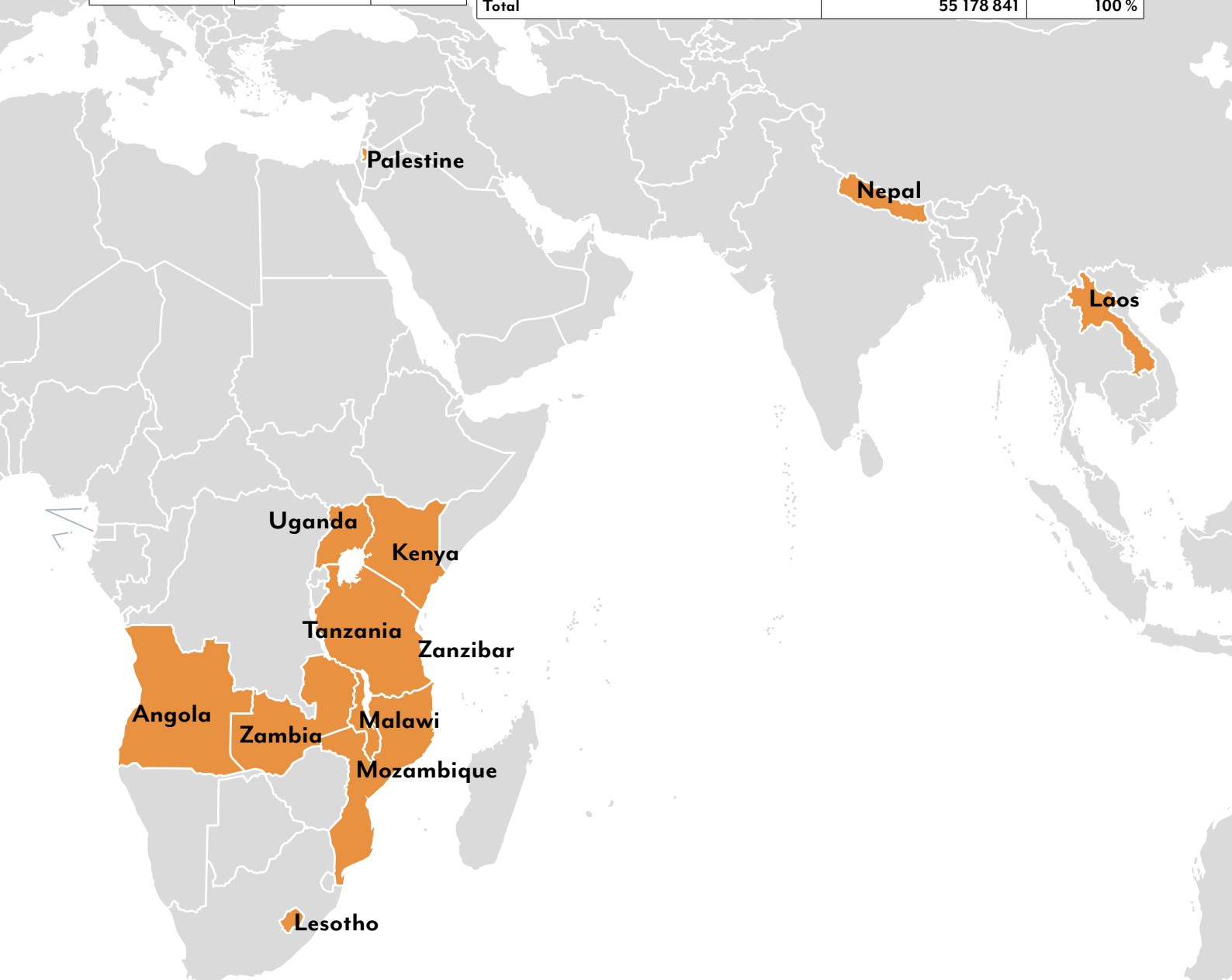
COUNTRY/ REGION	TOTAL DIRECT PROJECT COSTS	PER- CENTAGE
Angola	3 464 645	6 %
Europe	7 780 208	14 %
Global	7 438	0 %
Laos	1 062 620	2 %
Lesotho	1 737 467	3 %
Mozambique	2 171 074	4 %
Malawi	3 894 598	7 %
Nepal	5 117 960	9 %
Palestine	3 601 540	7 %
Africa (regional)	1 299 942	2 %
Southern Africa (regional)	3 714 712	7 %
Tanzania	5 571 481	10 %
Uganda	9 824 790	18 %
Zambia	5 930 366	11 %
Total	55 178 841	100 %

PROJECT EXPENDITURE PER THEMATIC AREA 2020

	TOTAL EXPENDITURE	PERCENTAGE
Human Rights Advocacy	26 292 965	48 %
Inclusive Education	14 268 843	26 %
Economic Empowerment	5 382 645	10 %
Disaster Risk Reduction	1 239 036	2 %
Health and Rehabilitation	7 995 352	14 %
Total	55 178 841	100 %

DISTRIBUTION OF FUNDING PER ORGANISATION

Atlas secretariat	6 574 645	12 %
FFO	3 627 368	7 %
YMHN	2 338 824	4 %
NABP	15 544 855	28 %
NFU	598 880	1 %
NAD	22 212 512	40 %
RHF	2 571 656	5 %
Signo	1 710 101	3 %
Total	55 178 841	100 %



PROJECT LIST 2020

ORGANISATION	COUNTRY	ATLAS ID	PROJECT NAME
Signo	Malawi	348	Programme for deafblind, Chisombezi
Signo	Uganda	1005	Empowering Young Deaf Ugandans
Signo	Zambia	411	Access to Quality Education for Persons with Deafblindness in Zambia
RHF	Uganda	3735	P.U.S.H. for Inclusion Uganda
RHF	Malawi	3755	P.U.S.H. for Inclusion Malawi
RHF	Kenya	3756	P.U.S.H. for Inclusion Kenya
RHF	Zambia	3754	P.U.S.H. for Inclusion Zambia
RHF	Uganda	418	Community Based Inclusive Development for Children with Spina Bifida and Hydrocephalus in Uganda
RHF	Malawi	420	Early identification and referral of Hydrocephalus in Malawi
NAD	Tanzania	191	Include me! - Inclusive Education and Rights of Persons with intellectual Disabilities, Zanzibar
NAD	Zambia	349	Disability and rehabilitation programme
NAD	Palestine	28	Community Based Rehabilitation Palestine
NAD	Uganda	3749	NAD Uganda
NAD	Uganda	3750	NUDIPU (IE, HRA, DiDRR, and EEP)
NAD	Uganda	3751	AMFIU
NAD	Africa (regional)	3752	EENET
NAD	Global	3753	NAD Lebanon
NFU	Southern Africa (regional)	213	Strengthening Inclusion Africa
NABP	Laos	288	Organizational Development, Laos Association of the blind
NABP	Lesotho	289	Eye Health Care Project (EHCP) in Lesotho
NABP	Nepal	295	Organisational Development
NABP	Malawi	284	Organisational Development
NABP	Lesotho	283	Organizational Development, Lesotho National League of the blind
NABP	Angola	291	Organizational Development
NABP	Angola	351	Eye Health Project in Angola
NABP	Angola	366	ANCAA rehab Uige
NABP	Mozambique	367	Capacity Building and Rehabilitation in Manica/Sofala/Tete
NABP	Mozambique	368	Eye Health Manica
NABP	Nepal	371	Eye Health Nepal, Lamahi
NABP	Africa (regional)	365	Strengthening Portuguese/Spanish speaking member countries of AfUB
YMHN	Uganda	3744	Organisational Support - Mental Health Uganda
FFO	Nepal	156	Organisation building in Nepal
FFO	Southern Africa (regional)	3747	Organization Development in Southern Africa
Atlas	Global	413	The Atlas Alliance Secretariat

Human Rights Advocacy

In 2020, there were 20 projects focusing on human rights advocacy and organisational development. These projects were implemented, coordinated and overseen by the Norwegian Association of the Blind and Partially Sighted (NABP), the Norwegian Association for Spina Bifida and Hydrocephalus (RHF), the Norwegian

Association of Disabled (NAD), the Norwegian Federation of Organizations of Disabled People (FFO), the Norwegian Association for Persons with Intellectual Disabilities (NFU), Youth Mental Health Norway (YMHN), and their local partners. A total of 11 countries and two regions were covered by the programme.

ATLAS ORG.	COUNTRY	LOCAL PARTNER
NABP	Angola	Associação Nacional de Cegos e Amblíopes de Angola (ANCAA)
NABP	Laos	Lao Association of the Blind (LAB)
NABP	Lesotho	Lesotho National League of the Visually Impaired Persons (LNLVIP)
NABP	Mozambique	Associação dos Cegos e Amblíopes de Moçambique (ACAMO)
NABP	Malawi	Malawi Union of the Blind (MUB)
RHF	Malawi	Parents Association for Spina Bifida and Hydrocephalus Limited Malawi (PASHL)
FFO	Nepal	National Federation of the Disabled Nepal (NFDN)
NABP	Nepal	Nepal Association of the Blind (NAB)
NAD	Palestine	The Disability Rights Programme (DRP)
NFU	Southern Africa (region)	Inclusion Africa (IA)
NABP	Africa (region)	African Union of the Blind (AFUB)
RHF	Kenya	Spina Bifida and Hydrocephalus Association Kenya (SHAKN)
FFO	Southern Africa	Southern Africa Federation of the Disabled (SAFOD)
NAD	Tanzania (Zanzibar)	Madrassa Early Childhood Program Zanzibar (MECP-Z)
YMHN	Uganda	Mental Health Uganda (MHU)
NAD	Uganda	National Union of Disabled Persons of Uganda (NUDIPU)
NAD	Zambia	NAD Zambia
RHF	Zambia	Papaya Kay Foundation Zambia (PKF)

Protecting and promoting the human rights of persons with disabilities is about adopting measures to change attitudes and implement policies, laws and programmes that remove barriers to inclusion. In 2006, the United Nations (UN) adopted the Convention on the Rights of Persons with Disabilities (CRPD). Parties to the CRPD 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 Atlas Alliance partner countries have ratified the CRPD, and several have also ratified and/or signed the optional protocol. By ratifying the CRPD, State Parties agree to closely consult with and actively involve persons with

disabilities, including children with disabilities, through their representative organisations. However, adoption of the Convention alone does not ensure protection of the human rights of persons with disabilities. The effectiveness of the convention is often proportional to civil society's capacity to promote its implementation and their capacity to monitor government's fulfilment of its legal responsibilities.

The UN Sustainable Development Goals (SDGs) are a universal call for action to promote prosperity while protecting the planet. The 17 Goals were adopted by all UN Member States in 2015. The overarching goal of the SDGs is to ensure that we leave no one behind. This is a

key principle guiding all the work of the Atlas Alliance organisations – it does not matter if some groups are lifted out of poverty or granted access to their rights, if this is not the case for the most marginalised as well. Within the disability community, this means that progress must include *all* persons with disabilities, including those that are the most marginalised, such as persons with intellectual disabilities or persons with deafblindness.

THE ATLAS ALLIANCE'S HUMAN RIGHTS ADVOCACY PROGRAMME

The overall objective of the human rights advocacy programme is to ensure that *persons with disabilities claim their rights and exert influence on matters that affect their lives*. Persons with disabilities are the de facto experts on the barriers that hinder their full and effective participation in society. Persons with disabilities often have the solutions to the issues affecting them, and Disabled Persons Organisations (DPOs) are their only rightful representatives. Consulting with and actively involving persons with disabilities through strong DPOs is a key strategy to ensure their inclusion in decision-making processes. Through targeted advocacy and dialogue with governments, the DPOs keep pressure on governments to honor their national and international commitments to human rights and disability inclusion.

A core principle of the Atlas Alliance is *nothing about us without us*. This means that persons with disabilities are part of every step of every process, from project design to finalisation. The Atlas Alliance ensures this by empowering DPOs, influencing change within local and national governments, and building alliances and coalitions with other civil society organisations (CSOs) and international non-governmental organisations (INGOs).

In order to achieve the overall goal of the human rights advocacy programme, the Atlas organisations and their partners have identified the following outcomes:

Outcome 1: DPOs influence national and local decision making processes

Outcome 2: Girls and boys, women and men with disabilities benefit from national and local level programmes and services in target areas



Counselors from Mental Health Uganda raising awareness on World Mental Health Day. PHOTO: MHU.

The primary target group of the human rights advocacy programme consists of the following sub-groups that are involved directly in programme activities:

1. Partner DPOs and their members who are supported to develop democratic organisations with strong organisational and operational capacity, including skills for advocacy and results-based management.
2. Mainstream development actors (NGOs and CSOs) who are trained to design and implement all their development and humanitarian interventions in an inclusive manner.
3. Relevant local national government actors and intergovernmental institutions who are involved in professional capacity and skills building enabling policy implementation.

Context

The main challenge to programme implementation in 2020 was the COVID-19 pandemic that affected the operations of our partners and had an impact on the overall context in our partner countries. Lockdowns, restriction on gathering and travel, protective measures causing practical problems and increasing costs, were just some of the challenges. COVID-19 meant the Atlas organisations and their local partners had to adapt to new (virtual) ways of engagement with stakeholders. Some of the challenges that the local partners had to work through are summarised below:

- **Cancelled or postponed activities:** Some activities were cancelled, while others were postponed to 2021. This affected the achieved results as well as budgets and expenditures.

- **Reduced scope of activities:** Many projects had to reduce the number of participants in meetings, trainings and workshops, as many countries followed WHO guidelines limiting attendance to no more than 50 participants. This meant that some participants were left out, and that the logistics and costs of each training were affected.
- **Loss of meeting places:** Meeting key stakeholders has been difficult due to restrictions related to travel and gatherings. For example, in Southern Africa, COVID-19 restrictions prevented SAFOD from engaging with the Southern African Development Community (SADC). Securing meeting appointments with SADC is often a challenge, and with the SADC offices in Gaborone closed (or operating at reduced capacity) due to COVID-19 made it even worse.
- **Increased focus on personal protective gear:** The logistical challenges of organising activities increased. Having to wear facemasks, regularly wash hands, sanitise the venues, and check temperature of participants increased the costs of activities.
- **Risk of infection and serious illness:** Some staff, volunteers, and DPO members have been reluctant to travel and participate in activities. Persons with disabilities, particularly persons with serious hearing impairment, visual impairment, and deafblindness, face increased risk of infection due to the need for tactile communication forms, touching surfaces and using guides (hence staying close to other people). Many persons with disabilities also belong to a high-risk group for serious illness and death from COVID-19.
- **Lack of internet infrastructure:** For many, working from home during lockdowns were practically challenging. Internet access is not universal. In Lesotho, LNLVIP got a special permit for one staff to work from the office during the first lockdown, but they faced difficulties getting to work and fear of police brutality as the lockdown was enforced. Some DPOs found it necessary to reallocate funds and invest in equipment for home office and digital meetings (laptops, screens, stronger and more stable internet, etc.) or even COVID-19 insurance for staff and board members.

At the same time, many local partners found alternative ways to ensure that their target groups received support

that were not described in the results framework. Some examples are below:

- **COVID-19 response:** Many of our local partners contributes to their respective countries' COVID-19 response. In Lesotho, LNLVIP provided persons with visual impairment with information on how to protect themselves from COVID-19, and 500 members across Lesotho benefitted from getting this information in an accessible format. Pamphlets were produced in different formats in 500 copies out of which 100 was audio in flash drives, 100 braille pamphlets, 100 braille cards combined with large print writing and 200 large print pamphlets.
- **Guidelines and strategies:** In Zambia, Disability Rights Watch (DRW), Zambian Federation of Disability Organisations (ZAFOD) and other DPOs actively participated in the national processes of developing guidelines for mainstreaming disability in the national response to COVID-19. The guidelines provide clear measures that each sector must put in place in order to mainstream disability in their programmes and services. In Southern Africa, SAFOD developed a COVID-19 regional response strategy which proposes a list of interventions targeting persons with disabilities and their carers through SAFOD's national affiliates.
- **Increased digital competence:** In Nepal, NFDN trained staff, board members and member DPOs in conducting meetings on digital platforms. SAFOD organised a COVID-19 virtual training workshop in October 2020 for national affiliates. They also upgraded not only the SAFOD Secretariat's communication infrastructure, but those of its affiliates to support their participation in digital workshops and meetings.

SELECTED 2020 RESULTS

Selected 2020 human rights advocacy results are outlined below for annual indicators, with the midline targets for 2022 also outlined for comparison. Wherever applicable, disaggregation of numbers is provided based on gender, age and disability.

Outcome 1: DPOs influence national and local decision making processes

— Outcome indicator 1110b: Examples of changes

in legislation, regulations, and policies that protect the rights of persons with disabilities

Examples

- In Nepal, the long awaited disability rights bylaws were passed by the Council of Ministers on 17th of August, 2020. It had been pending since 2019. NFDN and NAB were on the Drafting Committee, and had independently and jointly with other DPO members, been putting continuous pressure on the Ministry of Women, Children and Senior Citizens, and the Prime Minister's office. The bylaws were issued to implement various important provisions mentioned in the Act on the Rights of Persons with Disabilities 2017. After issuance, the bylaws were formally disseminated among the stakeholders; DPOs, media representatives, thematic disability organisations, NGOs, and INGOs, in the presence of the Minister and other senior authorities. The bylaws were published in the media and NFDN uploaded it on their website in accessible format for visually impaired persons. It is expected that all three levels of government will implement the disability bylaws, and it will help accelerate the implementation of many provisions of the Act on local level.
- In Lesotho, LNLVIP, along with LNFOD, has been advocating for the enactment of persons with Disability Equity Bill to pass into law. At the end of 2020 the bill was at the final stage where it was waiting for royal ascend from the Royal King so that it could ultimately become a law. In November 2020 a meeting was held with the Senate and thereafter, the bill was enacted into its final stage.
- In Laos, the National Policy, Strategy and Action Plan on People with Disabilities of Lao PDR was approved by the National Assembly on 12 October 2020. The hard work and advocacy of LAB, in cooperation with 10 other DPOs, strongly contributed to this. This legislation builds on the CRPD, and its approval is one very important outcome indicator of this project. LAB organised a course for members and boards for disseminating the contents of the new law, CRPD, SDGs, gender issues and other topics important for advocacy. The trainees are now able to convey lessons learned to other blind and partially sighted persons and will be good self-advocates who disseminate knowledge of the rights and interests of persons with disabilities in society, including government officers.



Easy read information about COVID-19 prevention

- In Mozambique, ACAMO, Forum of Associations of Disabled People in Mozambique (FAMOD) and member DPOs took part in the drafting of a first National Disability Law after an earlier draft was dismissed by the DPO and CSO community for not being in line with the CRPD. Additionally, ACAMO participated in an evaluation of the National Disability Strategy, and in 2020 a proposal of a new plan was submitted the Ministry of Gender, Children and Social Affairs.
- **Outcome indicator 1110c: Narrative examples of advocacy campaigns that have influenced decision makers at national and local levels**

Examples

- In Malawi, there was a re-run of the 2019 elections that the Malawi Constitutional Court annulled due to irregularities. MUB was the leading organisation in a joint effort with other DPOs in lobbying for the use of tactile guides during voting. They carried out an awareness campaign sensitising polling station staff on how persons with disabilities could be assisted during voting to enable them to vote on their own using a tactile guide. There were around 5 000 polling stations in Malawi. Each polling station had a tactile guide/leaflet that helped independent voting.

- In Nepal, the Act on the Rights of Persons with Disabilities 2017 has provisions for various structures on federal, provincial and local level. At local level, the Act has the provision of municipality level Disability Coordination Committees which are responsible for disability ID card distribution and to take care of other disability issues on behalf of the local government. After the Disability Rights Act was passed, NFDN has been encouraging local DPOs to advocate and lobby for the formation of Disability Coordination Committees in their respective municipalities. These efforts contributed to disability coordination committees being formed in 648 out of 753 municipalities.
 - In Tanzania, the Community Based Inclusive Development (CBID) programme raised awareness about disability mainstreaming in both the community and the government. In 2020, MECP-Z supported the Department of Disability Affairs and the Zanzibar Federation of Disabled People Organizations (SHIJUWAZA) to establish CBID stakeholder forums at national and district levels, which includes government officials from relevant ministries and departments, DPOs, NGOs and media. Through the stakeholder forums these actors were able to share information on disability-related matters and together raise their voices on the rights of persons with disabilities. Existing services across the CBID matrix were identified, but also the existing gaps, leading the stakeholders gathered to develop an action plan for responding to key gaps.
 - Following continued NAB advocacy, the Nepal Rastra Bank started issuing 1 000-rupee notes with embossed “M” mark for the blind and partially sighted persons to recognise it easily.
 - In Uganda, MHU marked World Mental Health Day with a clear message advocating for increased investment in community mental health care. Whereas we cannot exactly attribute the positive developments solely to this event, we now hear government language changing towards the implementation of community mental health care.
 - In Nepal, the formation of the National Directive Committee was pending after the Act was passed in 2017. This committee suggests and guides disability related policies, plans and budgets on federal level, and monitors the implementation of the Act. NFDN conducted seven advocacy and lobbying meetings with the Ministry of Women, Children and Senior Citizens to initiate the committee formation, and finally in 2020 this was achieved. The committee is chaired by the Minister of Women, Children and Senior Citizens, and includes 16 DPO members, including the President of NFDN and two representatives from NAB.
- **Output indicator 1111b: # of advocacy initiatives conducted to influence decision makers at national and local levels, as well as the general public**
Midline target: 682 advocacy initiatives
Results 2020: 450 advocacy initiatives

EXAMPLES GOVERNMENT APPRECIATION

In Zanzibar, NAD's CBID programme has received special recognition from the government due to the trainings that the project has delivered, and the support provided to persons with disabilities. The government, through the Ministry of State, President's Office, Regional Administration, Local Government and Special Departments of Revolutionary Government of Zanzibar, issued a specific letter to MECP-Z to appreciate the CBID Program. This is a significant milestone for MECP-Z in reaching the CBID goals in Zanzibar. The department of Cross-Cutting Issues, which is part of the same ministry, promised to follow up the recognition by increasing their disability earmarked budget from 2% to 5%, which are funds earmarked to ensure that persons with disabilities are accommodated in various services.

Example

- In the Sofala Province in Mozambique, ACAMO targeted representatives from the municipal assemblies in Beira, Dondo, Nhamatanda, Gorongosa and Marromeu, raising their awareness on disability rights and barriers to inclusion. It was an important step in influencing municipal assemblies to be able and willing to elaborate municipal policies that enable participation of people with visual impairments and other disabilities in the society.
- **Output indicator 1112a: # of DPO staff, members and volunteers trained on advocacy and coalition building**
2022 midline target: 4 296 DPO staff, members and volunteers trained (2477F, 1819M)
2020 results: 1 271 DPO staff, members and volunteers trained (775F, 496M)

DPO staff trained

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing	9	82	9	102	202
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	3	-	5	8
Not registered-N/A	4	16	2	13	35
Total	13	101	11	120	245

The 2022 midline target is a jump up at 2 111. This is largely due to NAD's project in Uganda.

DPO members and volunteers trained

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing	-	135	-	173	308
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	2	-	1	3
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	34	490	22	169	715
Total	34	627	22	343	1,026

Examples

- NAB conducted leadership training for 93 blind and partially sighted persons (43F, 50M), including the board and members of nine newly formed NAB municipal branches in three districts, district branch leaders and one province committee leader.
 - RHF's partners (DPOs in Kenya, Uganda, Malawi and Zambia) organised a digital conference under the People United for Spina Bifida and Hydrocephalus (PUSH) project. 230 participants from 10 countries participated in a three-day international digital conference on spina bifida and hydrocephalus in November 2020. Topics that included sensitisation and advocacy, inclusive education, early identification of hydrocephalus, anti-corruption, organisation strengthening and capacity building.
- **Output indicator 1113a: # of DPO staff, members and volunteers trained on monitoring and reporting on implementation of the CRPD and SDG**

2022 midline target: 853DPO staff, members and volunteers trained (376F, 477M)

2020 results: 439 DPO staff, members and volunteers trained (164F, 275M)

DPO staff trained

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing	8	14	11	23	56
WG2. hearing	3	2	3	9	17
WG3. walking	12	23	18	27	80
WG4. cognition	3	8	10	11	32
WG5. self-care	-	2	1	3	6
WG6. communication	2	5	6	4	17
WGES affect	-	-	-	-	-
Not registered-N/A	-	-	-	-	-
Total	28	54	49	77	208

DPO members and volunteers trained

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing	11	9	15	18	53
WG2. hearing	-	2	1	7	10
WG3. walking	23	27	31	48	129
WG4. cognition	2	4	8	13	27
WG5. self-care	-	-	-	-	-
WG6. communication	3	1	3	5	12
WGES affect	-	-	-	-	-
Not registered-N/A	-	-	-	-	-
Total	39	43	58	91	231

— **Output indicator 1113b: # of DPOs that systematically monitor the implementation of the CRPD**

2022 midline target: 141 DPOs

2020 results: 40 DPOs

40 DPOs supported by the Atlas Alliance (either as direct partners, or as affiliates of our partner federations) systematically monitored the implementation of the CRPD. Some examples:

- In Zambia, through the coordination of DRW under NAD's project Disability Rights Independent Monitoring Team (DRIMT), DPOs with the participation and support of the rest of civil society successfully concluded nationwide consultations on

the alternative report to the UNCRPD Committee. The report was submitted in July 2020.

- In Nepal, a CRPD and SDG implementation monitoring committee was formed and functional with the representation of NFDN and other leading DPOs. A report was prepared by NFDN in 2020 on the implementation status of “Social Justice and Social Security”.
- All 10 countries in which SAFOD works are monitoring and preparing reports for submission at appropriate times. Six out of the targeted ten national affiliates reported that they are actively participating in either monitoring processes of the CRPD implementation in their respective countries, or in the drafting processes of the reports to the CRPD committee. These countries are Lesotho, Namibia, Mozambique, Malawi, Eswatini and Zimbabwe. Some examples of their participation:
 - In Lesotho, Lesotho National Federation of Organisations of the Disabled’s (LNFOD)’s led to the enactment of 2019 Persons with disabilities Equity Act and the revision of the National Disability Mainstreaming Plan in 2020.
 - In Mozambique, FAMOD drafted the country’s report to the CRPD Committee through a consultative process.
 - In Zimbabwe, the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) actively participated in the CRPD processes through a series of consultations on the policy which took place up to March 2020, and advocated for the domestication of the CRPD.
- Zambia appeared (virtually) at the 14th Pre-session of the UNCRPD Committee in September 2020. Leaders of selected DPOs had the opportunity to speak to the key areas of concern highlighted in the alternative report. Issues raised included violations on the law to the right to exercise and enjoyment of legal capacity by persons with disabilities, violations on the right to life and physical integrity for persons with albinism, failure to implement inclusive education at all levels and non-inclusive emergency response plan to the COVID-19 pandemic. The committee adopted the list of issues on the initial report on 18th of September 2020. The dialogue between the State party and the Committee will continue in 2021, and the partners

EXAMPLE: COVID-19 RESPONSE AND INTELLECTUAL DISABILITY

Inclusion Africa (IA) member DPOs in Togo, Association des Parents et Amis des Personnes Encéphalopathes (APAPE), and the Association for the Promotion of the Mentally Handicapped Child (APHEHM), expressed their concerns and fear of being forgotten and left out in the national COVID-19 interventions. They experienced fear, anxiety, and feelings of helplessness in interacting with other people in the community since they did not have access to reliable information on COVID-19. This created mistrust and suspicion in local communities, even among members of the same families. One self-advocate reported that she stopped getting close to her dad since she felt that her father was going out frequently and he might have interacted with people who had the virus.

The IA regional coordinator supported the DPOs in developing easy read information about COVID-19, which was also shared with other IA member organisations in French speaking countries. Several IA members had shared the same concerns of lack of accessible information.



Training participants. PHOTO: IA

After the material was developed, basic trainings were held to equip the members with the correct information on the pandemic. This gave them the confidence and understanding on how to protect themselves and take precautions. In addition, the trainings included psychosocial support, distribution of masks and sanitisers which were donated by other well-wishers in the community. It has been reported that once a person with intellectual disability has tested positive or interacted with a person who tested positive, they were quick in getting in touch with health personnel as well as isolating themselves.

shall continue to engage with government to ensure the state is accountable to the realisation of the rights of persons with disabilities.

- **Output indicator 1113e: # and type of government legislation and policies, plans, programmes and budgets reviewed and revised for inclusivity by DPOs**
2022 midline target: 25 reviewed and revised
2020 results: 7 reviewed and revised

Examples

- As a result of a mistake in Nepal's new Social Security Act, local authorities stopped providing disability allowance to blind and partially sighted persons and other blue card holders from May 2020. NAB advocated for reinstating the facility to blue card holders (most blind and partially sighted people are blue card holders) even during the lockdown through virtual communication, social media mobilisation and press release individually and jointly with NFDN and other DPOs. As a result of the pressure, the government provided the allowance under the COVID-19 relief package as a temporary solution, and the problem of disability allowance for blue card holder has been permanently solved by the Nepal Government by amending the Social Security Act, December 2020, following advocacy by NAB.
- In Kenya, SHAKN has been part of the i2i project with Leonard Cheshire Disability (LCD). i2i focuses on access to formal employment of persons with disabilities. In collaboration with Kenya's National Council for Persons with Disabilities and LCD, an employment portal was developed where employers can post job openings and persons with disabilities can post their profiles.
- In Tanzania, the Department of Disability Affairs (DDA) has established a database known as JUMUISHI DATABASE (Jumuishi means inclusive) to capture general information on persons with disabilities. The information includes the name of the person with disability, gender, age, type of disability and shehia (where they live). The DDA is planning to conduct trainings for the shehia disability committees on how to collect and insert data into the system. NAD and MECP-Z will support the further development of this system to include actionable CBID information.

Outcome 2: Girls and boys, women and men with disabilities benefit from national and local level programmes and services in target areas

- **Outcome indicator 1121b: Narrative examples of DPOs actively participating in national and local government decision making groups/processes (e.g. district councils, community executive committees, school management committees, committees to review/develop legislation/policies/strategies, CBID programmes, etc.).**

Examples

- In Nepal, NFDN and member DPOs, such as NAB, actively participated in disability coordination committees at the municipality level. Similarly, province boards were engaged in province planning commissions which are the decision making bodies of local and province government.
- 12 Inclusion Africa members were actively participating in various decision making committees, including school management committees, local hospital health committees and social development committees. For example, in Zanzibar, IA's member is the DPO representative in the school management committee, and was consulted on budgetary allocation for learners with disabilities in the local schools.
- In Malawi, most District Assemblies have now appointed people to decision-making positions in their districts. In 2020, MUB achieved representation of eight persons with visual impairment (3F, 5M) in four district and village level committees: District Disability Forum (DDF), District Development Committee, Village Development Committee and Area Development Committee.
- In Lesotho, there were seven LNLVIP members (3F, 4M) with visual impairment in important decision making groups. They represented persons with visual impairment specifically, and persons with disabilities generally, and were working to ensure inclusion of persons with disabilities in the work of each group. Representation is ensured in the following groups: National Reforms Authority (to ensure that when validating the constitution, the needs and rights of persons with disabilities are not left behind), Ministry of Education Task Team (to make sure that when creating specific guidelines for reopening of schools,

those guidelines are also in favour of visually impaired learners), District Health Committee (to ensure that the needs of visually impaired and other disabilities are included in health matters) and District Council Committees.

- In Malawi, RHF's partner PASHL worked closely with the District Health Officer (DHO) of Chikwawa hospital who supported health centres to measure and monitor children's head circumference. Through this, the project helped the district identify children with hydrocephalus. The Queen Elizabeth Central Hospital (QECH) director also supports this by allowing all hydrocephalus clients go for screening (ultrasound screening and CT scan).
- In Angola, ANCAA collaborate with other CSOs as a member of the government's National Council of Social Action. A practical result of this collaboration was that ANCAA together with some other DPOs worked together with government to identify and support families in need with a monthly subsidy to alleviate poverty and hunger during the COVID-19 epidemic.
- In Mozambique, ACAMO participated in the drafting of a first Mozambican Disability Law. The law is scheduled to be passed in 2021. An important part of the DPO's involvement has been to assure that the new Mozambican Disability Law relates to the CRPD, the African Disability Protocol and the Marrakesh treaty.

– **Outcome indicator 1121c: Narrative examples of mainstream organisations engaging DPOs as active participants in all stages of their development and humanitarian projects/services**

Example

- Inclusion Africa and its national affiliates have been contacted by several actors who have sought advice on how to include persons with intellectual disabilities in their projects. For example, the Africa Regional Reproductive Health Initiative has engaged Inclusion Africa on the design of projects on sexual and reproductive rights. At national level, the member organisations from Zimbabwe, Kenya and Benin have been actively engaged with humanitarian actors.

– **Output indicator 1123b: CBID stakeholders share CBID-related information and experiences**

Examples

• **CBID – Trainings**

An important part of the CBID programme is to raise awareness about the rights of persons with disabilities. In Tanzania, the CBID trainings were rolled out, and volunteer level the trainings reached 157 participants (69M, 88F) while at national/district level the trainings reached 108 participants (48M, 60F). The CBID programmes aim to have an impact on attitudes towards disability through promoting mainstreaming and inclusion in Zanzibar society. CBID Stakeholder Forums have been organised, with a total of 121 key people (60M, 61F) from various government sectors (education, health, labor and social welfare, Department of Disability Affairs) and DPOs attending. The formation of WhatsApp groups, which is the cornerstone for information sharing and networking, has shown positive impacts for persons with disabilities. Information is now shared, people are providing support and alternatives, they exchange contacts, and suggest referrals for different disability cases (anonymised) that are shared in the groups.

The CBID trainings convinced the DDA to restructure the Shehia disability committees in order to ensure that they recruit people who are ready to bring change to their communities through supporting disability affairs. The project has further prompted the DDA to develop Shehia Disability Committee Guidelines which will be a road map for community volunteers on advocating for inclusion and mainstreaming the welfare of people with disabilities.

• **CBID – Education**

The Zambia CBID program, working together with partners and stakeholders from Ministry of Community Development and Social Services (MCDSS) and the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) developed curriculum for a skills award course in CBID. The training is offered by Kitwe and Monze Community Development Staff Training Colleges under MCDSS. The training targets both in-service and pre-service students. The MCDSS signed a Memorandum of Understanding (MoU) with The University of Zambia to jointly offer a diploma in Disability and Inclusive Development through the MCDSS colleges. Levy Mwanawasa Medical University developed a curriculum for occupational therapy and speech therapy. They are in the process of reviewing curricular in other disciplines to include issues around disability.

The Zambia programme has also formed nine CBID district groups in seven provinces (Lusaka, Copperbelt, North Western, Southern, Eastern, Luapula and Western) for information sharing and disability activities at local level. The CBID groups comprised of people from different backgrounds, departments, and institutions, that is health, education, livelihood etc. The groups address different types of barriers and other issues that affect persons with disabilities from participating and accessing social services in their respective districts, and to promote inclusion and participation of all persons with disabilities on an equal basis with others.

The networks are established with the support of an external consultant. Among the coordinators, 11 are persons with disabilities (6 with physical disabilities, 2 deaf persons, 2 with albinism, 1 with visual impairment). 220 participants (141 females/79 males) were trained in CBID matrix, disability legal instruments and legislation on disability, and barriers to participation of persons with disabilities. The establishment of these networks has led to increased advocacy on issues affecting persons with disabilities, e.g. more persons with disabilities receive or access rehabilitative services in their respective districts. The groups have also provided CBID stakeholders effective information systems.

- **CBID – local ownership, sustainability, quality and coverage**

In 2020, the West Bank and Gaza CBID programme worked with 12 186 persons with disabilities who have benefited from CBID, out of which 4 576 experienced positive change. The CBID programme applies the monitoring tools developed by WHO on CBID. The programme has a baseline, and the tools measure progress steps as compared with the baseline. The tool indicates an improved situation in the quality of lives at different levels, including daily living activities, education, work and participation, etc. The CBID programme has improved networking with service providers which facilitate a large number of persons with disabilities to different services including health, rehabilitation, and education.

The CBID programme has continued to grow and develop its local ownership, sustainability, quality and coverage. The local government councils are fully responsible for the CBID programme in their communities in the West Bank, and pay all salaries previously covered by the DRP. A significant amount of

EXAMPLE: GETTING SOBER THROUGH THE EFFORTS OF A DPO



Antonio Thomas Neves has been a member of ANCAA since 2015. He says, that for him, being a member and being able to meet and talk with other people sharing his condition and experience, has had a therapeutic effect after

he became blind as a 28-year-old. He thought his life was over, and started going to liquor stores, drinking too much and using drugs. After starting to attend the ANCAA Braille classes and learning to read, Tomás, now 44 years old, returned to study the 10th grade in an inclusive school. ANCAA also enrolled him in a teacher training school while providing him with an entrepreneurship course and a start-up kit. He feels like a new person today, having stopped drinking and smoking, and even dream of having a wife.

in-kind community contribution is being generated and our efforts together with the auditors have been focused on trying to quantify these contributions in order to be recognised by the auditors.

– Output indicator 1124a: # staff and volunteers trained in disability inclusion

2022 midline target: 2 365 staff and volunteers trained (1434F, 819M)

2020 results: 1 152 staff and volunteers trained (728F, 424M)

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing		-		-	-
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		728		424	1,152
Total		728		424	1,152

Inclusive Education

In 2020, there were 16 projects focusing on inclusive education. These projects were implemented, coordinated and overseen by five Atlas Alliance

organisations and their local partners. A total of 10 countries and one regional area were covered by the programme:

ATLAS ORG.	COUNTRY	LOCAL PARTNER
NABP	Angola	Associação Nacional dos Cegos e Amblíopes de Angola (ANCAA)
NABP	Laos	Lao Association of the Blind (LAB)
NABP	Lesotho	Lesotho National League of the Visually Impaired Persons (LNLVIP)
NABP	Malawi	Malawi Union of the Blind (MUB)
NABP	Mozambique	Associação dos Cegos e Amblíopes de Moçambique (ACAMO)
NABP	Nepal	Nepal Association of the Blind (NAB)
NFU	Southern Africa (region)	Inclusion Africa (IA)
NAD	Tanzania (Zanzibar)	Madrassa Early Childhood Programme, Zanzibar (MECP-Z)
NAD	Uganda	National Union of Disabled Persons of Uganda (NUDIPU), the Enabling Education Network (EENET)
NAD	Zambia	NAD Zambia
RHF	Uganda	London School of Hygiene and Tropical Medicine (LSHTM), Medical Research Council (MRC)
RHF	Malawi	Association of Spina Bifida and Hydrocephalus in Malawi (PASHL)
RHF	Africa (regional)	Spina Bifida and Hydrocephalus Association Kenya (SHAKN)
RHF	Zambia	PKF Zambia (PKF)
Signo	Malawi	Chisombezi Deafblind Centre (CDBC)
Signo	Zambia	Bauleni Special Needs Project (BSNP)

Education is a universal right, and has the power to be transformative for individuals as well as their families and communities. However, many persons with disabilities, girls in particular, are unable to access education, participate in learning processes, or complete their education. Disability increases the risk of exclusion from education - in Nepal for example, 85% of all out-of-school children are children with disabilities, despite having the same right as any other child to learn and reach their full potential. The 2018 Progress Report of the UN Secretary General estimates that 58% of children and youth are not achieving basic literacy and mathematics skills, even if they are enrolled in school. 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'S INCLUSIVE EDUCATION PROGRAMME

The overall goal, or intended impact, of the inclusive education programme, is *that girls and boys, women and men with disabilities complete inclusive and equitable quality education and benefit from lifelong learning opportunities.*

The Atlas Alliance Inclusive Education programme is guided by two major international frameworks; article



Assistive devices make a difference: Loveness Kayange from Chitipa district, Malawi, has a visual impairment. She is 13 years old, and is a student at St. Marys' Resource Centre. She is the first visually impaired learner of St Mary's school to use the Orbit Reader 20 device, which she got through MUB, NABP's local partner in Malawi. The device is portable and easy to use, and contains a lot of curriculum braille books. Loveness has benefited greatly from the device – she is performing well in class, and at the last examinations, Loveness took position number 1 in her class. PHOTO: MUB.

practices and materials is fundamental if children with disabilities are to receive a quality education alongside their peers.

To achieve the overall goal, the Atlas organisations and their partners have identified the following outcomes:

Outcome 1: DPOs take a leading role in collaborative advocacy for inclusive education and early childhood development at regional, national and sub-national level.

Outcome 2: Girls and boys, women and men with disabilities have access, participate and achieve in inclusive education and early childhood development in target areas.

The primary target group of the programme are made up of the following sub-groups that will be involved directly in programme activities:

1. Partner DPOs and their members who, with programme support, take a leading role in advocating for inclusive and equitable quality education for all.
2. Girls and boys, women and men with disabilities enrolled in the target institutions, including primary, secondary, tertiary, and other kinds of educational facilities.
3. Teachers, other educational staff, and school management who benefit from teacher trainings and capacity development activities.

24 of the CRPD, which “recognises the right of persons with disabilities to education” and the Sustainable Development Goals. The projects under the inclusive education programme work towards SDG Goal 4 through a variety of activities 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 training in inclusive education methods,

4. Mainstream development actors (NGOs and CSOs) who receive training on inclusive education.
5. Relevant local and national government actors that are involved in professional capacity development to allow for better education policies.

Context

The Atlas organisations and their local partners had to adapt their projects in many ways in 2020. Activities were relocated from physical to virtual meeting places, and local partners climbed a steep learning curve from face-to-face to digital trainings, upgraded offices and home offices, and thought of innovative ways of reaching the most marginalised. Some major challenges that the local partners had to work through were:

- **Closed schools:** Schools in all partner countries were closed for shorter or longer periods, making programme implementation difficult. In addition, travel regulations and restrictions on gatherings meant that the non-school components of the programme also became very difficult to carry out. Some could be done in smaller groups and with protective gear, while others had to be moved to digital platforms or postponed. Because of this pandemic-enforced closure of the education sector, the dialogue with the schools, school administration, and teachers was discontinued. The closure of the schools also meant that the teachers that had started training in 2019-2020 were unable to implement and test their new skills. Also, with the closure of schools for longer periods, students lost most of the school year, with follow-up of students being difficult or impossible in some countries.
- **Changed schedules:** In all project countries, scheduled activities had to be moved, delayed or changed in some ways. For instance, in Angola, roll-out of inclusive education, especially in new provinces, was delayed throughout 2020, since the identification, planning and training were severely affected by lockdowns in several provinces. In Lesotho, inclusive education was the thematic area experiencing the most delays.
- **Safety measures:** In Zambia, NAD re-allocated some funds meant for direct field programmes to COVID-19 prevention activities. This was necessary to ensure that the health and well-being of staff and

beneficiaries was not compromised. Funds were also allocated to upgrade online communication platforms and equipment of the organisation and partners, as several activities were adjusted to take place online rather than physically.

- **Changing government efforts:** The number of schools targeted by LAB's inclusive education efforts was reduced from ten to eight in 2020. The reason for this was that the Ministry of Education and Sports (MoES) choose to intensify the inclusive education work in a small number of schools.

At the same time, alternative ways to ensure project implementation were found, as well as results not directly reflected in the results. Some examples are below.

- **Home-based education:** In Malawi, CDBC made home-based education the only education method for all children and families receiving their services.
- **Working through restrictions:** Some workshops and trainings for families, and for teachers at collaborating schools, were carried out under strict preventive measures, such as by CDBC in Malawi. Due to the outbreak and the restrictions imposed, the advocacy of NAB was carried out virtually through telephone and mass media, as well as social media.
- **Alternative learning platforms:** In Nepal, NAB was able to print over 1 000 braille textbooks for the Nepalese government, as planned, and distributed them across the country on schedule. However, as schools and hostels were closed, students were not able to get their textbooks, and NAB focused their attention on advocating for the access of blind and partially sighted students to the alternative learning platforms being promoted by the Government.
- **Enrolment:** While ANCAA in Angola was not able to support learners to enrol in the target areas, they were able to lobby with education authorities to ensure enrolment of more visually impaired students nationally. Likewise, ACAMO was not able to ensure enrolment of new students in the targeted areas in Mozambique due to closed schools, but was able to identify students for enrolment.
- **Strengthening relationships:** The sustainability of the inclusive education efforts of LAB is a challenge

as the MoES does not provide financial support to activities performed by LAB. This should be done according to the Red Book III (Inclusive Education Policy). LAB thus used a two-week training course for sensitising teachers and academic officers to strengthen their relationship with the MoES and the Ministry of Labor and Social Welfare (MoLSW).

- **Advocacy:** Some advocacy activities with a focus on inclusive education were done in Lesotho, which ensured the LNLVIP a seat in the newly formed national Task Team. The main role of the Task Team is to set inclusive guidelines for re-opening of schools. In Malawi, MUB advocated for the opening of schools as learners with disabilities could not access online lessons due to challenges in using digital resources. With the closure of schools, learners with disabilities were not allowed to take books home and this impacted negatively on their schoolwork. MUB also lobbied government to print more learners' books in accessible format so that each learner can have their own books.

SELECTED 2020 RESULTS

Selected 2020 inclusive education results are outlined below for annual indicators, with the midline targets for 2022 outlined for comparison. Wherever applicable, disaggregation of numbers is provided based on gender, age and disability.

Outcome 1. DPOs take a leading role in collaborative advocacy for inclusive education and early childhood development at regional, national and sub-national level

- **Outcome indicator 1210b: Narrative examples of changes in relevant laws or policies, or new laws, policies, or strategies on inclusive education, or changes in existing frameworks**

Examples

- The National Special Education Policy oriented towards school inclusion was approved in Angola in 2020. The Accessibility Law also guarantees education for all and interpreters in schools and communication bodies.

EXAMPLE: FEELING WELCOME TO RWAMWANJA PRIMARY SCHOOL



Nice is receiving her self-study materials to continue studying from home, as schools remained largely closed.

Nice is a 10-year-old refugee girl living with a physical disability in the Rwamwanja refugee settlement in Kamwenge District in Uganda. She has small lower limb and at the time of enrolment the Head teacher of Rwamwanja Primary school tried to advise her mother to take her to a special school. Although the Head teacher eventually let Nice into the school, he was not comfortable with her presence in the school as he felt a special school was her place. NUDIPU introduced the inclusive education project in the district of Kamwenge and the Head teacher was trained on inclusive education as a Principal Trainer who would in turn cascade the training to his teachers. The Head teacher's attitude towards Nice changed for the better, and he now trains teachers on how to include learners with disabilities and other special needs in the school. Many other children with disabilities have been identified in the communities to enrol, and when the schools reopen, the children will be able to join other learners in the mainstream school.

- In 2020, the Ministry of Education and Vocational Training (MOEVT) in Tanzania initiated the process of amending the Education Policy, where different stakeholders were contacted to share their inputs. The

EXAMPLE: EMPLOYED BY THE GOVERNMENT



Ms. Inpaeng is proud of her certificate

Ms. Inpaeng Vilaihong from Laos became totally blind when she was only five years old. People in the village started gossiping and strongly condemned her parents as sinners for having a blind daughter, and the family fled from the village to live in a paddy field. When Inpaeng was 12 she was supported by the National Rehabilitation Centre in Vientiane Capital with special and inclusive education. In 2005, she graduated upper secondary school. She then spent 11 years earning an income through providing traditional massage services, supported by LAB.

In 2016, LAB realised her educational needs and supported her to get access to inclusive education at the National University of Laos. She was a model student of the Faculty of Education, and graduated the four-year course in 2020. She is now the first blind person employed by the government who is working on inclusive education development.

policy is still being reviewed at a high level and will soon go to the Zanzibar Revolutionary council to be passed. The policy has a specific chapter on inclusive education. The Inclusive Education policy (drafted in 2010), which has yet to be approved, has been put on hold by the Ministry, awaiting the amendment of the Education Policy to be completed. Once the education policy has been finalised, any gaps in the information on inclusivity will be covered by the Inclusive Education policy.

- **Outcome indicator 1210c: Narrative examples of advocacy campaigns that have influenced decision makers on education and early childhood development at national and local level**

Examples

- In Mozambique, DPOs have for the last few years been lobbying for the inclusion of inclusive education modules in the new teacher-training curriculum in force from 2020. This advocacy has been successful as Braille, sign language and disability-sensitive pedagogy are now part of this new curriculum.
- In Tanzania, MECP-Z presented the CBID inclusive education project to the Ministry of Education in 2020. The Ministry was impressed with the support Madrasa is showing in the education sector and approved the project; therefore, the Local Government Authority sent an acknowledgement letter to officially recognise and accept the initiatives of the project. The project led by MECP-Z is fairly new in Zanzibar, and this was therefore a significant milestone.
- IA developed a resolution together with the African Disability Forum and will use it to influence inclusive education policies in the region. The development of the strategy started in 2019 and was finalised in early 2020. The resolution calls upon African governments to adopt and support the establishment of an inclusive education system where all education facilities, both public and private, are regulated under its competency and budgets, and that provides children, youth and adults with disabilities with equal access to education at all levels.
- In 2020 MUB saw two initiatives from the Ministry of Education that could be an indication of the advocacy done by MUB and partners yielding results.

Firstly, the ministry introduced inclusive education coordinators, which will significantly promote initiatives of inclusive education and contribute to easy flow of information. Secondly, the Ministry of Education and its partners were promoting universal design for learning, in which almost all the specialist teachers have been trained as trainers, on how to develop and implement individualised education plans.

- In Nepal, NAB advocated to secure the rightful employment of blind teachers as experience showed that most schools recruited ineligible persons under the special quotas for blind and partially sighted people. The advocacy was done with the Education Unit at the Education Ministry and with the specific schools in question. This work resulted in seven blind and partially sighted persons (3F, 4M) being employed as public school teachers in various districts.

— **Output indicator 1211a: # of advocacy initiatives and materials promoting inclusive education and early childhood development**

2022 midline target: 165 advocacy initiatives and materials

2020 results: 46 advocacy initiatives and materials

Examples

- In Zanzibar, MECP-Z worked closely with SHIJUWAZA and the Ministry of Education to support home learning by including sign language in all educational TV programmes and to print braille notes for students with visual impairment who were sitting for their national exams.
- In Nepal, the Inclusive Education Committee formed under NFDN, led by the Director of NAB, reviewed 16 school textbooks and four teacher's guides, and provided feedback to the Ministry of Education through a series of virtual meetings.
- LAB supported two students in Laos with 32 braille books.
- LSHTM/MRC had two publications in scientific peer reviewed journals *Disability & Society* and the *Scandinavian Journal of Disability Research*, one book chapter in an international book on childhood disability studies of Sheffield University, and held four presentations with around 1 000 ministry

EXAMPLE: KIRATU RASHID



Kiratu Rashi is the first-born in the family out of two children. She is three years old and is deafblind because of Cerebral Malaria at six months old. By the time she turned one, she was not able to sit, walk or hold objects. Her mother was referred to Chisombezi in 2019, and with the intervention given to Kiratu and her mother, over the course of nine months, Kiratu learned to sit and walk. She is now able to run, and also able to eat nsima on her own. Kiratu is due to be enrolled at Chisombezi in 2021.

officials, NGO staff, academics, and politicians in audience.

- MUB held three sensitisation meetings with the Area Development Committee and two Village Development Committees of two primary schools to seek their support in education of learners with visual impairments and other disabilities in Rumphi. These committees comprised of local and religious leaders, and other influential individuals within the community.
- CDBC had three meetings with District Education Officers, the Primary Education advisor, and four schools in Malawi.

- BSNP carried out several of their activities that aim to raise awareness about deafblindness and to develop the capacity of teachers, such as an awareness and sensitisation meeting for 40 government officials and awareness campaigns covering five districts in Lusaka Province.

– **Output indicator 1211c: # of DPO members trained on inclusive education and early childhood development**

2022 midline target: 984 DPO members trained (545F, 415M)

2020 results: 346 DPO members trained (229F, 117M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		11		11	22
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		218		106	324
Total		229			

Examples

- In Zambia, 120 parents were trained in inclusive education through home learning. Additionally, nine parents were trained in inclusive education by the Zambia Association on Employment for Persons with Disabilities (ZAEPD) and 143 parents of children with disabilities and the community welfare assistant committee members were trained in homebased education in the Southern province (also by ZAEPD).
- NAB, in coordination with Blind Youth Association Nepal (BYAN), trained 22 blind and partially sighted youth (11F, 11M), teachers, students, and leaders in Kathmandu, Nepal, on educational issues of blind and partially sighted students and teachers. The participants discussed and identified key challenges related to educational activities of blind and partially sighted. NAB and BYAN will jointly raise these issues while advocating with the concerned authorities to make the education system more inclusive.

– **Output indicator 1211d: Narrative examples of mainstream actors (NGOs, media, others) acting as allies on inclusive education and early childhood development**

Examples

- In Nepal, orientation for mainstream actors on inclusive education were held to ensure enabling of requirements for inclusive education in the resource classes in schools in the targeted area (although closed), and to form allies for achieving targets. A training package was developed and rolled out, and in the five targeted districts and Kathmandu, 97 persons (30F, 67M), including mainstream actors and inclusive education monitoring committee members, were oriented.
- IA participated in the regional event on SDGs after invitation by the United Nations Economic Commission for Africa in February 2020. During the event they identified regional organisations working on education whom they plan to work with in promoting inclusive education and early childhood development. One of the regional organisations was Forum for African Women Educationists.

- In 2020, LAB participated in four meetings with the MoES in Laos. The MoES shared information on the progress of their inclusive education work and LAB contributed with ideas and solutions for blind and partially sighted students.

– **Output indicator 1212a: Narrative examples of documented findings from DPOs monitoring of local government budgets and use of budget allocations for inclusive education and early childhood development in target areas**

Example

- In Lesotho, LNLVIP had a meeting with three officials from the Inclusive Education Department (the Inclusive Education Manager, the Education Planning Officer and the CEO of tertiary Institutions) on the budget allocations for the inclusive education policy implementation. The meeting was held at the Ministry of Education, and LNLVIP encouraged the department to request for budget for the implementation of the policy and to make recommendations for budgeting

to the government regarding education for 2020/2021. The conclusion was that the ministry would review the inclusive education budget and send it to the relevant department, thus there was no budget set off for inclusive education implementation in 2020. The Ministry did not share the actual budget, and the department stated that the activities they managed to do in 2020 were financed by external donors like the World Bank and UNICEF.

- **Output indicator 1212b: # of DPO members trained in monitoring implementation of the CRPD, UNCRC and SDG for the education sector**
2022 midline target: 150 DPO members trained (71F, 79M)
2020 results: 28 DPO members trained (11F, 17M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	-	11	-	17	28
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	-	-	-	-	-
Total	-	11	-	17	28

Example

- NAB conducted training of 28 DPO members to form inclusive education monitoring committees. The project formed six such committees; five in the project districts and one at central level. The committee at central level had representation from the Ministry of Education and the Federation of Women with Disabilities Nepal, in addition to BYAN and NAB. In two of the project districts, the committees had representation from local government, local education authorities, and other DPO and NGO federations. In three project districts, committee members were exclusively NAB members.

Outcome 2. Girls and boys, women and men with disabilities have access, participate and achieve in inclusive education and early childhood development in target areas

- **Outcome indicator 1220d: # of out of school children supported to enrol in educational institutions**
2022 midline target: 298 school children supported (149F, 149M)
2020 results: 12 school children supported (5F, 7M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	5		7		12
WG2. hearing	-		-		-
WG3. walking	-		-		-
WG4. cognition	-		-		-
WG5. self-care	-		-		-
WG6. communication	-		-		-
WGES affect	-		-		-
Not registered-N/A	-		-		-
Total	5		7		

Supporting enrolment in 2020 was difficult with most schools being closed for the entire, most or part of the school year, such as in Nepal, Mozambique and Angola.

- **Outcome indicator 1220g: Narrative examples of parents and others report being supported in caring for children of pre-school age and school age children**

Example

- In Signo's project in Malawi, parents reported that parent seminars and homebased education helped them understand their children's disability, as well as enabled them to learn from other families how to include their children in education and society.

- **Outcome indicator 1220h: Narrative examples of piloted inclusive education material forming the basis for changes in teacher education curriculum**

Examples

- Nine out of eleven teacher training modules were introduced in the Zanzibar context. MECP-Z started the process of gaining approval of the inclusive education modules from the Zanzibar Institute of Education for use in in-service teacher training across the country. Furthermore, an initiative is on-going on using the inclusive education material to revise the curriculums of different teacher training courses in colleges and universities in Zanzibar.

- In Zambia, 11 inclusive education manuals were piloted in six schools in Zambia under NAD's project, and were approved for use for pre-service and in-service teachers by the government in 2020.
- In Uganda, LSHTM/MRC reported that training manuals were drafted but could not be tested as schools were closed.
- In 2020 LAB cooperated with Chansavang upper secondary school on providing students with braille books. Whenever one of the six inclusive education schools in Vientiane changes the curricula, or new students are enrolled, they contact LAB who assists them in producing all braille books needed for blind and partially sighted students.

— **Output indicator 1221a: # of teachers/ teaching staff trained on inclusive education**

2022 midline target: 2 566 teachers/ teaching staff trained (1554F, 1012M)

2020 results: 1 011 teachers/ teaching staff trained (747F, 261M)

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing		3		3	6
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		744		261	1,005
Total		747		264	1,011

Examples

- In Tanzania, 826 teachers were trained. This included 50 principal trainers (30F, 20M), 184 teachers from the 8 pilot schools (142F, 42M) and 592 teachers from the new target schools (460F, 132M).
- In Malawi, MUB trained 55 teachers (40F, 15M), which was 19 more than originally planned. The training was for five days and covered sessions such as how to make teaching and learning materials from

local available resources, functional assessment for learners with special education needs, disability rights, Water, Sanitation and Hygiene (WASH) and sexual and reproductive health, barriers to inclusion, the teaching and learning environment, classroom management and child centred teaching techniques, and inclusive lesson planning.

- In Nepal, NAB trained seven resource teachers in seven schools as planned. In addition to this, NAB trained 13 science teachers and 13 math teachers in the same schools (two days training for each group) on various issues related to how to teach math and science to blind and partially sighted students. Both trainings were held over Zoom.
- BSNP and Zambia Institute of Special Education (ZAMISE) trained 12 teachers (8F, 4M) in deafblindness. The trainings were aimed at capacity development for teachers as part of continuous capacity building.

— **Output indicator 1222a: # of government officials trained on inclusive education and early childhood development**

2022 midline target: 907 government officials trained (431F, 476M)

2020 results: 250 government officials trained (124F, 126M)

Disaggregation / functional domain	F/ u18	F/ a18	M/ u18	M/ a18	Total
WG1. seeing		7		17	24
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		117		109	226
Total		124		126	

Examples

- In Malawi, 11 education officials (5F, 6M) participated in sensitisation meetings MUB held with the District Education Technical Committees in Rumphi and Nkhonkhotakota. The purpose was to sensitise the committees on the right to education for learners

with disabilities and to seek technical support for successful implementation of the project. These were entry meetings as per requirement before project presentation to the District Executive Council for approval of project execution in the district.

- In Tanzania, 173 government officials were trained at national/district and volunteer level. At the national/district level, 46 government officials (21F, 25M) were trained, while at volunteer level, 127 Shehia Disability Committee members (59F, 68M) received training. The volunteers were not formally government officials but had a mandate from the government to hold an outreach role at community level.
- **Output indicator 1222b: Narrative examples of government officials actively supporting inclusive education and early childhood development**

Examples

- In Angola, the Minister of Education was actively involved in inclusive education. There is also an Institute of Special Education within the Angolan Ministry of Education led by the Director of National Special Education.
- In Uganda, Dr Pamela Nizeyimana, Sarah Bugoosi, and Jane Kantono from the Ministry of Education were very supportive to the Obuntu project of LSHTM/MRC and were actively involved in disseminating findings, as well as in the development of the training manuals.
- In Zambia, NAD supported the production of Inclusive Education manuals in partnership with the government and EENET. The manuals were approved by the Curriculum Development Centre in November 2020.
- In Mozambique, the Ministers of Gender, Children and Social Affairs, and the Minister of Education reaffirmed their commitment to strengthening inclusive education in the country.
- During the 2020 presidential elections campaign in Zanzibar, the presidential candidate met with persons with disabilities in Pemba and raised ten issues. Among the issues raised was that teachers with

knowledge of inclusive education have no incentives. Also, there are not enough teachers educated in inclusive education to reach all schools in Zanzibar. The president at that time promised to add benefits specifically for teachers who have inclusive education knowledge and to employ more teachers with Inclusive Education knowledge. This is a significant pledge that can be used in advocacy in the coming years.

- **Output indicator 1223a: # parents of preschool children with disabilities participating in early childhood development activities.**

2022 midline target: 905 preschool children (500F, 405M)

2020 results: 143 preschool children (104F, 39M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		-		-	-
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		104		39	143
Total		104		39	143

Inclusive Health and Rehabilitation

In 2020, there were 21 projects focusing on inclusive health and rehabilitation. These projects were implemented, coordinated and overseen by four Atlas

Alliance organisations and their local partners. A total of eight countries and two regions were covered by the programme.

ATLAS ORG.	COUNTRY	LOCAL PARTNER
NABP	Angola	Associação Nacional de Cegos e Amblíopes de Angola (ANCAA)
NABP	Angola	The provincial government of Uíge
NABP	Laos	Lao Association of the Blind (LAB)
NABP	Lesotho	Lesotho National League of the Visually Impaired Persons (LNLVIP)
NABP	Lesotho	The Lesotho Ministry of Health
NABP	Malawi	Malawi Union of the Blind (MUB)
Signo	Malawi	Chisombezi Deafblind Centre (CDBC)
RHF	Malawi	Parents Association for Spina Bifida and Hydrocephalus Limited Malawi (PASHL)
NABP	Mozambique	Associação dos Cegos e Amblíopes de Moçambique (ACAMO)
NABP	Mozambique	The Mozambican Ministry of Health
NABP	Nepal	Nepal Union of the Blind (NAB)
NABP	Nepal	Nepal Netra Jyoti Sangh (NNJS)
NFU	Southern Africa (region)	Inclusion Africa (IA)
NABP	Africa (Regional)	African Union of the Blind (AFUB)
RHF	Africa (regional)	Spina Bifida and Hydrocephalus Association Kenya (SHAKN)
RHF	Uganda	London School of Hygiene and Tropical Medicine (LSHTM) / Medical Research Council (MRC)
RHF	Uganda	Spina Bifida and Hydrocephalus Association of Uganda (SHA-U)
YMHN	Uganda	Mental Health Uganda (MHU)
RHF	Zambia	Papaya Kay Foundation Zambia (PKF)

WHO defines “health” as a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity. Persons with disabilities, like all people, need access to preventive and curative health services to live fulfilling lives. In addition, some persons with disabilities benefit from assistive devices, such as mobility aids, hearing aids, and glasses, that help them achieve independence and reduce or compensate for loss of function like vision, hearing or mobility. Unfortunately, in far too many

countries, persons with disabilities experience that health care is inaccessible, due to e.g. lack of disability awareness, trained medical staff, disability friendly health policies or proper equipment.

THE ATLAS ALLIANCE’S HEALTH AND REHABILITATION PROGRAMME

The WHO definition is reflected in the desired programme impact that *girls and boys, women and men with disabilities achieve and maintain maximum self-*



A group of patients after having received eye surgery during Bardiya Surgical Eye Camp in Nepal. PHOTO: NAB.

sufficiency and optimal functioning in interaction with their environments.

Guided by SDG 3 and CRPD Article 25, the Atlas organisations work to ensure that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination based on disability. Key activities include advocacy directed at health authorities, training of health personnel, and provision of services such as health and rehabilitation services. The provision of strategic key services is complementary of evidence-based advocacy activities under the Atlas Alliance's rights-based approach.

To achieve the overall goal of the health and rehabilitation programme, the Atlas organisations and their partners have identified the following outcome:

Outcome 1: Girls and boys, women and men with disabilities, and those at risk of developing disabilities, benefit from inclusive health and rehabilitation services, including life skills training.

The primary target group of the programme consists of the following sub-groups that are involved directly in programme activities:

1. Blind and partially sighted persons who receive health care services,
2. Children with spina bifida and hydrocephalus who receive health care services,
3. Persons with mental health issues who receive health care services,
4. Partner DPOs that are part of capacity building,
5. Health professionals and volunteers at hospitals and health facilities, and
6. Government health authorities.

Context

In 2020, due to COVID-19, the Atlas organisations and their local partners were forced to find ways to adapt to the new situation and changed reality, by either lowering their targets or postponing project activities to 2021. Several projects also saw the need to change their focus from planned activities to more imminent issues. Some major challenges that the local partners had to work through were:

- **COVID-19 restrictions:** Strict measures aimed at containing further spread made it difficult to conduct activities as planned, either at the intended time or at the intended scale. Some of these measures were strict social distancing, limit on public and private gatherings, stay-at-home-orders, lockdown, school

EXAMPLE: PUTTING MENTAL HEALTH ON THE AGENDA



Mental Health Uganda carried out a mapping exercise to improve their understanding of their target groups' needs and strengthen their relationship with other project stakeholders. Young people (user representatives) from across Uganda were invited to form a reference group to validate the preparation (roadmap and tools) for mapping mental health service providers in their regions, so as to facilitate referral alongside phone counselling to young people with mental health problems, and enhance partnerships and collaborations for the project. PHOTO: MHU.

Only 0.7% of the Uganda health budget is allocated to mental health, making it difficult to provide high quality mental health care. Joan was struggling with feelings of hopelessness, despite a successful career. She had felt this way for a while and she attempted, or at least was tempted, to end her life one night when she was out driving on the road. Luckily, someone honked at her while she was driving towards a huge truck on the road. When she got home, she turned on the television and saw MHU on a talk show. She decided to call the listed number. Joan talked to a dedicated councillor that helped her sort through her issues. She also received some medication for her extremely low spirit when she came to visit MHU's office. Since MHU's phone counselling service was not operational yet, all recourses were available at the office building in Kampala. It was clear that Joan needed someone she could fall apart in front of, someone that she did not have to put on a big smile for or be strong for.

closures and testing requirements before medical appointments. This affected group activities such as school screenings, meetings, government lobbying, and training of health professionals which were either delayed or decreased in scope.

- **Patient and participant decrease:** There was a decrease in patients and participants, which could be linked with a fear of being in contact with health professionals due to the risk of getting infected, as well as a result of travel restrictions.
- **Shifted focus:** Some hospitals and health centres diverted their attention to fight COVID-19. This limited the programme engagement with different stakeholders. For example, restrictions for out-patient appointments affected routine check-ups for spina bifida and hydrocephalus patients. In Lesotho, at a hospital where the Eye Health Care Project (EHCP) contributed with equipment and consumables for surgeries, all surgeries were stopped, and the hospital turned into a COVID-19 hospital. Due to closed training institutions, the EHCP training of health personnel was also delayed.
- **Lack of health professionals:** Some hospitals had difficulties in retaining staff when they were closed for long periods and saw increased costs of providing services due to COVID-19 preventive measures (personal protective equipment, etc.). In several countries health professionals also contracted COVID-19, such as in Mozambique where more than 150 healthcare professionals in Manica, including doctors, nurses, and other paramedics suffered from COVID-19, including both ophthalmologists in NABP's project.
- **Increased prices:** Because of the pandemic, the cost of living, commodity prices and transportation increased significantly in countries such as Malawi. This limited the ability of persons with disabilities to travel to activities as well as put them in a dire situation lacking sufficient food and medicine.
- **Lack of equipment and commodities:** Projects experienced difficulties importing necessary equipment and medical consumables, such as in Mozambique, or saw a shortage of consumables and service on medical equipment because of restrictions on commerce (such as in Angola).

At the same time, alternative ways to ensure project implementation were found, as well as results not directly reflected in the results. Some examples are below.

- **Alternative beneficiary engagement:** SHA-U engaged smaller groups of families at village level in Uganda, forming strong social support within communities. They also facilitated youth peer leaders and focal parents to be able to move to communities to offer psychosocial support during the partial lock down. In Malawi, PASHL did telephone supervision and WhatsApp group monitoring of progress to work around the COVID-19 restrictions, and Health Surveillance Assistants did home visits to conduct head circumference measurements.
- **Quick turnaround:** In Nepal, when the situation allowed it towards the end of the year, some screening camps were held as well as one surgical camp. The programme was able to rapidly provide free surgeries to almost half of the 2020 target in a very short time frame. Similarly, once hospitals could reopen, they managed to reach just under half the 2020 target for cataract surgeries.
- **Stakeholder analysis:** During the mapping activity of all mental health actors in YMHN's project in Uganda, MHU discovered that key stakeholders did not understand the state and evolution within the mental health sector. This presented a new challenge. Some actors, that would play active roles in awareness and advocacy, needed elementary training themselves. Consequently, MHU decided to undertake a stakeholder analysis with a view to revise the roles of different actors.
- **Training:** IA held training for persons with intellectual disabilities and their families on COVID-19 in Togo, intended to equip the members with the correct information on the pandemic. This gave them the confidence and understanding on how to protect themselves and take precautions.
- **Food distribution:** The pandemic and lockdown measures created a food shortage all over Angola, and the government was not able to provide basic food to everyone in need. ANCAA was, through project funding and own food production, able to distribute food baskets to as many as 3 400 members and their families.

SELECTED 2020 RESULTS

Selected 2020 inclusive health and rehabilitation results are outlined below for annual indicators, with the midline targets for 2022 outlined for comparison. Wherever applicable, disaggregation of numbers is also provided based on gender, age and disability.

Outcome 1. Girls and boys, women and men with disabilities, and those at risk of developing disabilities, benefit from inclusive health and rehabilitation services, including life skills training

– Outcome indicator 1310a: # of girls and boys, women and men with disabilities having received health services

2022 midline target: 1 099 825 persons with disabilities (552 366F, 547 459M)

2020 results: 167 580 persons with disabilities (92 878F, 74 702M)

Disaggregation /functional domain	F/u18	F/a18	M/u18	M/a18	Total
WG1. seeing	13,418	79,409	16,629	58,032	167,488
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	2	24	4	19	49
Not registered-N/A	19	6	12	6	43
Total	13,439	79,439	16,645	58,057	167,580

Examples

- Most of the benefitting persons were part of NABP's eye health project in Nepal, where as many as 145 754 consultations (57% female) and Outpatient Department (OPD) services were carried out at eye hospitals, clinics and outreach activities. The project achieved 41% of the target for OPD in general (combined at hospitals, clinics, camps). Looking only at OPD in outreach (camps, screenings) which is generally in rural and more remote areas, less than 10% was achieved. The reduction in access to healthcare was thus much more severe for the already most marginalised population - this is important to note and subsequently address.

- RHF's partner in Malawi increased their focus on psychosocial support in 2020, provided by peer parents and youths with spina bifida and hydrocephalus. This contributed towards positive intervention seeking behaviour among 154 families with spina bifida and hydrocephalus children.

— **Output indicator 1311a: # of girls and boys, women and men with disabilities, or at risk of developing disabilities, that are identified/screened**
 2022 midline target: 927 325 identified/screened (463 662F, 463 664M)
 2020 results: 515 038 identified/screened (256 902F, 258 136M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	4,010	250,379	5,551	250,587	510,527
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	1,027	1,486	1,088	910	4,511
Total	5,037	251,865	6,639	251,497	515,038

To provide the necessary health services in an area, such as a specific village or school, it may be a prerequisite to conduct a screening to identify how many and who will be needing such services. Screenings are often conducted in schools, outreach camps, as part of consultations, or during disability surveys, which proved to be challenging in some areas due to closed schools, travel restrictions and COVID-19 prioritizing hospitals. Nonetheless, local partners were able to screen and/or identify persons with disabilities in Angola, Laos, Lesotho, Malawi, Mozambique, Nepal and Zambia.

Examples

- The majority, 490 000 persons (244 955F, 244 998M, 47 third gender), were screened through vision tests in Nepal as part of the disability household survey of NAB in three districts. Out of these, 9 049 were found to be blind or partially sighted. The survey could not be completed in 2020, so continued until January 2021 with pending data analysis.
- In Malawi, of 3 810 measured head circumferences conducted under RHF's project, 14 children (5F, 9M) were identified with a disability. This routine examination and measurement of hydrocephalus helped identifying children that were at risk of hydrocephalus for further assessment. Had it not been for this, the children could have ended up developing brain damage and other devastating complications leading to untimely death. It is worth noting is that the number of children that had their head circumference measured increased by 100%, and so were the number of health workers measuring head circumference.

— **Output indicator 1311b: # of consultations**
 2022 midline target: 1 151 300 consultations (57 7991F, 57 3309M)
 2020 results: 161 952 consultations (90 993F, 70 959M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	11,140	79,816	12,291	58,639	161,886
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	2	24	4	19	49
Not registered-N/A	11	-	6	-	17
Total	11,153	79,840	12,301	58,658	161,952

EXAMPLE: CATARACT SURGERY RESTORES EYESIGHT

Sixty-year-old Jyoti Prasad of Tulsipur, Dang, was completely blind with bilateral cataract for one year and could not even recognise his own immediate family members. He had to be helped by others for the smallest of personal tasks and grew sad with each passing day at his dismal future. One day he was able to visit the Rapti Eye Hospital with the help of his family members, where he received free surgery in both his eyes. After the successful surgery Jyoti was delighted to discover that he could see everything very clearly as before. When narrating his experience, Jyoti Prasad was happy, he felt that he had regained all the joy in his life, and he felt hopeful about the future. He started his new life, after having his eyesight restored. He built a new house and started to work on the vegetable garden. He even began to weave cane baskets and raise some cattle as an income generating venture.



Jyoti Prasad in his vegetable garden in Tulsipur, Nepal. PHOTO: NAB

Example

- Inclusive health projects in Angola, Lesotho, Malawi, Mozambique, Nepal and Uganda were able to provide consultation services related to eye health, spina bifida and hydrocephalus and mental health. Some consultations were held in out-reach clinics, but the majority were in hospitals. It is worth noting that one person may have had more than one consultation. During consultations, patients would get counselling, a diagnosis, advice, simple treatments (such as eye drops and creams), and/or referrals to specialists. Around 90% of the consultations were conducted under the eye health project in Nepal (82 406F, 63 348M). In Angola, NABP's project was able to examine and treat roughly half the number of patients of a normal year with a total of 6 822 cases (3 694F, 3 128M).

- **Output indicator 1311c: # of surgeries performed**
2022 midline target: 58 491 surgeries performed (29 366F, 29 125M)
2020 results: 10 159 surgeries performed (5 455F, 4 704M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
Total	130	5,325	161	4,543	10,159

Surgeries often cannot wait. A pandemic thus may have potentially devastating effects for children in need of operation for hydrocephalus, and adults and children in urgent need of eye surgery to prevent blindness. Despite many challenges, local partners in Angola, Lesotho, Malawi, Mozambique and Nepal were still able to ensure surgery for persons with disabilities or at risk of developing disability.

Examples

- Eight children (3F, 5M) confirmed with hydrocephalus in Malawi were operated on time, enabling them to grow, lead an independent life and participate effectively in society.
- Under the eye health project in Lamahi in Nepal, the eye hospitals and affiliated centres prevented potential permanent eye damage and blindness for over 9 000 persons through cataract and glaucoma surgeries, as well as minor and major surgeries due to e.g. blunt trauma.
- In Mozambique, the project doctor operated on 984 patients (346F, 638M) while the project in Lesotho supported 117 surgeries (60F, 57M).

– Output indicator 1311d: # of persons with disabilities supported with transportation and accommodation to services

2022 midline target: 1 715 persons with disabilities (874F, 841M)

2020 results: 99 persons with disabilities (57F, 42M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	-	-	-	-	-
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	28	29	25	17	99
Total	28	29	25	17	99

Example

- To ensure that people in need of the provided health services can access them, two projects offered transportation and accommodation services in 2020. The local partners of RHF in Malawi and Zambia were able to secure such support to children with Spina bifida and hydrocephalus and their parents.
- Output indicator 1311e # of campaigns about health and rehabilitation services (including life skills)
- 2022 midline target: 243 campaigns
- 2020 results: 74 campaigns

With the ongoing pandemic making it difficult to hold planned campaigns involving face-to-face interaction, many of the local partners focused on other methods to spread the word. Local partners in Angola, Malawi, Nepal, Southern Africa and Uganda were still able to contribute to this indicator.

Examples of campaigns

- Awareness raising on eye health and eye health services on TV and radio (11 280 broadcasts on radio in Nepal, 10 TV/radio programmes in Malawi)
- MUB's campaign meetings with traditional leaders in Malawi.
- The celebration of the World Spina Bifida and Hydrocephalus Day in four countries (Kenya, Malawi, Uganda and Zambia).
- IA's campaign focused on the impact of COVID-19 among persons with intellectual disabilities.
- A TV-broadcasted public service announcement aimed at creating and spreading awareness about deafblindness among stakeholders, including the family, community and public.

– Output indicator 1311f: # of persons with disabilities that have been provided with assistive products appropriate to their needs

2022 midline target: 11 388 persons with disabilities (5 694F, 5 694M)

2020 results: 2 280 persons with disabilities (1 025F, 1 255M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	459	552	535	703	2,249
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	14	-	15	2	31
Total	473	552	550	705	2,280

Example

- Assistive products and devices are important, and, in many cases, necessary to ensure inclusivity. NABP's local partners in Angola, Mozambique, Nepal and Malawi were able to distribute Braille machines, slates and styluses, Braille spelling devices, and white canes for blind and visually impaired children and adults in their target areas. In addition, glasses were distributed to persons with refractive error and vision loss. In Malawi, PASHL distributed shunts, catheters and diapers to hydrocephalus patients, while PKF was able to secure youth with spina bifida and hydrocephalus wheelchairs in Zambia.

- Output indicator 1311g: # of persons with disabilities that have received quality rehabilitation services relevant to their needs**
2022 midline target: 9 300 persons with disabilities (5 962F, 3 338M)
2020 results: 405 persons with disabilities (190F, 215M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	4	144	12	172	332
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	2	24	4	19	49
Not registered-N/A	16	-	8	-	24
Total	22	168	24	191	405

Example

- Rehabilitation services were provided to persons with disabilities in Angola, Malawi, Mozambique, Nepal and Uganda. The target groups were primarily blind and partially sighted, persons with mental health needs and parents of spina bifida and hydrocephalus patients. In Angola, Nepal, Malawi and Mozambique, the local partners of NABP held trainings in daily living skills, decision making and/or orientation and mobility, while PASHL in Malawi sent parents of patients with hydrocephalus to monthly trainings and clients to physiotherapy. In Uganda, the local partner of YMHN ensured rehabilitation services for persons with mental health issues who called in for help/specific problems.

- Output indicator 1312a: # and type of staff trained in health care and rehabilitation services (rehabilitation staff, medical staff, community health workers, traditional practitioners, volunteers, students)**
2022 midline target: 1 395 staff trained (919F, 476M)
2020 results: 592 staff trained (348F, 244M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
Rehabilitation staff		91		83	174
Medical staff		87		96	183
Community health workers		147		7	154
Traditional practitioners		8		58	66
Volunteers		8		-	8
Students		7		-	7
Not registered-N/A		-		-	-
Total		348		244	592

Local partners were able to provide training to a significant number of staff and volunteers in 2020 in Lesotho, Malawi, Nepal and Uganda.

Examples

- In Lesotho, 43 primary health care nurses (37F, 6M) were trained, which was more than targeted. They underwent a one-day training aimed at nurses from 18 district hospitals and 188 affiliated centres in villages and remote areas. The nurses are close to patients where they live and may be among the first health care workers people in remote areas will meet.
- In Malawi, PASHL ensured training of 86 staff (30F, 56M) on the onset of early identification. This included nurses, senior health surveillance assistants, and district environmental health officers.
- NAB and NNJS trained 413 staff, traditional practitioners and community health workers (238F, 174M) in Nepal, including enumerators' training in identification of multiple forms of disabilities. Additionally, when it became possible to hold training on basic eye health care, the effort was intensified and the programme trained more than the target for 2020, particularly for community-based workers.

— **Output indicator 1312b: # of medical staff having completed specialised education courses**

2022 midline target: 176 medical staff completed courses (87F, 89M)

2020 results: 40 medical staff completed courses (19F, 21M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		-		-	-
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		19		21	40
Total		19		21	40

Examples

- In Lesotho, 10 ophthalmic nurses (9F, 1M) completed training. This was two more than planned. The project ophthalmologist trained students to become ophthalmic nurses at the National Health Training College, and they got clinical training at the Queen Mamahato Memorial Hospital and at the project's out-reach clinics. These nurses will go on to staff eye care services at district hospitals/ the Christian Health Association of Lesotho hospitals.
- In Nepal, training was provided to 30 medical professionals (10F, 20M), covering paramedic refreshers and sub-specialisation to existing ophthalmologists, surpassing the target of 2020.

— **Output indicator 1313a: Narrative examples of local and national health policies becoming more inclusive and attentive to the needs of persons with disabilities**

Examples

- The Mozambican Ministry of Health did not only include eye health in the national health strategies, but created the “National VISION 2020”, a national plan for blindness control.
- In Lesotho, LNLVIP participated in the review of “the National Disability Mainstreaming Plan 2015-

2020” which was facilitated by the Ministry of Social Development. The reviewed plan will be implemented from 2021 -2025 and includes training of different ministries, civil society organisations, businesses, private and public sectors in understanding disability and in including disability when allocating budgets. The aim is to ensure that issues of disability are mainstreamed in all the ministries, as well as in the public and private sectors.

— **Output indicator 1313b: Narrative examples of relevant legal frameworks and policies, budget allocation that ensure disability inclusive health and rehabilitation services**

Examples

- In Nepal, NNJS actively worked to increase support from the government for eye health services, a key strategy towards eye health becoming more integrated into the public health system. Several digital meetings for lobbying and advocacy were held. The NABP project succeeded beyond the set target in generating support from local, provincial and central level government. As a result, grants were committed from the government totalling 36.5 million NPR towards improving the facilities and equipment of hospitals and eye centres.
- In Angola, ANCAA reported that budgeting benefitted the rehabilitation for persons with disabilities with the provincial authorities in Luanda constructing a rehabilitation centre including a unit producing prostheses.
- In Nepal, district branches of NAB made agreements with various local municipalities for funding which will contribute to income generation activities (seed funds), assistive devices and awareness related activities.

— **Output indicator 1314a: # of girls/boys/women/ men who have completed training/workshops in health and rehabilitation topics**

2022 midline target: 1 316 completed training/workshops (750F, 566M)

2020 results: 595 completed training/workshops (379F, 216M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	-	-	-	-	-
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	8	371	9	207	595
Total	8	371	9	207	595

Example

- The two local partners of RHF in Malawi and Kenya provided training/workshops to caregivers, their children and youth with spina bifida and hydrocephalus on the right to health and well-being (including early childhood development, skin care, quality clean bowel and incontinence management, life skills, and preventive measures).
- **Output indicator 1314c: # of persons with disabilities that have received life skills training**
 2022 midline target: 324 persons with disabilities (184F, 140M)
 2020 results: 28 persons with disabilities (21F, 7M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing	-	-	-	-	-
WG2. hearing	-	-	-	-	-
WG3. walking	-	-	-	-	-
WG4. cognition	-	-	-	-	-
WG5. self-care	-	-	-	-	-
WG6. communication	-	-	-	-	-
WGES affect	-	-	-	-	-
Not registered-N/A	1	20	1	6	28
Total	1	20	1	6	28

28 persons with disabilities were trained as part of the training of trainers (ToT) training of SHAK in Kenya.

EXAMPLE: IMPORTANT SRHR RESEARCH

In 2020, AFUB carried out two research studies on blind and partially sighted persons and sexual and reproductive health and rights (SRHR), one in Lesotho and one in Congo. The executive summary of the study in Lesotho states that “none of the sexual and reproductive health service providers are producing their information and services in an accessible format for the blind and partially sighted persons including Braille, large print and audio mindful of the needs of the blind and partially sighted people”.

The research reveals that 78% of blind and partially sighted women and girls have never received a formal training on sexual and reproductive health rights and 89% of the respondents stated that blind and partially sighted women and girls are at the higher risk of being sexually abused because of the widespread perception that they cannot identify the suspects. LNLVIP should design and implement awareness about the right of the blind and partially sighted people to sexuality and reproduction and forge a partnership with the key SRHR service providers to provide technical assistance regarding the inclusion of the blind and partially sighted people.

Economic Empowerment

In 2020, there were seven projects focusing on economic empowerment. These projects were implemented, coordinated and overseen by three Atlas Alliance

member organisations and their local partners. A total of six countries were covered by the Economic Empowerment programme.

ATLAS ORG.	COUNTRY	LOCAL PARTNER
NABP	Angola	Associação Nacional dos Cegos e Amblíopes de Angola (ANCAA)
NABP	Lesotho	Lesotho National League of the Visually Impaired Persons (LNLVIP)
NABP	Malawi	Malawi Union of the Blind (MUB)
Signo	Malawi	Chisombezi Deafblind Centre (CDBC)
NABP	Mozambique	Associação dos Cegos e Amblíopes de Moçambique (ACAMO)
NABP	Nepal	Nepal Association of the Blind (NAB)
NAD	Uganda	Association of Microfinance Institutions of Uganda (AMFIU) and National Union of Disabled Persons of Uganda (NUDIPU)

Persons with disabilities in developing countries are over-represented among the poorest of the poor. Poverty can greatly increase the risk of a person losing function and developing a disability and a person with a disability has a greater risk 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. Further, disability does not only affect persons themselves, it also affects their families, surroundings and the society at large. Poverty is thus both a cause and a consequence of disabilities.

In 2006, the UN adopted the CRPD10. Article 27 in the CRPD stipulates that persons with disabilities have the right to work on an equal basis with others, including having access to employment opportunities and career advancement in the labor market, as well as assistance in finding, obtaining, maintaining and returning to employment; opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business; and vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities. Article 28 also recognises the right of persons with disabilities to an adequate standard of living for themselves and their

families, including adequate food, clothing and housing.

In addition, UN SDG 1 aims to end poverty in all its forms, ensuring equal rights and access to basic services, including the implementation of social protection systems. SDG 8 focuses on decent work and economic growth, including full and productive employment and decent work for all women and men, including in particular young people and persons with disabilities.

THE ATLAS ALLIANCE' ECONOMIC EMPOWERMENT PROGRAMME

The overall objective for the economic empowerment programme is that *persons with disabilities are economically independent*. Key activities of the programme include disability-inclusive savings- and loan groups, skills development, income-generation mentorship, lobbying (of both government and finance institutions), and access to microfinance services. The programme enables strong linkages between disability organisations, microfinance institutions, private sector, local government and communities. This ensures achievement of results and strong sustainability of both results and programme activities.

The programme works with DPOs, financial institutions and persons with disabilities to achieve three desired outcomes:



Vocational training for blind and partially sighted persons in Kanchanpur, Nepal. They are learning to make incense sticks.

PHOTO: NAB

Outcome 1: Women and men with disabilities have access to financial services on local, regional and national levels,

Outcome 2: Women and men with disabilities have increased income, and

Outcome 3: Women and men with disabilities have access to social protection.

The ultimate target group of the economic empowerment programme is persons with disabilities of working age. These are rights holders, who benefit from increased access to financial services/social security and increased income. The primary target group of the programme consists of the following sub-groups that are involved directly in programme activities:

1. Partner DPOs and their members
2. Financial credit institutions
3. Government authorities

Context

The pandemic not only affected people's health, but also severely impacted national and local economies. The

main challenges affecting the economic empowerment programme in 2020 were linked with this, as lockdowns, restriction on gatherings and travel, and other protective measures caused implementation difficulties, practical problems, and increasing costs. Some major setbacks that the local partners had to work through were:

- **Implementation delay:** With restrictions on gatherings of people, it became difficult or impossible in many locations to conduct vocational training, form and/or gather savings groups, or train key economic empowerment personnel. Travel restrictions also made it difficult for trainers to reach the project areas. Considering these challenges, many activities were re-scheduled to 2021, such as in Angola and Lesotho. In Uganda, the number of new project districts was reduced from four to two, to meet the timeframe for implementation. Activity implementation in the remaining two districts was shifted to 2021.
- **Partnership delay:** Due to the restrictions, planned partnerships were paused. For instance, in Angola, the planned collaboration between ANCAA and the National Institute of Support for Micro, Small and Medium Businesses was delayed.

- **Shifted focus:** In Angola, the pandemic and lockdown measures led to a food shortage all over the country. This meant that ANCAA was forced to shift their focus from many economic empowerment activities to instead provide and distribute food and lobby local government, CSOs, faith-based societies and even national celebrities for contributions. In response to the prolonged lockdown in Nepal, NAB distributed relief materials to the most affected blind and partially sighted in Kathmandu, Nepal, and provided counselling to those who were stranded due to lockdown and coordinated with authorities to get them back to their home safely.
- **Exchange rate changes:** In Malawi, another implication of the pandemic was the unfavourable exchange rate that led to tight budgets and some activities being postponed. The restrictions and precautions taken meant that money was spent on masks, soap etc., while reduced number of persons could meet and due to restriction of passengers' transport costs rose. This meant a tighter budget and adjustment of activities.

At the same time, alternative ways to ensure project implementation were found, as well as results not directly reflected in the results. Some examples are below.

- **Finding ways:** In Uganda, activities were conducted in alternative ways when deemed acceptable. Online meetings, remote monitoring and supervision of staff in the districts, and use of digital finance services for financial transaction by saving group members are examples of alternative approaches. Contact with saving groups was maintained through phone calls. In Angola, not all areas were equally affected by the pandemic, leading to trainings within the Uíge Province, and to a lesser degree in Luanda, still being possible and enabling income generation and start-up support in Luanda.
- **Utilising other activities:** With the income from the Braille book production, MUB managed to contribute to the purchase of two cars (with NABP support). The organisation was thus still able to reach its members across Malawi.
- **Technology training:** In Nepal, demand for staying well informed and connected during lockdown highlighted the need for training and capacity

building among the blind and partially sighted. Technology training was provided by NAB to many visually impaired leaders and members to learn, among other things, how to operate online communication platforms.

SELECTED 2020 RESULTS

Selected 2020 economic empowerment results are outlined below for annual indicators, with the midline targets for 2022 also outlined for comparison. Wherever applicable, disaggregation of numbers is also provided based on gender, age and disability.

Outcome 1: Women and men with disabilities have access to financial services on local, regional and national levels

— Output indicator 1411a: # of women and men with disabilities trained in financial literacy and entrepreneurship

2022 midline target: 1 180 women and men with disabilities trained (605F, 575M)

2020 results: 695 women and men with disabilities trained (441F, 254M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		59		44	103
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		382		210	592
Total		441		254	695

Examples

- In both Lesotho and Malawi, the targets set for the year were achieved and surpassed by the local partners of NABP. The training in Malawi covered topics such as starting a business, business types, factors of production, marketing, determining profit and loss, and business growth and development. In Lesotho, a training was held by representatives of two banks frequently used by persons with visual impairment, where they received information on services, loans and how to manage savings. Training was also held by LNLVIP in business establishment, focusing on tuck shops, poultry and piggeries.

EXAMPLE: SAVING FOR THE FUTURE

The iSAVE programme of NAD Uganda enabled persons to join savings groups, and to get knowledge and skills on working together, saving and investment, and acquisition of assets. As such, the members gained understanding of the importance of working together as a self-help group for self-reliance. The attitude and capacity of the persons in savings, investment and socialisation were enhanced to ensure improved livelihood and independent living.

Like the 33-year-old female member of Ongwalo Onote iSAVE who became a businesswoman running a bookshop in Aduku town in Apac. She joined the iSAVE savings group three years ago, having received information of the project through awareness meetings in the community. After saving up money, she accessed loans from the group, which boosted her capital for the business. She now manages a bookshop business with ease having gained profound knowledge on financial literacy through trainings in the group. In 2020, she was even in the middle of constructing a four-room house using the soft loans from the group.

- **Output indicator 1412b: # of banks/MFIs and SG programme staff trained in inclusive practices**
2022 midline target: 297 banks/MFIs and SG programme staff trained
2020 results: 225 banks/MFIs and SG programme staff trained

Example

- To promote inclusiveness, it is important that staff in banks, microfinance institutions (MFIs) and savings group (SG) programmes understand the importance and meaning of disability, as well as what inclusive practices are. NAD's local partner in Uganda trained 204 staff, while 21 staff at six banks were trained by LNLVIP in Lesotho.
- **Output indicator 1414a: # of Savings and Credit groups established**
2022 midline target: 905 savings and credit groups established
2020 results: 54 savings and credit groups established

Example

- Due to lockdown measures, such as travel restrictions, limitations on gatherings and difficulties of providing training to facilitators, many projects found it impossible to ensure the establishment of new groups. In Uganda, however, the local partner of NAD was able to ensure 54 group formations in Apac, Iganda and Kamuli areas.

- **Output indicator 1414c: # of enterprises/IGA established by women and men with disabilities as a result of participating in savings and credit groups**
2022 midline target: 7 748 enterprises/IGAs established
2020 results: 648 enterprises/IGAs established

Example

- In 2020, all enterprises/income generating activities (IGAs) were established by women and men with disabilities as a result of participating in savings and credit groups in Uganda under NAD's project.

Outcome 2: Women and men with disabilities have increased income

- **Output indicator 1421a: # of women and men with disabilities trained in entrepreneurship/ income generation**
2022 midline target: 7 780 women and men with disabilities (4 226F, 3 554M)
2020 results: 144 women and men with disabilities (76F, 68M)

Disaggregation / functional domain	F/ u18	F/ a18	M / u18	M / a18	Total
WG1. seeing		48		33	81
WG2. hearing		-		4	4
WG3. walking		25		24	49
WG4. cognition		1		3	4
WG5. self-care		-		-	-
WG6. communication		2		4	6
WGES affect		-		-	-
Not registered-N/A		-		-	-
Total		76		68	144

With group meetings being highly restricted in most countries in 2020, trainings were significantly affected. In Nepal, NAB was able to provide training to 20 participants (14F, 6M), ANCAA in Angola trained 45 persons (26F, 19M), while Signo's partner in Malawi

provided training to 64 participants (29F, 35M). In Lesotho, 15 women and men (7F, 8M) were trained in income generation.

– **Output indicator 1421b: # of women and men with disabilities that complete vocational training**

2022 midline target: 1 627 women and men with disabilities (860F, 767M)

2020 results: 131 women and men with disabilities (64F, 67M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		36		32	68
WG2. hearing		-		4	4
WG3. walking		25		24	49
WG4. cognition		1		3	4
WG5. self-care		-		-	-
WG6. communication		2		4	6
WGES affect		-		-	-
Not registered-N/A		-		-	-
Total		64		67	131

In Malawi, 64 persons (29F, 35M) received vocational training by Signo's local partner. In Nepal, vocational training was conducted by NAB to 67 participants with visual impairment (35F, 32M) in incense stick making, liquid soap making and goat raising.

– **Output indicator 1421c: # of facilitators and other key personnel trained**

2022 midline target: 120 facilitators and other key personnel trained (56F, 64M)

2020 results: 82 facilitators and other key personnel trained (49F, 33M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		2		5	7
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		47		28	75
Total		49		33	82

In Angola, ANCAA was able to train seven facilitators and other key personnel (2F, 5M), while 75 were trained (47F, 28M) in Malawi by Signo's local partner.

– **Output indicator 1421d: # of women and men with disabilities who receive start-up support**

2022 midline target: 855 women and men with disabilities (449F, 406M)

2020 results: 161 women and men with disabilities (75F, 86M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		53		64	117
WG2. hearing		1		3	4
WG3. walking		19		13	32
WG4. cognition		1		2	3
WG5. self-care		-		-	-
WG6. communication		1		4	5
WGES affect		-		-	-
Not registered-N/A		-		-	-
Total		75		86	161

Examples

Various forms of start-up support are important to ensure financial stability and independence, and was in 2020 provided in Malawi, Angola, Nepal and Lesotho.

- In Lesotho, the participants of the LNLVIP business management workshop were offered a business start-up package after completing the training.
- In Nepal, the seed fund support was delayed as it is based on first completing vocational training, then formation of groups of those most interested and finally providing further training in savings and credit. Due to COVID-19, the vocational training was delayed in several areas, creating a disturbance in the chain of activities and seed funds provided. Still, support was provided to 57 persons with disabilities (20F, 37M) in 2020 in Nepal.

– **Output indicator 1422a: # of economic empowerment self-help groups that include women and men with disabilities**

2022 midline target: 57 economic empowerment self-help groups

2020 results: Two economic empowerment self-help groups

In Nepal, the vocational training that must precede the formation of these groups could only be done by the end of the year due to the pandemic measures. Hence by the end of 2020, two out of the six target districts were able to form one economic empowerment group each. The two entrepreneurs' groups were formed after selecting the most motivated participants from the vocational training.

— **Output indicator 1422b: # of women and men with disabilities who are members of economic empowerment self-help groups**

2022 midline target: 1 099 women and men with disabilities (589F, 510M)

2020 results: 20 women and men with disabilities (12F, 8M)

Disaggregation / functional domain	F / u18	F / a18	M / u18	M / a18	Total
WG1. seeing		12		8	20
WG2. hearing		-		-	-
WG3. walking		-		-	-
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		-		-	-
Total		12		8	20

As only NAB in Nepal formed new self-help groups in 2020, the number of new members is those of the two entrepreneurs' groups in Sunsari and Kanchanur districts.

— **Output indicator 1423b: # of public stakeholders in local communities that are supportive and have received training in disability inclusion**

2022 midline target: 505 public stakeholders trained

2020 results: 14 public stakeholders trained

Example

- Public stakeholders in local communities in Nepal and Angola were supportive and received training in disability inclusion. For instance, NAB held a virtual meeting on employment promotion with government officials and elected leaders from various municipalities.

EXAMPLE: MAKING ENDS MEET WITH START-UP HELP

Mamello Seeiso (26) is a visually impaired woman from Lesotho. In 2020 she was a final year part time student at the government sponsored Institute of Extra Mural Studies. She lived on the small income her mother made through part-time jobs (domestic chores like laundry), which was the only source of income for the family. The money was not enough to cover their basic needs, and sometimes they would go to bed without a meal or to school without having access to soap or other items for personal hygiene.



Ms. Mamello Seeiso.

PHOTO: LNLVIP

LNLVIP responded to and addressed her situation by selecting her as one of the qualified candidates who benefitted from the economic empowerment program. She was given start-up help to start her own business, and through the project she was given groceries for a mini-tuck shop. By granting her this opportunity and with the profits from sales, she was able to meet some of her and her family's basic needs.

Disability Inclusive Disaster Risk Reduction

In 2020, there were two projects focusing on disability inclusive disaster risk reduction (DiDRR). These projects were implemented, coordinated and overseen by two

Atlas Alliance organisations and their local partners. Two countries were covered by the DiDRR programme.

ATLAS ORG.	COUNTRY	LOCAL PARTNER
NABP	Mozambique	Associação dos Cegos e Ambliopes de Moçambique (ACAMO)
NAD	Uganda	National Union of Disabled Persons of Uganda (NUDIPU)

Persons with disabilities are disproportionately affected by natural hazards, in conflict and in humanitarian emergencies. The fatality rate is higher for persons with disabilities compared to their non-disabled peers, more suffer physical injuries and mental distress, and more struggle to recover their livelihoods after a disaster.

In countries affected by crisis and conflict, 75% of persons with disabilities do not have adequate access to basic services such as water, shelter, food or health care. Levels of psychological distress are twice as high among refugees with disabilities compared to the general refugee population. While the exacerbated risks faced by persons with disabilities are increasingly recognised, disproportionate risk is still inadequately addressed. In 2015, 92% of humanitarian actors surveyed up to the World Humanitarian Summit indicated that persons with disabilities are not adequately considered in humanitarian action.

Recent policy frameworks guiding international development, disaster risk reduction (DRR) and humanitarian response towards 2030 emphasise that protection of persons with disabilities against risk will not improve before persons with disabilities are actively engaged in the design, implementation, monitoring and evaluation of DRR and humanitarian efforts.

THE ATLAS ALLIANCE' DIDRR PROGRAMME

The overall objective for the DiDRR programme is that *girls, boys, women and men with disabilities are better protected in situations of risk*. This involves full implementation of CRPD article 11. The programme adopts a rights-based approach to empower persons with disabilities to claim their rights, while supporting duty bearers to respond to the rights of persons with disabilities.

The Atlas organisations work towards two main outcomes:

Outcome 1: DPO networks lead disability inclusion efforts in DRR and humanitarian response activities.

Outcome 2: Duty bearers and mainstream actors recognise disproportionate risk and the unique contribution of persons with disabilities in their DRR and humanitarian efforts.

The primary target group can be divided into rights holders and duty bearers and consists of two sub-groups:

1. DPOs (rights holders) that are supported to become strong and knowledgeable advocates and advisors on disability-inclusive disaster risk reduction and humanitarian response. DPOs work for the rights of persons with disabilities and represent the ultimate



SAFOD and its affiliate in Mozambique, FAMOD, supported its members during the COVID-19 outbreak, both by providing training and raising awareness and knowledge, and by handing out food and personal protection equipment. PHOTO: SAFOD.

target groups which are children, youth and adults with disabilities in the targeted areas.

2. Governments (duty bearers) that are supported so that they can provide persons with disabilities in crisis and conflict with the rights they are entitled to.

Context

All the local partners were forced to find ways to adapt to the new situation and changed reality, along with either lowering their targets or moving plans to 2021. The main challenges affecting the DiDRR projects in 2020 were lockdowns, restrictions on gatherings and travel, and a shift in priorities of governments. Some major setbacks that the local partners had to work through were:

- **Implementation delay:** In Angola, NABP, together with their local partner ACAMO, started up with DiDRR activities for the first time in 2020. Due to the COVID-19 restrictions, especially on meetings, trainings and travel, ACAMO had to prioritise activities that were already up and running. New activities were thus delayed. In Uganda, COVID-19 resulted in implementation delays for some activities that instead will be executed in 2021, primarily training related. Most activities were re-scheduled

and/or implemented after lifting of lockdown. This necessitated merging of some activities to save time.

- **Dependency on other stakeholders:** In Angola, ACAMO was reliant on collaboration with FAMOD and other organisations, also encountering many of the same challenges as them. This meant that they were not able to e.g., train activists or raise awareness among its members beyond the information meetings.

At the same time, alternative ways to ensure project implementation were found, as well as results not directly reflected in the results. Some examples are below:

- **Awareness raising:** ACAMO was able to hold nine information meetings on inclusion of persons with disabilities in prevention, rescue and support in cases of calamities, carried out towards persons with visual disabilities in Sofala, Manica and Tete.
- **Scholarship:** The project in Uganda offered a scholarship to the programme manager to study a Master of Science in Disaster Risk Management

at Makerere University, becoming part of the first cohort of students that will graduate in Disaster Management. This ensured an addition in terms of professional skills and competence in DRR that will be useful even to the NUDIPU membership as well as the wider society.

- **Government meetings:** During the reviewing of the National Climate Change Bill in Uganda, NUDIPU was invited to meetings where disability issues were discussed and considered. Additionally, the Prime Minister of Uganda is working on a bill on DRR. NUDIPU was invited to several meetings in this regard, including for the review of the Regulatory Impact Assessment of the law.

SELECTED 2020 RESULTS

Selected 2020 DiDRR results are outlined below for annual indicators, with the midline targets for 2022 also outlined for comparison. Wherever applicable, disaggregation of numbers is also provided based on gender, age and disability.

Outcome 1. DPO networks lead disability inclusion efforts in DRR and humanitarian response activities

- **Output indicator 1511c: # of individuals representing the entire disability fraternity* who actively promote disability inclusion in DRR and humanitarian efforts at national, district and community levels**
2022 midline target: 75 individuals trained (F10, 65M)
2020 results: 65 individuals trained (65M)

Disaggregation / functional domain	F u/18	F a/18	M u/18	M a/18	Total
WG1. seeing		-		6	6
WG2. hearing		-		2	2
WG3. walking		-		57	57
WG4. cognition		-		-	-
WG5. self-care		-		-	-
WG6. communication		-		-	-
WGES affect		-		-	-
Not registered-N/A		-		-	-
Total		-		65	65

These 65 are a summation of those who represent persons with disabilities in disaster management committees at community, sub-county, district and national levels in Uganda.

- **Output indicator 1512a: # of stakeholders (staff) trained by DPOs on inclusion of people with disabilities in DRR and humanitarian response activities.**

2022 midline target: 297 stakeholders trained (154F, 143M)

2020 results: 248 stakeholders trained (121F, 126M)

Disaggregation / functional domain	F u/18	F a/18	M u/18	M a/18	Total
WG1. seeing		2		5	7
WG2. hearing		1		1	2
WG3. walking		2		4	6
WG4. cognition		2		2	4
WG5. self-care		-		-	-
WG6. communication		2		2	4
WGES affect		-		-	-
Not registered-N/A		112		113	225
Total		121		127	248

The results include 247 stakeholders in Uganda, comprised of, among others, 90 staff from Hunger Fighters Uganda trained in disability inclusion, 65 members of Food and Cash Management Committees in Isingiro, 27 local government officials from Bududa, as well as two staff from the Ministry of Science and Technology in Uganda trained on disability inclusion ministry policies.

Outcome 2. Duty bearers and mainstream actors recognise disproportioned risk and the unique contribution of persons with disabilities in their DRR and humanitarian efforts.

- **Outcome indicator 1520: Narrative examples of mainstream actors, including national and local government, research institutions, civil society and media, highlighting the disproportioned risk of persons with disabilities in conflict and crisis.**

Examples

- Light for the World Mozambique, in collaboration with UNICEF, produced the policy paper “A review of the access to humanitarian aid for women and men, girls and

boys with disabilities affected by Cyclone Idai, Mozambique". Additionally, in February 2020, the Norwegian Development Minister visited ACAMO and persons with disabilities in areas devastated by Idai.

- In Uganda, NUDIPU's continued advocacy in the persons with special needs working group influenced UNHCR. In their business continuity plan for Uganda during COVID-19, UNHCR emphasised that in each location (settlements/ Kampala), there should be well defined roles and responsibilities of actors providing services for persons with special needs (elderly, chronic ill, persons with disabilities, women and children at risk), including identifying gaps in preparedness and ways to address them. UNHCR also ensured that community-based protection mechanisms include persons with disabilities through their organisations. These mechanisms are meant for continued monitoring and referral of persons with special needs at heightened risk for essential support.

- **Output indicator 1521b: # of strategic partnerships established between DPOs and mainstream DRR and humanitarian actors to advance disability inclusion**
2022 midline target: Four strategic partnerships established
2020 results: One new strategic partnership established

Example

- By its very nature, the DiDRR project in Uganda is a partnership project as they work with partners at national and district level. NUDIPU finalised an MoU with the World Food Program in 2020, where they trained all food and cash management committee members in all settlements in Uganda on how to include disability. It was because of this project that NUDIPU was identified.

- **Output indicator 1521c: Narrative examples of duty bearers and mainstream actors engaging DPOs in the planning, design, implementation and monitoring of DRR, CCA and/or humanitarian efforts**

Example

- Being engaged by duty bearers and mainstream actors is highly political in Mozambique, with only selected key persons having a say in who will be invited.

ACAMO's lobbying continued in 2020 to ensure such an invitation in the future. There were also wishes expressed by Light for the World for ACAMO to be invited into the national disability working group in 2021, a group that is part of the protection cluster under the humanitarian response to cyclones and other types of humanitarian crisis.

EXAMPLE: WARDA ABDUSALAM YASIN FAMILY SUPPORT GROUP



NUDIPU staff interacting with the Warda Abdusalam Yasin Family Support. PHOTO: NUDIPU

The Warda Abdusalam Yasin Family Support Group situated in Kasese District in Western Uganda started four years ago. Their support to the most vulnerable, including persons with disabilities, has been channeled through Mama Waida Yasin and Farouq Yasin. They have provided persons with disabilities affected by floods with assistive devices, mattresses, blankets, food, clothes and books. The Family Group has also been supporting persons with disabilities through the organisation Kasese District Union of Persons with Disabilities (KADUPED).

According to the Family Support Group, all the support rendered to persons with disabilities (including learners with disabilities) would not have been possible had they not been sensitised by KADUPED on disability and disability needs. KADUPED has been a key participant, as well as a member, of NUDIPU in several advocacy campaigns. The organisation was able to maximise the knowledge and skills they acquired through the NUDIPU workshops conducted in Kasese District in order to lobby and advocate with various stakeholders on inclusion of persons with disabilities. One such stakeholder that they successfully reached out to was the Warda Abdusalam Yasin Family Support Group.

Cross-cutting issues:

Human rights

The Atlas organisations and their partners contribute to safeguarding human rights of persons with disabilities in all our partner countries. In addition, our partner organisations contribute to improving the overall human rights situation in these countries. However, the space in which our partners and other civil society actors operate varies, not only country by country but also within each country.

Below are some examples of how our projects contribute to the improvement of the general human rights situation in partner countries:

Angola has experienced an increased respect for fundamental human rights in general in 2019, but in 2020 there were some human rights restrictions. Even with the continued open political dialog, the situation for people worsened with the pandemic, and there was e.g., no improvement in the living conditions of most people. In 2020 there were also mass arrests, violence against demonstrators at the hands of the police and security forces, and one death. ANCAA continued its work with human rights in 2020. They met with the Vice-President of the Republic, while ANCAA's youth representatives participated in a youth meeting with the President of Angola. ANCAA collaborated with several CSOs and is also a member of the Angolan EPT (Education for All) Network for education, advocating for the right to quality education for all Angolans, especially children and youth. ANCAA additionally collaborate with other CSOs as member of the Governments National Council of Social Action, also on identifying families in need during the pandemic.

In **Laos**, civil society is very limited as the country is a socialist one-party state. LAB is one of few national NGO-like organisations, contributing to the slow development of civil society in Laos and to the fulfilment of CRPD article 29 benefitting all persons with disabilities (cooperating closely with ten other national DPOs through a disability network). LAB's work in detecting

curable blind and partially sighted and referring them to eye checks and treatment contributed to the fulfilment of the CRPD article 25 and SDG 3, and in 2020 their work didn't only contribute to the fulfilment of the human rights of blind and partially sighted, but also their families. The best example of this is blind and partially sighted from poor families given education or vocational training who were able to contribute to their families' income and ability to secure food, drinking water and housing for themselves.

In **Mozambique**, ACAMO's fight for disability rights is an important contribution the greater fight in Mozambican society against poverty and towards creating equal access to opportunities for all, both major human rights issues. ACAMO analyse policies, procedures and practices that are contrary to the full enjoyment of people's rights, likewise through their advocacy activities, and call for the adoption of policies, laws and conventions that favor human rights for all citizens. Therefore, their projects contribute positively to the enjoyment of human rights not only for its primary target group, the visually impaired and other persons with disability in the project target areas, but for all citizens across the country.

According to the 2020 report of Human Rights Watch, the government of **Nepal** has outlawed several practices harmful to women and girls in recent years. However, weak enforcement along with remaining gaps in laws on sexual violence and gender discrimination continue to leave women, particularly ethnic minorities, at high risk of abuse. NFDN, together with the National Human Rights Commission, advocates for the justice of persons with disabilities while also supporting other minority groups in advocacy.

In **Palestine**, the overall context that overshadows life for the ordinary Palestinian, and specifically the most vulnerable, is the prolonged Israeli occupation entailing widespread and systemic rights violations. The occupation and related abuse are expected to continue



This boy is eleven years old from Zimba district in Zambia. His mother is a member of a Parents Support Group, which is trained in disability issues by Zambia Association of Parents of Children with Disabilities (ZAPCD), supported by NAD Zambia. With basic knowledge in home-based education and rehabilitation, as well as through sensitization on disability issues, the mother no longer hides her son, and takes him to school where he learns with his peers.

in the years to come with no political solution on the horizon. In 2020, the rights-based approach continued, as in previous years, to be promoted for persons with disabilities, their families, local authorities, and community based organisations (CBOs). This was done through awareness workshops on the rights of persons with disabilities throughout the programme working areas, targeting teachers and school students, and by conducting awareness lectures on the rights of persons with disabilities to education as defined by international treaties and conventions. In addition, disability rights and linking these to the laws, international conventions and the international convention signed by Palestine as a basis for dealing with the issue of disability, was reflected in programme and activities that were managed by the local communities.

Gender based violence is a problem in the **Southern**

Africa region. Also, the right to justice, health, water and education is unequally distributed. Human rights defenders and journalists are known to be arrested and harassed, and persons with albinism are discriminated. The authorities in some countries in the region used COVID-19 regulations to justify severe restrictions on the rights to freedom of expression and peaceful assembly. A few of Inclusion Africa's members participated in the Universal Periodic Reviews (UPR) where they were included in conversations on highlighting the needs of other groups like intersex, immigrant and nomadic communities. On the flip side there is need as part of the human rights advocacy to build capacities of Inclusion Africa's members on being cognisant to the rights of other communities and being sensitive to their issues and needs so as not to violate or be a barrier to their participation.

Several human rights issues still exist in both **Zambia** and **Zanzibar**. Governments bear responsibility for ensuring that no child or young person is without education, yet there exists an “education deficit” — a shortfall between the educational reality that children experience and what governments have committed to through human rights treaties. In 2020, NAD's Inclusive Education programme used online learning platforms, written modules, locally facilitated workshops and webinars to raise awareness of, and address exclusion of learners and how to better include them. The modules put into practice legislation and articles from the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Sustainable Development Goals (SDG), and how these should be upheld.

One of the objectives of **Community Based Inclusive Development** (CBID) is to strengthen the inclusion of all marginalised people in the community. All people have rights to receive and participate in all services and development support in an area. The initiatives intend to reach all people in the community, that is why in the trainings, persons from all levels were involved. Furthermore, for the human rights advocacy programme, apart from persons with disabilities, the whole community is mobilised to advocate for their rights. This has also sensitised people to understand and to stand up for their own rights.

In **Nepal**, the advocacy by eye health hospitals supported by NABP, towards getting eye health into the public health system, is relevant for the population as a whole - not just persons with disabilities, but also those with minor eye issues, injuries and illness that can be fully healed. Once eye health is a regular part of the public health system, it will affect access to health care for the whole population. Increased monetary support from

local governments suggest this advocacy is working. In addition, the hospitals have a referral system for identifying incoming eye patients who present injuries that may suggest physical abuse and refer them to local support services. In this way, the project contributes to ensuring basic health care for all.

In **Zambia**, human rights are recognised in the country's constitution, and recognition of the need to protect the rights and interests of citizens has been a recurrent theme in Zambia's developmental trends with particular interest towards the vulnerable and disadvantaged in the spheres of Economic, Social and Cultural Rights (CESCR). Under the current government such rights have come under stressful pressure whereby authorities have continuously suppressed the right to freedom of expression and media freedom through arbitrary regulation, intimidation, harassment, violence and use of oppressive laws. Such suppressive approaches have had a negative impact on stakeholders to provide guidance and advice to the current government on critical issues around social and economic development as doing so has been curtailed by current government agencies. Local partners were therefore negatively affected as they had to tread carefully whenever carrying out advocacy and campaign activities, especially the ones that would in a way criticise public institutions. The programme interventions were designed in such a way that they would not disadvantage human rights of any group of society. The local partners advocated for human rights to be upheld and sensitise also duty bearers to protect and respect the rights of all citizens in spheres such as health and education. For instance, in line with SDG 4 and UHDR §26.1 & §26.2.; CRC §28.1.b,d,e, §29.1.a-e; CEDAW §10.a-h; CRPD §24 (especially 24.3.c) the programme worked to provide access to education.

Cross-cutting issue:

Women's rights and gender equality

It is estimated that up to 20% of women live with a disability, and it is well documented that women are more adversely affected by disability than men. Women and girls experience multiple forms of discrimination and barriers to accessing education and employment opportunities, and are also at greater risk of gender-based violence (GBV). During 2020, the situation for women with disabilities became even more difficult with higher risks of violence, further lack of economic opportunities and food shortages caused by measures put in place due to COVID-19.

The Atlas Alliance aims to improve the standing and rights of women with disabilities in all our partner countries. Our gender equality efforts are guided by sustainable development goal (SDG) 5 on gender equality, with the aim to «achieve gender equality and empower all women and girls», as well as CRPD article 6, which asks that *“States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”*.

In the work on gender equality, the Atlas Alliance ensures that efforts to reach women and girls with disabilities are integrated in the overall strategies, and that local partners are supported in their work to contribute to gender equality.

The Atlas Alliance Gender policy

The current gender policy of the Atlas Alliance was developed in 2018 through a joint effort by the Atlas organisations and the Atlas secretariat. The policy provides guidelines for project development and implementation. The Atlas organisations know the gender policy well and while some already adhere fully to the policy, others are in the process of implementing

it. Gender issues, differences and inequalities, are also addressed in the Atlas Alliance risk assessment, and any project planning process or engagement with new partners must begin by analysing barriers to inclusion of persons with disabilities and gender-based discrimination.

Equal representation

For an organisation to be able to ensure gender equality and strengthen women's rights in its programmes and projects, it needs to have appropriate policies, processes, and good internal routines in place. Our local partners strive to become more inclusive of women and to ensure gender balance through memberships, representation, and separate women's wings.

Local partners are conscious of the need to work strategically to improve the situation for women and girls with disabilities. Below are some examples of concrete efforts to ensure equal representation in our partner countries:

- NABPs partner NAB in **Nepal** has made provisions in its constitution on representation of women in central and district boards and keeps track of the ratio of men and women represented in boards. They currently have 33% reservation for women in boards at the central, provincial, district and municipal levels, and in assemblies 40% women representation is required.
- FFO's partner NFDN in **Nepal** report that 33% of women participation is ensured at both the federal and province boards, and that there is 39% women representation in NFDN's federal board.
- In **Angola**, ANCAA has adopted policies with specific targets. Their aim is 45% women representation in the



This girl, age 9, was identified through NAD's CBID project in Zanzibar. Due to the support and awareness raising to her family by a project volunteer, her family stopped locking her up inside their house, and started taking her to the hospital for check-ups and treatment. PHOTO: NAD

board, and that the association will be led by a woman by 2027.

- In **Malawi**, MUB reports that a 50/50 gender representation is mandatory and is a principle for their membership structures and in the activities that they conduct. The gender distribution of the staff working on the NABP project is 50/50 male/female.
- RHF's partners in **Uganda** report that they include gender equality as a specific issue in their constitution and work to ensure that equal opportunities are given to men and women while also reserving some positions specifically for women.
- Signo's partner in **Zambia**, BSNP, has a gender policy that prioritises equal access to education regardless of gender, and encourages women's representation at the decision-making level. All five signatories to bank accounts are female, and recent analysis of the project has concluded that, overall, the project works well to promote women's rights and gender equality.
- In **Mozambique**, NABP's partner ACAMO has created women's committees in all provinces to make sure that there is increased focus on gender equality. These committees meet monthly to discuss issues related to the elimination of stigma and disregard for women's capabilities in relation to men. As part of their efforts to improve the situation for women they have

recognised the need for a strong gender policy and strategy. As such, they have taken concrete measures in 2020 to develop a gender policy and have developed a gender budget to map out the amount dedicated to men and women for each activity. The women's committee has been central in this work.

Equal participation

Much of our work on gender issues is related to strengthening the capacities of women with disabilities through dedicated training and supporting women to advocate for their rights. In many of our partner countries we also address gender issues through direct service delivery. In general, local partners have strived to get closer to gender parity and many report equal participation in several key activities.

The Atlas Alliance country partners strive to ensure that women participate in the activities on equal basis as men:

- In NABP's project in **Nepal**, women accounted for 57% of all medical services (examination of eyes at hospitals, eye centres/clinics and outreach activities), they represented 55% of cataract surgeries, 61% of both ear services and other minor eye surgeries, and 60% of people provided with eyeglasses after refraction. Furthermore, the free surgical camps of NABP's outreach programme are particularly well suited to ensure women access to health care, as they eliminate the need for travel and money to pay for services – two significant barriers for women in need of health care in Nepal.
- In **Angola**, NABP's partner has observed that there are fewer women than men visiting the clinic, since men are more engaged in formal employment and therefore have easier access to their clinic. To remedy this situation, NABP has sponsored frequent radio announcements, targeting women specifically, sharing that their services are free and open to all. With these announcements they have started to see a slow increase in the number of women visiting them for services in 2020.

Data disaggregation by gender

The Atlas Alliance is currently in the process of strengthening the M&E system. We work to ensure that the data we collect is disaggregated by gender

and disabilities whenever relevant, to allow for the measurement of differences between women and men with disabilities as related to various social and economic dimensions.

Some examples of indicators that have been disaggregated by gender are listed below:

- Indicator 1314a: # of Persons who have completed training/workshops in health and rehabilitations topics: There were 379 women, or 64% of all participants.
- Indicator 1310a: # Persons with disabilities having received health services: 55% of those who received services were women.
- Indicator 1411a: Persons with disabilities trained in financial literacy, income generation and entrepreneurship: Out of a 1356 people trained across out projects, 62% were women (517 women in total).

COVID-19

All our partner countries have reported a delay in activities due to COVID-19. This has also affected the work related to gender and women's rights.

- In Signo's project in **Zambia**, a gender analysis was planned in 2020 to see to what extent they are on track in terms of securing women equal access to education and representation in decision making positions. Due to COVID-19, the analysis was postponed till 2021.
- NABP's partner in **Mozambique** reported that the limitations on travel imposed during this past year caused a delay in their outreach activities and plans to visit district hospitals and care units, which meant that offering of basic health services closer to where people live was postponed. This affected women and children more than men as they are less likely to travel longer distances for treatment.

On the positive side, we see from the quantitative reports received from our partners that women are being reached at the same rate as men in many areas.

Men and women

Many of our partner countries are dominated by

tradition bound gender roles, where caregiving of children and persons with disabilities often is left to female family members. For this reason, many of our projects actively promote the role of male family members:

- Signo's partner in **Malawi**, CDBC, targeted mothers of children with deafblindness to get them involved in savings and loans groups, while fathers were encouraged to interact more with their children.
- In **Zambia**, RHF's partner involved fathers in childrearing of their children with spina bifida and/or hydrocephalus, so that women could pursue more social and economic opportunities. Within every activity of the project, there has been emphasis on the need to have male parent participation in the developmental aspects of children with spina bifida and/or hydrocephalus.
- NFU's partner, IA, reported that caring for family members with an intellectual disability is left to women only. They will thus organise advocacy campaigns geared towards more male participation in the caring of family members with intellectual disabilities. As the carer role now falls heavily on women, it places them in a difficult situation and directly affects their health, economic situation, their social participation and mental health.
- Another focus has been to strengthen the capacity on gender issues through training and workshops. In **Uganda**, NAD's partner NUDIPU focused on training of trainers on gender mainstreaming for programme staff, as well as training to beneficiaries on specific topics, such as inclusive household budgeting. They organised the trainings and activities in a way that accommodated nursing mothers, so that they could participate while at the same time caring for their babies. Additionally, activities were scheduled in a way that accommodated women's schedules, which often revolve around their families. In this way, mothers were not disadvantaged because of their family responsibilities.

Gender Based Violence

Women with disabilities face a higher risk of gender based and sexual violence. Many of our partners work to mitigate this situation through, for example, interventions where domestic abuse of women is

reported, by providing counselling services and training to make people more aware of their rights.

- In RHF's project in **Uganda**, their local partner SHA-U developed policies against sexual harassment and child protection and introduced these to their members. Further, SHA-U collaborates with gender-based violence programmes and other civil society organisations to organise awareness raising campaigns in local communities, focusing on sexual harassment and children's right and on the need to report concerns to school leaders.
- Other local partners use their role as a service provider to ensure direct support to people who experience violence. For example, partners involved in treatment of damages to the eyes can often find themselves treating victims of domestic abuse. This is a priority area for many of the programmes. NABP's partners in **Nepal, Angola and Mozambique** actively seek to identify, and keep registers, of cases of domestic violence when receiving patients for treatment related to eye injuries. In Mozambique, the Ophthalmology Department sees on average three to five cases of domestic violence per month. When receiving these cases of violence, they have strict policies in place to make sure that cases are followed up by providing necessary treatment and referral to counseling.

Sexual and reproductive health

Many of the Atlas Alliance partner organisations strive to build their knowledge in areas relevant to gender, such as sexual and reproductive health (SRHR). For example, several of NABP's partners (such as LNLVIP in Lesotho and MUB in Malawi) in Africa participate in a project on sexual and reproductive health and rights, as well as the African Disability Protocol implemented by AFUB, financed through NABP. This engagement increases the participating organisations' focus on gender and the rights of women and girls. It strengthens the knowledge on this in the organisation itself, hence influencing future work with women and gender.

Cross-cutting issue:

The environment and climate change

In the social model of disability, a person's disability is determined not by levels of pathologies, impairments, or functional limitations, but is instead a result of the combination of an impairment and physical, environmental and/or attitudinal barriers which result in the exclusion of people with disabilities from society. Disability is created by the restrictions caused by society when it does not give equivalent attention and accommodation to the needs of individuals with impairments.

Characteristics of the environment and climate affects whether a person experiences such limitations or not – and therefore decides whether the person has a disability. With this kind of definition, increased distance to a person's water source or sources of firewood, a mudslide crossing a pathway or drought forcing rapid changes in agricultural practices might be the kind of events that makes people disabled. Likewise, these kinds of events might also increase the burdens and challenges persons with disabilities are facing.

Having a disability increases the chance of losing your life in natural disasters by two to four times. That is why planning for disability inclusive disaster risk reduction is essential, especially as extreme weather events pose a constant risk to many of our project areas.

How the climate and environment affect the projects

- Excessive rainfall leads to impassable roads and/or destroyed property. In northern **Angola**, roads are often impassable during rainy season, causing participants to be unable to attend ANCAA trainings. In **Laos**, rural roads are often destroyed in the rainy season. The project fieldworkers thus work in cities from June – September of each year, and then work

in rural areas the rest of the year. Furthermore, in **Nepal**, fewer people seek eye consultations at the project supported hospital during rainy season due to flooded rivers and roads in the project areas.

In Malawi, heavy rains and winds have caused additional challenges to persons with disabilities, as it exacerbates mobility challenges. This has caused challenges for implementation of RHF's projects in Malawi, as it affects the ability of their target group to access project activities and services.

- Extreme weather events causing food insecurity is also a constant threat. In 2020 we saw both excessive rain and drought affecting beneficiary's food supplies, and thereby limiting their ability to participate in, and benefit from, project activities. In **Kenya**, locust swarms caused food insecurity. For farmers, these events directly reduced the number of sellable crops, and for others it led to large spikes in food prices.
- In NAD's project in **Uganda**, persons with disabilities residing in the middle slopes of the mountain areas are geographically more prone to landslide risks. In addition, communities residing near riverbanks, like Kasese, are vulnerable to the effects of floods. When the river burst its banks, they risk losing their properties and belongings, and in the most extreme cases, their lives. Persons with disabilities are at a disproportionate risk in these areas.

How the projects affect the environment and climate change

Some of the Atlas Alliance projects implement activities specifically contributing to fighting the negative effects of climate change:

- The Malawi Union of the Blind (MUB) encourages blind women, men and youth to plant and take care of trees. Through this reforestation initiative, MUB

contributes to Malawi's effort towards reducing incidents of floods that has been causing land degradation.

- NAD's project in **Uganda** positively impacts climate change and the environment largely as it promotes initiatives that are friendly to the environment and the climate. Through the disaster risk reduction project, NUDIPU works closely with organisations, such as the Africa Disaster Reduction Research and Emergency Missions (ADRREM), that promote climate smart agriculture, a safer environment, and safer communities.

Carbon emissions

An important source of emissions from our projects are from intercontinental flights. The pandemic has stopped all these travels, and therefor significantly reducing emissions. This has forced new investments in equipment for working and meeting online. And, even more importantly, it has pushed both Norwegian organisations and local partners to learn and embrace new ways of working.

In some respects, this has enabled closer follow up of project from Norway, with well-functioning regional and global online meetings, and a higher frequency of narrative and financial reporting. The Atlas Alliance is also investing in a new programme management software that will enable the secretariat, Norwegian organisations and implementing partners to collaborate on the same platform. Many of the changes made as a response to COVID-19 will continue after travel restrictions are lifted, and this might reduce the need for international travel. Not everything can be done online, and travels will be needed also in the future. To what extent international travel can be permanently reduced, without harming project implementation must be tried out before any conclusions can be made.

Except for international travel, most projects have limited greenhouse gas emissions, with the main source being pollution from cars.

- International air-travel stopped due to COVID-19 restrictions.
- Much of the in-country travels stopped due to COVID-19 restrictions.
- In Uíge in Angola an Eye Center supported by NABP was connected to the country's electricity grid and is no longer dependent on diesel aggregates for its

power supply.

- In Nepal, NAB replaced diesel generators with solar panels at their central office.
- Inclusion Africa is a member of the Africa SDG forum and has thus joined the organisations working on climate change to ensure that climate negotiations and regional conversations follow a human rights-based approach and are inclusive of persons with disabilities and their organisations.
- EENET is discussing the possibility of becoming carbon-neutral in the future and has written a first draft of an Environment Policy that will be finalised in 2021. During 2020, many trainings were conducted online, reducing the need for travel, and there are plans to continue with digital learning in the future.
- Increased use of virtual meetings and training have reduced the need for travelling. For regional partners, such as SAFOD, this has a huge impact on regional traveling. When possible, meetings and training will be hosted on digital platform also post-COVID-19, thus will reduce the need for traveling long term.

Use of paper

- In Nepal, NAB started using a paperless attendance system and paperless data entry systems for the disability household survey.
- The African Union of the Blind imposed limitations on the use of paper for non-braille users.
- In Southern Africa, SAFOD made efforts to reduce the amount of paper and started using chlorine-free recycled paper.
- In Tanzania, the CBID project still uses a lot of paper as many participants do not use computers.

Land and biodiversity

- NAB prioritises proper waste management in their activities.
- The eye camps in NABP's project work closely with health posts managing the waste generated in the eye camps.
- MECP-Z in Tanzania went from using single use water bottles to using water dispensers to reduce waste.

Cross-cutting issue:

Anti-corruption

The Atlas Alliance secretariat and organisations have zero tolerance towards corruption. Our anti-corruption efforts are in line with SDG 16; to substantially reduce corruption and bribery in all their forms, in order to promote just peaceful and inclusive societies.

To ensure transparency, the Atlas secretariat, the Norwegian organisations and their partners continuously work on developing and maintaining governance and operational capacity in finance and administration, as well as all other relevant project management policies and procedures. The objective of our anti-corruption work is to ensure that anti-corruption measures are adequately in place and complied with in all relevant aspects of activities, thus preventing corruption and misuse of funds.

All Atlas organisations and local partners have policies and procedures in place, and work to enhance their knowledge and capacity in order to prevent and detect corruption. Some policies and action plans are more comprehensive than others. Following are some concrete examples of anti-corruption measures put in place by the secretariat, the Atlas organisations and their partners in 2020:

In Norway

In 2020, the Atlas Alliance secretariat conducted comprehensive organisational reviews with all seven Atlas organisations. These all resulted in action plans. For example, YMHN has reviewed management letters from previous YMHN projects and focused on tightening the gaps in their current routines and guidelines.

- The Atlas Alliance secretariat created a standard contract template for the TOFI agreement and the 2020-2024 framework agreement for Norwegian organisations and local partners. The contracts were designed and reviewed by KPMG. The appendix to both contracts include the original contract between Norad and the Atlas Alliance. The Atlas Alliance

secretariat distributed the new standard contract template and held a seminar on the topic to all Norwegian partners. In addition, the Atlas Alliance secretariat held several seminars for local partners together with the Norwegian partners, aiming to explain the Norad and Atlas Alliance contract requirements in detail.

- The Atlas Alliance secretariat redesigned the financial review tool together with the Norwegian Atlas organisations. The financial review was greatly expanded and gives the Atlas Alliance secretariat an in-depth insight into all areas of project management and execution. The review was conducted by the Atlas Alliance secretariat with all Norwegian partners in 2020, and follow-up items identified in the reviews were sent out with a clear date for mitigation, and a clear action owner.
- The Atlas Alliance secretariat initiated a comprehensive review of all its common tools and procedures, scoring system, risk management and follow up procedures. These will be in place during 2021 and integrated into a new digital project management database expected to be in use by the end of 2021. The aim is to implement stronger measures to prevent abuse of power and funding, uncover old cases and expose new attempts of corruption and misuse.
- In 2019, Norad required an internal audit of NAD. The terms of reference of the internal audit were prepared by Deloitte, approved by Norad's whistleblowing team and the audit itself conducted by KPMG. The report highlighted significant risk in two main areas: routines around contracting with new partners and content of contracts with partners. The report concluded that the contracts from NAD to local partners did not reflect all Atlas Alliance and Norad requirements. The report also showed that important findings from organisational reviews were not

consistently followed up. The Atlas Alliance and NAD have used the findings from KPMG as a roadmap for strengthening procedures and best practices. Many of the proposed recommendations from KPMG were already planned in the Atlas Alliance 2020-2024 anti-corruption plan and was executed in 2020.

In partner countries

- The majority of projects conducted financial checklists in 2020. For example, FFO completed the Atlas Alliance Financial Management and Internal Control Checklist with their partners NFDN and SAFOD in 2020. Both were conducted digitally. The Finance Managers were in their respective offices, showing FFO all the documents requested.
- Travel restrictions due to COVID-19 resulted in more regular dialogue and follow up with local partners, as the use of digital meeting tools became more common. For example, YMHN conducted financial meetings every month with the financial manager of both their partners. During these meetings they discussed basic routines and discovered problematic documentation practices.
- All projects have anti-corruption policies in place, and now focus on improving and operationalising these. In **Lesotho**, for example, LNLVIP took action to improve handling of assets and assets registering. Assets will now be labelled to make sure they are kept track of and are correctly registered in the asset register. Measures have been implemented after advice from the auditor.
- Most local partners held training to ensure that staff had adequate competence and understanding of financial management and anti-corruption. For example, in **Angola**, ANCAA project staff and delegation members were trained in financial management and basic accounting in December 2020. This is the second training of this kind held for the Uíge branch.
- All projects have whistle-blowing routines in place, but not all are well known among staff and stakeholders. In **Mozambique**, ACAMO improved the whistleblowing mechanisms and made available phone numbers and emails for members and leaders to denounce any act or suspected corruption, abuse of power, violence or sexual harassment within the organisation. In 2020, a complaint and denunciation box was put up in the Beira headquarter.
- Organisational development and good governance contribute to combating corruption. In **Malawi**, PASHL board of directors were trained on governance and management and on how to manage operations of the board. This will ensure separation of powers between the board and the coordinators so that the board takes an advisory and supervisory role while the coordinators take management and technical roles. The financial management policy of PASHL clearly states the need for approval from the board financial committee before release of any funds. In **Angola**, ANCAA required that all provincial offices must create a delegation bank account for the organisation locally to receive funding for local activities, no longer having bank accounts in the name of members or representatives and a collective account.
- The Atlas Alliance partner countries all rank high on Transparency International Corruption Perceptions index. In **Mozambique**, the custom clearances process is painstakingly complex and slow. It potentially provides possibilities for individuals to benefit from facilitating or rescuing imported good. NABP works together with hospital administration to prevent hospital staff from privately charging fees for services provided by the project.
- In **Nepal**, in response to the difficult situation created by COVID-19 and the lack of opportunity to make field visits in person, NABP supported an extra, mid-year audit of their local partners (including LNLVIP and NAB).
- All partner organisations strive to adhere to their respective countries' requirements for audits and financial reporting. In **Zambia**, Signo's partner BSNP changes auditor every third year, to ensure that the auditor operates independently, and that the financial management is done according to solid standards. A new auditor was contracted in 2020 after standard contracting procedures, including acquisition of three quotations. In **Nepal**, the Public Purchase Act of Nepal is strictly followed for the procurement of goods required by the programme, and expenses incurred for various construction activities has been published in the newspaper.

- IA and NFU had regular meetings to discuss budgets and narrative reports as a measure to monitor and flash out any concerns that might have arose. Due to the pandemic, the financial review was postponed to December 2020 and conducted digitally. Fourteen weaknesses were discovered, which will be followed up by NFU in 2021. Due to new partnerships and more focus on financial management and anti-corruption, NFU started the process of recruiting a part time financial controller. It is the first time in more than a decade that NFU's international solidarity work has its own financial controller. This will enable a closer dialogue with all partners, including IA, and more capacity building on financial management.
- In 2019, NAD's partner EENET formally adopted an 'Anti-bribery and anti-corruption' policy. In late 2020, EENET assigned one Director as Ethics and Anti-Corruption Lead, ensuring ongoing scrutiny of our policy and practices and providing a clearer focal point for any workers or stakeholders who have concerns about EENET's ethics or practices.
- In **Tanzania**, MECP-Z's financial policies and procedures ensured that checks and balances were in place. This is established in the procedures used and complied with during the implementation of activities. In 2020, the finance team established a system of online cash transfer where money was paid directly to the participants eliminating the need of cash. This system and procedure contributed to prevent fraud from taking place.
- NAD **Zambia** migrated a significant portion of its payments to online platforms which eliminated risks of corruption and fraudulent transactions associated with cash handling. When possible, payments were made directly to vendors/suppliers. During 2020, NAD reviewed the existing Finance Manual which covered all the accounting policies, procedures and systems of the organisation.
- In **Kenya**, SHAKN developed an anti-corruption and a financial management policy which was approved by the board. SHAKN took part in the due diligence process by completing the financial checklist as a requirement of the Atlas Alliance. SHAKN also used every opportunity to emphasise to members at all levels the importance of the whistleblowing poster which is pinned up at the SHAKN office.
- Several projects adapted to the COVID-19 situation by introducing alternative methods for financial control. For example, Signo's partner in **Malawi**, CDBC, scanned all vouchers and receipts for all postings in the accounts system in 2020. These were sent to Signo for remote monitoring. Additionally, all staff contracts were scanned and checked against payroll list.
- In **Malawi**, participants of MUB workshops were asked to sign attendance registers and sign for any allowance received during the workshops or training. Payment was slowly evolving into mobile transaction to make sure that only workshop participants received the allowances.

Reported cases closed in 2020

NAD previously supported the Malawi Council of the Handicapped (MACOHA). An extra audit of the financial year 2018, finalised in July 2019, discovered weak routines and four payments lacking supporting documents. MACOHA also showed lacking management of funding going to PODCAM (handled in a separate case). In total NOK 1 103 million is due to be paid back to Norad in 2021. NAD ended the collaboration with MACOHA in October 2019.

Signo previously supported the Uganda National Association of the Deaf (UNAD). A forensic audit commissioned by UNAD and four other donors, finalised in November 2020, documented forged documents, embezzlement, theft, lacking documentation of costs and transactions in violation of UNAD's guidelines. In total NOK 242 604 is due to be paid back to Norad in 2021. It was also uncovered that UNAD employees were responsible for sexual abuse and harassment of both employees and beneficiaries. These matters were also investigated by an external company commissioned by the donors. Signo has ended the collaboration with UNAD.

Added value

At the end of 2020, the Atlas Alliance secretariat had 10 employees (full or part-time) and the seven most active organisations, together, had 30 employees (full or part-time) working with Norad-funded projects, within either project management or financial control. The year 2020 also saw a new organisation joining the Atlas Alliance.

Additional focus area

In 2020, mental health was added to the focus areas for Atlas Alliance projects through YMHN and their local partner MHU in Uganda. Both organisations have an added value not only in their respective fields, but also in the alliance as they bring with them knowledge and experience that certainly will be important in the current and future work.

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

The Atlas Alliance and the Atlas organisations have a rights based approach to the cooperation with local partners, and not a charity approach. We initiate and work with our partners on processes and systems and encourage internal development. The Atlas organisations support our partners in a variety of ways, including:

- **Organisational development:** Several of the local partner organisations were established with the assistance of the Atlas organisations, who have years of advocacy and organisational experience in Norway and can share competencies and experiences in the different development stages.
- **Technical support:** The Atlas organisations have up to 100 years of collective experience in working for the rights of persons with disabilities in Norway, and thus have extensive experience that benefit local partners. DPOs also better understand the situation, problems and challenges faced by sister organisations

in the South than other organisation types, as well as knowledge of possible solutions.

- **Project development:** For many DPOs, their aim is that the government will take over the responsibilities and activities. There are several examples from Norway where civil society initiatives with time have been taken over by the public sector/government. NABP provides these kinds of services in Norway. By supporting the rehabilitation project in Angola, they also support an exportable model of NGO' society contribution that can serve as a platform for civil society/ government cooperation, or a government takeover of social responsibility.
- **Operational funding:** In order to ensure strong and representative organisations of persons with disabilities, the Atlas Alliance provide core funding that allows their partners to develop and strengthen their financial and operational capacity, ensuring sustainable organisations whose capacity and competence are ensured beyond the agreement period.

Local and international influence in and form the South – added value of local partners

Through the assistance and support of the Norwegian organisations, the local partners become stronger organisations with greater influence and capacity. This have in many instances influenced the local partner's added value locally and internationally, such as:

- **Advisory function:** Many of the local partners have such authority and respect, that national governments reach out to them for advice on disability matters. For instance, the Nepalese government contacts and invites NAB for feedback and suggestions in all processes regarding planning and formulation of acts and policies related with disability, aside from

allocating a regular budget for NAB (though small). NFDN is likewise consulted and exerts influence on political matters. IA has received three requests from African governments (Liberia, Sierra Leone and Cameroon) to give technical advice in the understanding of inclusive education and specifically on the inclusion of learners with intellectual disabilities. IA plan to visit Liberia and Sierra Leone after the pandemic. NAD Zambia has established professional working relationship with key and strategic government ministries and agencies such as Ministry of Community Development and Social Services (MCDSS), Ministry of General Education, Ministry of Higher Education, and the Zambia Agency for Persons with disabilities to enable the furtherance of its objectives. The National Council for Persons with Disabilities made a formal request to SHAKN to train their Disability Services Officers across the 47 Counties in Kenya in 2021 on the dynamics of the two conditions.

- **Securing government funding:** Local partners have, even during a pandemic, been able to secure funding from local governments that do not solely benefit their own organisations and/or projects. By securing such funding, local partners also open the door for others to seek similar support while putting disability on the agenda at local, regional and national level. As an example, NAB in Nepal secured NPR 1 000 000 from a Member of Parliament for establishing a computer institute.

Internal coordination and quality assurance – added value from the secretariat

The Atlas Alliance secretariat has three main goals for its work:

Outcome 1 Enhanced capacity of the Atlas organisations in project planning, implementation, monitoring and evaluation

Outcome 2 Enhanced capacity of the Atlas Alliance (Norwegian organisations, partner organisations, and the secretariat) to prevent and handle corruption

Outcome 3 The Norwegian aid community and politicians are well-informed on the importance of disability-inclusive development

In 2020, the Atlas Alliance secretariat has increased its support to the Atlas organisations and by extension, their partners. There are particularly two areas where the role of the Atlas secretariat has developed to go beyond previous support; monitoring and evaluation, and anti-corruption: The role of the secretariat and concrete measures and achievements within these areas are described in more detail in the respective chapters on these cross cutting issues.

Some tasks fulfilled by the secretariat to add value to the Atlas Alliance in 2020 include:

- Initiated the first phase of developing a new data collection app and started the initial discussions on an improved monitoring and evaluation system.
- Provided advice and support to individual Atlas organisations based on the organisation's expressed needs and observations made by the secretariat, through comprehensive organisational reviews.

Monitoring and Evaluation

The Atlas Alliance strive to continuously improve our projects. It is imperative that our projects meet the needs of our target group, and that our projects and activities are high quality, well targeted, and builds on our organisations' comparative advantage. Evidence is crucial to ensure that projects and programmes do not allocate resources to efforts that are not effective. Close monitoring of projects is also important, as a timely and active learning process throughout the project cycle will enable the Atlas organisations and their local partners to identify potential challenges or areas of weakness swiftly so that adaptations can be made, ensuring that the project achieves the intended results.

With new requirements to disaggregate data based on disability and the desire for the Atlas Alliance to use an evidence-based approach to its programme, facilitate monitoring of projects, and to ensure that results of projects easier can be compared across different projects, there has been a need to systematically strengthen the various components of the system. The Atlas Alliance has an ambitious plan to strengthen our overall M&E efforts, and move toward a joint M&E system, and has already made substantial investments in order to achieve this. The 2020-2024 framework agreement will see the rollout of a comprehensive system encompassing common data collection tools, a digital project management database, and extensive capacity development. While we have experienced delays and have had to adjust plans due to the unexpected complications caused by COVID-19, the first year of this programme period has seen several significant improvements to our M&E system.

Results framework and standardised tools

With the aim to gather data in a standardised manner that facilitates comparison across projects and countries, the indicators outlined in the Atlas Alliance Results Framework each have been carefully defined. The need for an indicator definition guideline was something that was already identified early in 2020. This work started

in 2020, and has continued into 2021 as discussions on survey tools continue.

At the beginning of 2020, based on concrete feedback from Norad, the Atlas Alliance reviewed all indicators, changed many example indicators toward more quantitative indicators and started developing tools to allow for the collection of data at a more disaggregated level, by type of disability. Many indicators were further strengthened based on detailed feedback from the Atlas Alliance organisations and their local partners.

With additional and a few more complex indicators in place, as well as the goal to have one joint M&E system, the Atlas Alliance started the work to develop standardised tools for data collection and prepare for a joint baseline. Survey tools were developed for the baseline/midline/endline studies covering many of our key outcome indicator, and plans were made to strengthen the routine monitoring system and include this as an integral part of the new Atlas Alliance management information system - Metis.

The changes in the M&E system represents a shift from each organisation collecting data in their own manner, with different understanding of each indicator and where the use of different tools makes it difficult to compare the data across the Alliance, to a joint system where the goal is one system representing a common understanding of all indicators, standardised tools, shared methods of data collection and where it will be possible to produce real and tangible evidence on what works and what does not work in disability-inclusive development, to a greater extent than earlier.

Baseline

Baseline is an important part of the M&E system, as it sets the starting point for our projects and will be used, during the project period and at midline and endline, to determine progress.

With the pandemic forcing the world to halt in the beginning of 2020, the planned process for baseline collection was also put on hold. This means that the baseline data for most baseline indicators will be from 2021 and not from 2020. While this change in plans was unfortunate, it also turned out to be beneficial as it led to unplanned positive outcomes. The delay allowed for the Atlas organisations to explore and review the benefits of having a common M&E system, drawing from the work and experience of the other Atlas Alliance programme, Together for Inclusion (TOFI). Through mutual agreement between the Atlas organisations, it was decided that the Atlas secretariat would take on a stronger coordinating role for M&E, meaning closer monitoring and follow-up by the Atlas Secretariat. This represents a shift in roles for the Atlas Alliance, whose organisations have previously worked very independently within M&E.

2020 thereby marked the start of an improvement in collaborative measures and data collection, with baseline tools for inclusive education and economic empowerment being discussed in working groups and drafted, with planned baseline collection being set to 2021. The different baseline tools are described below.

Inclusive Education Assessment (IEA): Under TOFI, a comprehensive and thorough assessment was developed in order to be able to measure the inclusiveness in schools partaking in the program. This tool was revised after feedback from the Atlas Alliance organisations, and the final version of the tool, to be used under both agreements, was finalised in December 2020.

In order to measure how inclusive a school is, one must consider many factors. Both physical infrastructure, teachers' knowledge and competence, and management's attitude play a role in the assessment. To capture this, we developed a tool that is used by our partner organisations to assess the schools they work with, to be able to sharpen their support and measure

progress over time. The IEA will be used by partners in both the framework agreement and TOFI. The tool covers a number of different factors, and includes discussions with students, teachers and management, as well as the organisations' own observations, to ensure a comprehensive assessment of the schools. The tool has been translated into all languages that are relevant to the schools where we have projects. Data collected through this tool gives us good baseline data for the schools and a solid basis for creating individual action plans for each school.

Organisational Capacity Assessment Tool (OCAT):

The purpose of the OCAT is to capture development and change in our partner organisations' ability and capacity to represent their target group, influence authorities, and manage funds in a responsible manner. It is a self-evaluation tool that all our partner organisations implement at baseline, midline and endline, which gives an indication of where they are on the organisational development scale, and which areas they should focus on to further strengthen their organisation. The tool has been used by Atlas Alliance organisations since 2013, but was revised in 2020 when the last two areas, "Inclusivity" and "Financial Management", were added.

Economic Empowerment: A tool has not yet been developed, but will be finalised in 2021. The tool will capture outcome and output indicators under the Economic Empowerment thematic area.

Advocacy and communication

2020 was a different kind of year. The COVID-19 epidemic changed the working environment in Norway, and dramatically reduced the opportunities to move about freely in the field with partners. This also changed the way we communicated and did our advocacy work. By mid-March, the possibilities of physical get-togethers, traditional seminars and courses were gone due to the imposed lock-down in Norway and partner countries.

The year opened very promising in mid-February, with Crown Prince Håkon and Minister for Development, Dag Inge Ulstein, officially inaugurating the new collaborative programme Together for Inclusion (TOFI) in Mozambique's capital Maputo. This was a great way of spreading the news to our African, international, and national partners of this new ground-breaking inclusion effort.

Some months into the pandemic the Atlas Alliance decided to go online with various courses and seminars, both for our partners and for a wider audience. For our partners, it has been of utmost importance to signal and convey that the Atlas Alliance takes Norad's zero tolerance for corruption very seriously. Courses and seminars have had a focus on good financial management throughout the value chain. Our anti-corruption work is one of the pillars of good financial management.

The Together for Inclusion partnership also had to rethink its way of workings. Earlier this year, several of the partners in Uganda, Somalia and South Sudan were supposed to have gone on a study trip to Zambia. This has now been implemented - digitally.

Together with several of our partners we focused a major webinar on the hundreds of thousands of people around the world who are literally chained to the wall, to a cage or to a table. Women, men, and children, some as young as 10 years of age, are locked up in small areas for weeks, months and in some grotesque cases, years. This reality was documented in an important new report in 2020, and the Atlas Alliance took this international report to a Norwegian and an international audience, with an opening by Minister Ulstein. The campaign was given the name Break the Chains and was led by Human Rights Watch.

The Atlas Alliance kept focus on the international rights' agenda. The report *Disability rights during the pandemic*, a global report on the findings of the COVID-19 Disability Rights Monitor drew our attention to what it calls "the catastrophic impact of the covid-19 pandemic on people with disabilities worldwide". We have written about this in channels like *Bistandsaktuelt*, where we during 2020 had many entries.

On 24 September, Minister Ulstein announced that Norway will host the next Global Disability Summit. This is quite a huge task, both for Norway, the Atlas Alliance and the International Disability Alliance. We have worked hard for this to happen for several years, and the work has succeeded. The theme is development policy, development assistance and the rights of disabled persons, and there were several open meetings with various partners and others in civil society in order to get input for the summit.



The Norwegian Minister of International Development, Dag Inge Ulstein, during the launch of the Together for Inclusion Consortium in Beira, Mozambique, February 2020. The minister visited a cooperative of persons with disabilities in Beira's Manga district. PHOTO: NABP.

In December 2020, our Swedish colleagues in My Right organised a major seminar on how the UN's sustainability goals, and 2030 Agenda affect various institutions and organizations and our work for more inclusive development. The Atlas Alliance also participated and was able to spread the word about our new partnership Together for Inclusion.

In December 2019 we published the report *The Forgotten People: Persons with Disabilities in Crises and Conflicts*. We have throughout 2020 used the findings from the report to influence Norwegian humanitarian actors and policy makers to shift gears when it comes to inclusion in humanitarian crises.

Challenges and lessons learned

Disability inclusion is challenging and requires deliberate effort, even in countries where there are relative strong disability movements and where the CRPD is ratified. We are proud of our accomplishments in 2020, although the challenges are still numerous. Perhaps the greatest barriers to full inclusion are rooted in people's mindset, in conflicts of interest, and in lack of political will. Years of discrimination and stigma take time and effort to eliminate. There are still pockets of society and institutions where there is room for growth to improve inclusion; particularly the areas where the preference is to segregate people with disabilities, where people do not have the knowledge and skills to support inclusion, even when they might embrace the idea of inclusion.

Strong organisations of persons with disabilities are crucial to fight exclusion and strengthen the good work already accomplished. Moreover, they hold governments accountable for their promises and practices, both in partner countries and in Norway. The Atlas Alliance and our partners are committed to continue fighting for the fulfilment of the rights of persons with disabilities, under our the 2020-2024 framework agreement but also through the strategic partnership "Together for Inclusion".

COVID-19 and crisis preparedness

The main challenge of 2020 was no doubt the COVID-19 pandemic. The innovative solutions that the Atlas organisations and their local partners implemented to deal with this new reality are described in each of the thematic chapters. The abruptions to programme implementation caused by the pandemic will have ramifications for 2021 as well. Many projects postponed planned activities from 2020 to 2021, hoping the situation would have stabilised by then. At the time of writing this report, in June 2021, it is clear that our local partners will face similar, if not more severe,

challenges in 2021. The Atlas secretariat and Norwegian Atlas organisations have established new ways of communicating and following up projects, which has actually lead to more frequent contact between Norwegian organisations and their local partners. Being forced to adapt to new digital modes of meeting and cooperating has helped organisations to make a great leap forward in terms of upgrading their digital infrastructure and competence. These are valuable experiences and ways of working that we will continue using even after travel restrictions are lifted.

Below are some of the reflections of our local partners regarding COVID-19.

- In Southern Africa, SAFOD was heavily impacted by the COVID-19 pandemic. Staff was no longer able to travel to affiliates' countries to implement various activities that were planned for 2020. In response, SAFOD was forced to include a program specifically on Covid-19 that was not initially part of the plans for 2020. The pandemic continues to affect programming for both the SAFOD secretariat and most of its affiliates. Going forward, it is likely that they will experience some variance from the original results framework, as the focus is shifted towards addressing challenges associated with the pandemic. With 2021 poised to be a year of COVID-19 vaccinations, SAFOD needs to be proactive by not only monitoring how such work affects persons with disabilities, but also launching an advocacy campaign for increased inclusive participation of persons with disabilities in such programmes.
- In Angola, ANCAA believe that the project plans for 2021 may be subject to change or delays depending on a possible escalation of COVID-19 cases in the country. This can cause further restrictions and lockdowns. Based on their experience in 2020, ANCAA



In Zanzibar, EENET engaged local trainers to facilitate their teacher trainings, as they were not able to travel due to COVID-19 restrictions.

EXAMPLE: RETHINKING ACTIVITIES IN LIGHT OF COVID-19 RESTRICTIONS

The COVID-19 pandemic restricted international travel in 2020. This necessitated a total rethink of all project activities, especially those involving training facilitation by international consultants. In their Inclusive Education Teacher Trainer programme in Zanzibar, EENET switched from face-to-face delivery of module(s) from EENET consultants to local facilitators. Said Juma, a local teacher trainer, academic and consultant, facilitated the training. EENET gave substantial support prior and during the trainings via e-mail, WhatsApp and Zoom. EENET senior consultants in the UK also joined some sessions 'live' via Zoom and held daily briefing/debriefing Zooms with the local trainer to enable reflection, improvements, activity/timetable

adjustments, etc. 50 principal trainers were trained, 20 male and 30 female.

The experience with this approach was very positive. Said is a skilled facilitator, and was familiar with the course content. The remote support of EENET facilitators was also critical. Going forward there may be a need to further review materials to add in more videos, more interactive quizzes, interviews, etc. EENET has a long-term commitment to build local expert capacity. Since this approach was received well by participants and facilitator alike, EENET will develop this methodology further to ensure both high quality trainings, while building local expert capacity.

are now better prepared to take up the collection and distribution of food and necessities to members if the situation escalates in the country.

- In Laos, a pressing issue that needs to be solved is how EENET can provide training to LAB and teachers at the inclusive education schools, as international travels to Laos are still not allowed. One option is that LAB continues to provide teachers with the two-week

training they have developed related to the needs of blind and partially sighted students. However, this will lead to less focus on other groups of children with disabilities. A better option would be to find a way to solve this by providing digital training, or to replicate the method used by EENET in Zanzibar, where they have engaged local teacher trainers as facilitators, with support from EENET in advance via digital communication platforms.

- Many projects are depending on a favourable COVID-19 development in 2021 in order to achieve their planned results within the agreement period. In Lesotho, for example, LNLVIP is still unsure if there will be deviations. Some activities have been postponed, due to schools being closed. Hopefully moving activities within the project period, and making use of the time between lockdowns, will be sufficient to reach the planned targets.
- Local partners have been affected by the personal risk attached to working in health care or other exposed professions. In Mozambique, the risk for exposure to COVID-19 for hospital and NABP staff has been significant. The NABP doctor and several other doctors were infected with COVID-19. Because of these experiences, the project will try to control and limit the number of patients to maintain security measures such as safe social distancing and good hygiene. In addition, the project will focus on examinations, treatment and operations at the hospital, in the most controllable environment possible, to reduce the risk of spread of COVID-19. This means that examinations and operations will be performed on a slower rate.
- In Nepal, the pandemic and consequent restrictions caused several deviations from the planned activities in 2020, affecting the achievement of results. For clinical activities, results are in many cases around 40-50% of the target. Outreach/eye camps were the most affected, where the achievement is less than 10% of the target (due to it being impossible to conduct camps and gather people in villages during the pandemic). The future situation with regards to COVID-19 remains unpredictable. The tentative plan for 2021 towards accommodating some of the shortcomings in 2020 results includes to increase outreach activities (free surgical camps) and advocacy at different levels (to raise funds).
- NFU's partner in Africa, Inclusion Africa, had to cancel and postpone most of the activities due to the pandemic. In this regard, IA anticipates making changes in the original results framework reflecting the delays in the implementation. The targets and expected results need to be adjusted and activities planned for 2020 have to be spread in the years 2021, 2022, 2023 and 2024. Inclusion Africa's assumption is that by doing so all the staggered activities will be implemented and the desired results achieved.
- In Uganda, the COVID-19 situation has not caused major changes in the result framework. A few activities have been adjusted to accommodate for COVID-19 restrictions. The project will continue to include COVID-19 activities to ensure the safety and compliance with the standard operating Procedures. This will be accommodated through budget revision. All activities that have been delayed will be carried out in 2021.

