

A photograph of a woman with dark, curly hair, smiling warmly while holding a baby in a wheelchair. The woman is wearing a black sleeveless top with a white polka-dot pattern on the shoulder. The baby is wearing a colorful striped shirt and green shorts. The background is a bright, outdoor setting with tall grasses and a clear sky. The text 'THE ATLAS ALLIANCE' and 'PROGRESS REPORT | 2017' is overlaid in the top right corner.

THE ATLAS ALLIANCE
PROGRESS REPORT | 2017



JUNE 2018

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Introduction

The second year of the framework agreement with Norad for 2016-2019 has been completed. We are proud of presenting promising results in this progress report, documenting how the Atlas Alliance and the partner organisations deliver specific results to implement the Convention of the Right of Persons with Disabilities (CRPD).

Leaving no one behind is the basic principle of the Sustainable Development Goals (SDGs) and acknowledges the importance of including persons with disabilities in all areas of development. Disabled Persons Organisations (DPOs) play a crucial role in order to ensure both a societal structural change for persons with disabilities and for changing public viewpoints. We partner with 40 DPOs in addition to other relevant stakeholders in 15 countries. Our partners have a total base of 125 000 members and are important and legitimate voices for the advocacy work, for instance when our partners played a crucial role in submitting the CRPD shadow report in Nepal in 2017, and worked systematically with shadow reports in Malawi, Tanzania and Zambia.

A great victory that needs extra attention is that Nepalese legislative parliament passed the Disability Rights Act in 2017, emphasising that it is now illegal to discriminate based on disability. These and other results presented in this report shows the importance of our work.

If we shall reach the SDG 4 to *ensure inclusive and quality education for all and promote lifelong learning*, a particular focus must be on children with disabilities. There must both be a focus on bringing disabled out-of-school children to school and make sure that teachers have knowledge and skills to teach all children. In 2017, more than 5500 learners were enrolled in education as a direct consequence of our projects. Further, almost 500 teachers received

trainings and improved their skills and attitudes towards teaching children with disabilities.

Persons with disabilities often face more complex health issues than others. Reducing and preventing cases of non-communicable diseases, achieving universal health coverage and training of health personnel – all targets under Goal 3 – are reflected in our projects. In 2017, more than 20 000 persons have benefitted from health service provided by our partners, and another 7000 from referrals done by our partners, including provision of eye surgery, surgical interventions of persons with spina bifida and hydrocephalus, guidance of diabetes care etc. Assistive devices, such as wheelchairs and white canes have been provided to ensure participation, education and income.

We are proud of the many accomplishments of our Norwegian organisations and their partners although the challenges are still numerous in most of the areas. Perhaps the greatest barriers to full inclusion is rooted in people's mind-set and in political will. Years of discrimination and stigma take time and effort to eliminate. Strong organisations of persons with disabilities are crucial to fight exclusion and to continue and strengthen the good work already accomplished. Moreover, they hold governments accountable for their promises and practices, both in partner countries and in Norway. Still, no SDGs are reached until *no one is left behind*.

The Atlas Alliance – who are we?

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

The Atlas Alliance consists of 13 Norwegian disabled persons' organisations (DPOs) and two affiliated organisations. Ten of these organisations, as well as the secretariat, receive funding through the agreement with the Civil Society Department (Sivsam) at Norad to initiate and operate development projects in the South:

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

Nothing about us without us

Our Theory of Change is rooted in a rights-based approach and is linked to our core goal of promoting human rights with a focus on building strong organisations, political lobbying and meeting individual needs. Persons with disabilities face varying degrees of oppression, discrimination and exclusion in all countries where we conduct our development work. We aim to change society's attitudes toward persons with disabilities. The Atlas Alliance supports DPOs as representatives of the right holders in order for them to run projects and lobby so that national and local governments meet their obligations under the CRPD. One core element is that persons with disabilities are informed about their rights and get together, organise and hold the authorities accountable to ensure that disability rights are honoured.

The progress report for 2017

This report summarises key results and achievements in the second year of the grant agreement, 2017. The Atlas Alliance strategy for 2015 - 2019 outlines four thematic areas reflected in the programme results framework; Human Rights Advocacy, Inclusive Education, Health and Rehabilitation and Economic Empowerment. Separate chapters present each thematic area and each chapter follows the structure of the results framework. In other words, outputs are located under outcome headlines.

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

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

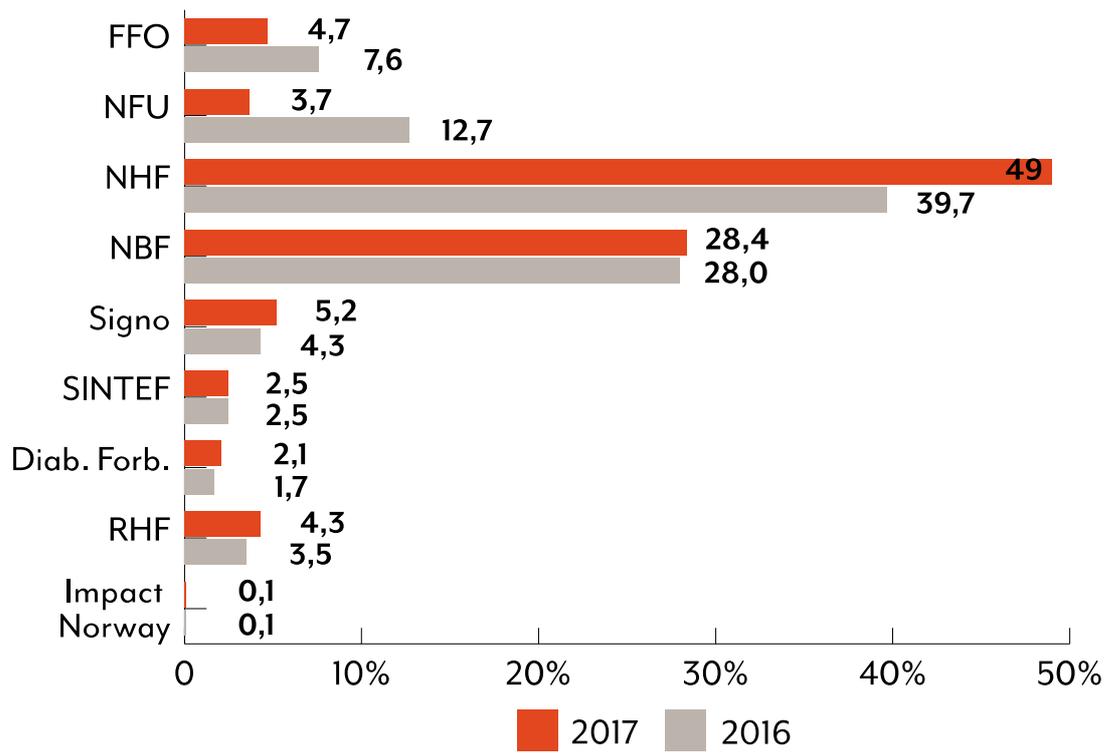
The Atlas organisations have partners in the South that lead the project implementation. We refer to these local partners as “partner organisations” or “local partners” in the report, while the Norwegian organisations are referred to as “Atlas organisations”.

The targets for the full implementation period were set in 2016, and a challenge for the 2017 progress report has been to monitor the development towards the final project year of 2019. The use of results frameworks has been new and demanding for both the Atlas organisations and our partner organisations. To set exact targets can be difficult and some targets seem to have been too high or too low. For instance, determining what kind of assistance a disabled child needs is hard to know before the identification of the child. Another challenge has been in advocacy work, where more factors than our local partners influence the outcomes on political level, making realistic targets difficult to set.

The outcomes in the joint results framework are often difficult to measure, and we have chosen to give examples instead of systematic results in the 2017 progress report. The results framework of the Atlas Alliance as a whole is an aggregation of its 42 projects, where each project also has its own results framework. As for the outputs in our common result framework, they are at a higher level than the outputs in the individual project frameworks, and our outputs often refer to actual results for the beneficiaries.

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

DISTRIBUTION OF FUNDING PER ORGANISATION



TOTALS PER COUNTRY

PROJECT CONTRY	TOTAL FUNDS	PERCENTAGE
Angola	2 659 309	4,95 %
Cambodia	577 074	1,07 %
India	595 356	1,11 %
Laos	871 760	1,62 %
Lesotho	1 632 131	3,04 %
Malawi	8 743 937	16,27 %
Mozambique	2 150 179	4,00 %
Nepal	4 657 947	8,67 %
Palestine	4 125 285	7,68 %
Regional Africa	1 037 324	1,93 %
Regional Asia	696 484	1,30 %
Southern Africa	8 273 522	15,40 %
Tanzania	1 588 534	2,96 %
Uganda	6 604 626	12,29 %
Zambia	9 517 883	17,71 %
Total	53 731 351	100 %

* Numbers do not include the inclusion project, living conditions study and Secretariat. Exclusive own share, inclusive 7%admin-support.

TABLE B – OVERVIEW OF PROJECT EXPENDITURE FOR REPORTING YEAR (2017)

	(1)	(2)	(3)	(4)
<p>The columns refer to the reporting year.</p> <p>The totals in Table B will correspond to some rows in in columns (3) and (4) in Table A on page 51.</p> <p>The rows refer to thematic area</p>	Approved project budget 2017, including own contribution	Total Project expenditure, including own contribution	Total Norad grant	Total expenditure of Norad grant
Human Rights Advocacy	26 693	27 158	25 184	24 528
Inclusive Education	17 656	17 964	16 658	16 224
Health and Rehabilitation	9 382	9 545	8 851	8 620
Economic empowerment	5 935	6 039	5 600	5 454
Unallocated funds/ Non-thematic	8 395	8 668	8 395	8 668
Total	68 061	69 373	64 689	63 494

* Numbers include the inclusion project, living conditions study and Secretariat.

PROJECT LIST 2017

ORGANISATION	COUNTRY	PROJECT ID	PROJECT NAME
FFO	Nepal	NPL-0156	Organisational Development with National Federation of the Disabled – Nepal (NFDN)
FFO	Regional Africa	SAF-0154	Organisational Development in Southern Africa
NFU	Nepal	NPL-0226	Equal rights and Full participation - Nepal
NFU	Regional Africa	SAF-0213	Strengthening Inclusion Africa
NAD	Tanzania	TAN-0191	Include me - Inclusive Education and Rights of Persons with intellectual Disabilities, Zanzibar
NAD	Malawi	MWI-0225	Include me - Promoting the rights of children with disabilities and their families
NAD	Malawi	MWI-0415	Malawi Community Based Inclusive Development Programme
NAD	Malawi	MWI-0416	Economic and Social Empowerment of Persons with Disabilities in Malawi
NAD	Lesotho	LSO-0227	Organisational Development - Lesotho National Federation of Organisations of the Disabled (LNFOD)
NAD	Zambia	ZAM-0349	Equal rights - Full participation
NAD	Regional Africa	SAF-0402	Community Based Inclusion Knowledge Sharing in Africa
NAD	Uganda	UGA-0400	Economic Empowerment Programme (EEP) Uganda
NAD	Palestine	PAL-0028	Community Based Inclusive Development Palestine
NAD	Regional Africa	SAF-0412	Disability Inclusive Disaster Risk Reduction Programme

NAD	Zambia	ZAM-0417	Improved quality of life through Self-Help and rights based approach for the rural based people of Kazungula, Zimba, Livingstone and Kalomo including persons with disabilities
NABP	Laos	LAO-0288	Lao Association of the Blind - Capacity Building
NABP	Nepal	NPL-0295	Capacity building of NAB and inclusion of blind and partially sighted people in mainstreaming development in Nepal
NABP	Nepal	NPL-0372	Nepal Association of the Blind (NAB) Rehabilitation Programme for the Blind and Partially sighted people in Makawanpur and Mahottari districts
NABP	Nepal	NPL-0371	Eye Health Project in Lamahi
NABP	Cambodia	KMH-0305	Association of the Blind in Cambodia - Capacity building
NABP	Regional Asia	RAS-0373	Asian Blind Union advocating for human rights and Women Representation
NABP	India	IND-0374	All Indian Confederation of the Blind (AICB) rehabilitation and training of blind and partially sighted persons in the Indian states of Uttar Pradesh and Rajasthan
NABP	Mozambique	MOZ-0368	Eye Health Project in Chimoio
NABP	Mozambique	MOZ-0367	Association of the Blind and Partially Sighted of Mozambique (ACAMO) Capacity building and Rehabilitation in Manica/Sofala/Tete
NABP	Uganda	UGA-0370	Improved Quality of living for the blind and partially sighted in Uganda, through supporting Uganda National Association of the Blind (UNAB)

NABP	Lesotho	LSO-0283	Lesotho National League of the Visually Impaired Persons (LNLVIP) - Organisational strengthening
NABP	Lesotho	LSO-0289	The Lesotho Eye Health Care Project (EHCP)
NABP	Angola	AGO-0291	Angola Association of the blind (ANCAA) - Organisational Strengthening
NABP	Angola	AGO-0366	Angola Association of the blind (ANCAA) Rehabilitation Uige
NABP	Angola	AGO-0351	Eye Health Project in Uíge Province, Angola
NABP	Malawi	MWI-0284	Malawi Union of the Blind (MUB) Capacity Building Project
NABP	Regional Africa	RAF-0365	Strengthening of Portuguese and Spanish speaking member countries of African Union of the Blind
NABP	Global	GLO-0342	Project Seminar (not conducted in 2017)
Signo	Malawi	MWI-0348	Access to adapted learner centered education for persons with deafblindness
Signo	Uganda	UGA-1005	Young Deaf Empowerment, Uganda
Signo	Zambia	ZAM-0411	Access to Quality Education for persons with Deafblindness in Zambia
SINTEF	Regional Africa	SAF-0185	Access to Mobility Device and Services in Zimbabwe og Namibia
NDA	Zambia	ZAM-0336	Organisational Development and Training
RHF	Regional Africa	SAF-0187	Early intervention, treatment and rehabilitation of people with Spina Bifida and/or Hydrocephalus in Eastern, Central and Southern Africa

The Atlas Alliance	Regional Africa	SAF-0157	Living Condition Study in Southern Africa
The Atlas Alliance	Global	GLO-0414	Inclusion Project
The Atlas Alliance	Global	GLO-0413	Atlas Alliance Secretariat

Human Rights Advocacy

FACTS

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

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

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

ensure disability representation in government offices, equal access to information and services, and implementation or change of law.

In 2006, the United Nations adopted the UN Convention on the Rights of Persons with Disabilities (CRPD). Articles 4, 29, 32, 33 underscore the importance of DPOs. Through the convention, State Parties agree to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. All our project countries have ratified the CRPD. Despite such ratification, persons with disabilities are a long way from achieving equal rights and their full potentials as equal citizens. Governments and other stakeholders need constant pushes and reminders of the rights of persons with disabilities as stated both in the CRPD and in the SDGs. Persons with disabilities often experience exclusion. The overarching goal the SDGs is to ensure we “leave no one behind”. A core principle in the work of the Atlas Alliance is “nothing about us without us” and our aim is to advocate for the inclusion of persons with disabilities in all circumstances. We do it by empowering DPOs; influencing change within local and national governments; and building alliances and coalitions with other civil society organisations and international non-governmental organisations (NGOs).

1 ORGANISATIONS OF PERSONS WITH DISABILITIES (DPOS) ARE REPRESENTATIVE AND PROMOTE HUMAN RIGHTS OF PERSONS WITH DISABILITIES IN TARGET AREAS

We collaborate directly with 16 national DPOs and 9 umbrella organisations with a membership base consisting of local, regional and national DPOs. In addition, the Disability Rights Programme in Palestine supports 15 DPOs. **40 DPOs** in total receive support from the Atlas Alliance. We also support the work of other strategic partners, such as governments, universities and relevant centres.

Our partner organisations have a total base of approximately 125 000 members (57 % female). The local and national organisations provide

a wide range of services to their members, including training, raising community awareness and advising on legal and technical issues. The focus of the umbrella organisations is to coordinate collaborative efforts and provide quality support to member organisations, and to ensure that the disability movement maintains a united voice. The majority of their training of members is on good governance, including lobbying and advocacy, as well as management, administration and finance. 17 partner organisations are active members and founders of Civil Society Organisation (CSO) networks and coalitions. The mandate and activities of these coalitions differ from country to country, but most focus on joint advocacy efforts, information sharing and campaigns targeting local and national authorities.

DPOs demonstrate good governance, organisational capacity and sustainability

It is essential to develop the organisational capacity of local DPOs to enable them to advocate on behalf of the rights-holders. One of our strategic choices is to promote and support the development of strong democratic organisations with an efficient and competent administration, through the continued use of our Organisational Capacity Assessment Tool (OCAT) developed in 2014. Overall, the organisational capacity of most organisations is still assessed to be at a medium level, although the scale also includes examples of high and low capacity. All partners have operational, financial and administrative structures, policies and plans in place. Although there have been some improvements since 2016, the DPOs still need to update and develop their guidelines, policies and plans and use these documents actively to meet these targets for 2019. All organisations held board meetings and annual general meetings at regular intervals in 2017.

The partner organisations are **representative** in terms of membership, as most members are persons with disabilities and parents/guardians of persons with disabilities. On average, 38 % of staff and board members have some form of disability. We have reached our target in terms of gender representation, as more than 40 % of board members are women. There seems to be an

underrepresentation of youth in the governance structures of most organisations, but more data is necessary to conclude on this issue. Overall, the target groups in all countries consider the DPOs as legitimate representatives and most of the DPOs have therefore reached their 2017 targets on representation.

DPOs have the capacity to carry out effective advocacy strategies to influence local, national and regional decision-making processes

Our partner organisations have a high activity level on public advocacy campaigns, targeting both the disabled and non-disabled population and decision makers. In total, our partners organised 840 campaigns in 2017. This includes publishing articles in print media, radio talks, news coverage, awareness meetings, media appearances, thematic workshops, door-to-door campaigns and thematic days. The number of completed campaigns is higher than the target level for 2019, and hence the DPOs have the capacity to carry out additional effective advocacy strategies to influence local, regional and national decision-making processes. We do not have sufficient data to assess the number of people reached via media campaigns. The following thematic chapters will however account for the wide reach and outcomes of this advocacy work.

DPOs have diversified funding sources, including national governments

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

DPOs have formed alliances and coalitions with INGOs and CSOs to promote and advocate for the inclusion of persons with disability

DPOs advocating for inclusion, also referred to as mainstreaming disability, is a new experience for many local DPOs, but some have since long formed alliances and coalitions with international NGOs and national civil society organisations (CSOs) in order to promote inclusion. The regional umbrella organisations have been at the forefront of this work. The Southern Africa Federation of the Disabled (SAFOD), a regional body that brings together national councils of DPOs, has been a key factor in influencing decisions at SADC heads of state level related to inclusive development. The Asian Blind Union has achieved its 2017 target, where 23 % of its national member organisations have addressed CSOs to become more inclusive of persons with disabilities. On a national level, NAD's partner organisations in Malawi and Uganda have worked systematically to promote accessibility and inclusion in activities implemented by mainstream government and non-governmental actors in disaster risk reduction in Malawi (since 2016) and in Uganda (since 2017).

2 NATIONAL/LOCAL GOVERNMENT HAVE MECHANISMS IN PLACE FOR PERSONS WITH DISABILITIES TO BE ABLE TO CLAIM THEIR RIGHTS

DPO contributions to CRPD reporting, including State and alternative (shadow) reports

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

In 2016 and 2017, the writing of the CRPD shadow report was an important common process for DPOs in Nepal. The national DPO umbrella organisation and its members, including Atlas' partners

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

In Malawi, the national DPO umbrella Federation of Disability Organisations in Malawi (FEDOMA) and its member DPOs finalised their draft of the CRPD shadow report for Malawi in 2017. The Malawian disability movement also submitted a shadow report to the UN Committee on the Rights of the Child. FEDOMA participated in the Review Meeting for Malawi held in Geneva. In its concluding observations for Malawi, the Committee included 14 of 22 recommendations from the shadow report. FEDOMA has disseminated the recommendations to DPOs in Malawi for use in their advocacy work.

In Angola, Angola Association of the Blind (ANCAA) has been active in raising awareness on the CRPD and contributed to the state CRPD report. The government of Angola has submitted their state report to the CRPD Committee, but it is not yet scheduled for examination. In Zambia, the government submitted the initial State report to the CRDP Committee. NAD's partners Zambia Association for Parents of Children with Disabilities (ZAPCD), Zambia Association for the Employment of Persons with Disabilities (ZAEPD), Disability Rights Watch (DRW) and other national DPOs participated in the

consultative meetings on the drafting of the state report. The Disability Rights Independent Monitoring Team (DRIMT) started consultations on the drafting of a shadow report on the CRPD for submission by DPOs and civil society, with meetings held in different provinces.

Legislation, laws and policies are inclusive of persons with disabilities

Our partner organisations work to influence political processes to make national laws and policies inclusive of persons with disabilities and thus work actively towards ensuring SDG targets 10.3 and 10.4 about ensuring equal opportunity and reduce inequalities of outcome. This includes eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions, and adopting policies to achieve greater equality. An important aspect of this work is to make sure governments ratify international conventions and treaties. As an example, the Marrakesh Treaty that facilitates access to published works for blind and partially sighted persons came into force in 2016, and 22 states have ratified it by the end of 2017. It should both promote the domestic production of accessible materials in each country, as well as provide access to books produced elsewhere. All NABP's partner organisations advocate to implement the Marrakesh Treaty.

In Nepal, it was a significant moment for the disability movement when the Nepalese parliament passed the Disability Rights Act in October 2017. The passing of the act was a great victory, because it opened the door to human rights, equality and access to justice for persons with disabilities. This reinforces the fact that it is now illegal to discriminate based on disability. Several provisions of the act are very near or in line with the CRPD. NFDN and its member organisations played a central role in the realisation of the act, and NAB and PFPID were actively involved in this process. With its regular advocacy and close cooperation with the Nepalese government, NFDN had worked with the issue since 2010. After the approval of the Nepalese Disability Rights Act in 2017 in Parliament, the Ministry of Women Children and Social Welfare took an initiative to formulate the Disability Right bylaws. The contribution of FFO's support in the

bylaws formulation was also ongoing in 2017 through NFDN. DPOs have lobbied for an inclusive education policy, which was passed and passed with most of NAB's and PFPID's inputs incorporated. NAB's efforts contributed to the passing of legislation on the identification of disability.

In Malawi, Malawi Council for the Handicapped (MACOHA) and FEDOMA have played active roles when three disability relevant laws and policies were amended, drafted and/or passed in Malawi; with two still under review. These are the Malawi Development and Growth Strategy (MDGS) III, the Disability Mainstreaming Strategy and Implementation Plan (DMSIP) and review of the 2012 Disability Act. In Uganda, National Union of Disabled persons of Uganda (NUDIPU) has also been involved in the processes of amending the Mental Health Bill and the Persons with Disability Bill.

In Uganda, Uganda National Association of the Blind (UNAB) has advocated for removal of discriminating government policies that deny blind and partially sighted inclusion in government programs since 2016. This year, UNAB was included in the process to review the Disability Act, Special Needs Education Policy and the Uganda National Examination Policy. Uganda National Association of the Deaf (UNAD) led the DPO's efforts to amending the Persons with Disabilities Act 2006 to conform to the CRPD.

In Zambia, NAD's partners also participated in the working group focused on the National Education Policy and the National Education Act. These are in the process of revision to emphasise inclusion rather than special needs education. Another NAD partner in Zambia was actively involved in the drafting of statutory instrument on education (as well as health and employment), in order to help operationalise the Disability Act of 2012.

DPOs have effective systems for monitoring the implementation of the CRPD, national action plans/policies and budgets aimed at ensuring the rights of persons with disabilities

The Atlas Alliance strives to build DPOs' organisational capacity in monitoring the CRPD and the SDGs.

CRPD implementation

In Nepal, NFDN has been involved in the monitoring mechanism developed in the proposed draft of the National Policy and Plan of Action on Disability (NPPAD). In total, twelve DPOs monitor the implementation of the CRPD through the national umbrella NFDN, including NAB and PFPID.

In Malawi, FEDOMA carried out action research on the implementation of the CRPD, and District Disability Forums comprised of members of different DPOs who advocate and are active at the district level documented findings on CRPD violations, which feed into the state and shadow report. The engaged DPOs have held three public debates on the CRPD implementation and held regular meetings with relevant authorities at district and national level. Malawian authorities are therefore well informed about the gaps in the CRPD implementation and more aware of their role in this. In total, five DPOs systematically monitor the implementation of the CRPD.

In Uganda the national umbrella NUDIPU and nine of its member DPOs were involved in monitoring the implementation of the CRPD. After the 2016 concluding observations on the CRPD, NUDIPU and its members engaged the Ministry of Gender, Labour and Social Development to develop the National Action Plan to implement the concluding observations. The plan is however yet to be finalised by the Ugandan government. UNAB made use of the concluding observations of the CRPD Committee to the Government of Uganda in their advocacy work.

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

Report. The need to have a strong monitoring mechanism emerged during the visit of the UN Special Rapporteur on Disability in 2016. This led to the establishment of a NAD supported the Disability Rights Independent Monitoring Team (DRIMT) to facilitate DPO engagement with the CRPD monitoring and reporting process. The Zambia Federation of Disability Organisations (ZAFOD), with Disability Rights Watch as the secretariat, chairs the DRIMT. The Human Rights Commission has since 2017 included disability in their monitoring of the government's implementation of human rights. The Zambia Agency for Persons with Disabilities (ZAPD) with the support of the ILO also has plans to develop an M&E framework to monitoring implementation of the mainstreaming of disability programmes from 2018.

SDG implementation

The implementation of the SDGs has given DPOs new opportunities to engage directly with their governments and with ministries involved in processes, rather than just those ministries directly associated with disability issues. It varies from country to country how closely the DPOs are consulted. Uganda and Zambia have explicitly aligned their development strategies with the SDGs or incorporated SDGs in their national development plans. In 2016, Zambia decided to nationalise the SDGs through the 7th National Development Plan (NDP). However, the plan is vague on disability and DPOs in Zambia were not sufficiently involved in the process. It is also not determined how DPOs will participate in the monitoring of the revised National Development Plan launched in June 2017.

The annual High-level Political Forum on Sustainable Development (HLPF) at the United Nations Headquarters in New York is the central UN platform for the follow-up and review of the 2030 Agenda. Nepal reported on the set of goals under in-depth review at the second round of the voluntary national reviews that took place during the ministerial segment of the 2017 meeting of the HLPF. Inclusion Africa and one of RHF's partners joined other DPOs and stakeholders at the HLPF. The two representatives from Inclusion Africa made sure seven African countries addressed specific concerns on persons with disabilities and their families.

Disability issues incorporated in district plans and budgets

Although there is insufficient data to estimate the exact proportion of public budgets at national and district level earmarked for persons with disabilities, cursory evidence suggests that numbers remain low, stagnant or decreasing in all of the four focus countries. Beyond disability-specific interventions, it is also difficult to quantify whether budgets are disability inclusive and adequate in relation to needs. Both factors make it difficult to monitor the SDG indicators 1.3.1 and indicators 1.4.1. At local level, the most positive example is from NAD's work in Palestine, where the local government/municipalities in the West Bank now include disability in working plans and budgets, manifested in signed agreements with the Community Based Inclusive Development (CBID) programme. In Malawi, FEDOMA and Malawi Council for the Handicapped (MACOHA) have collaborated with other key disability stakeholders to develop CBID training packages that include a module on mainstreaming disability in district level budgets. FEDOMA and its member DPOs are also using an accountability toolkit to track disability inclusion in district level budgets.

The partner DPOs that make annual assessments of specific public plans and budgets, give them a low score (2.5 out of 6) for 2017. Several of our partner DPOs have advocated for targeted and mainstreamed plans and budgets in their respective countries. Based on current developments, however, it seems unlikely that we will meet our target of increased public budgets for disability inclusion. At country level, some DPOs have given their governments a high score. The highest rated development plan is the passed Malawi Growth and Development Strategy III from 2017. FEDOMA and its DPOs successfully influenced the inclusiveness of the strategy through several meetings with, and submission of position papers to, relevant authorities. As a result, the strategy, which is an effort to domesticate the SDGs, endeavours to leave no one behind.

Men, women and children with disabilities included in/benefitting from district level programs and services in target areas

The extent to which men, women and children with disabilities are included in or benefit from district level programs and services in target areas varies. In the absence of adequate services for persons with disabilities in many developing countries, in particular at community level, CBID aims at bridging this gap through strengthening of local government structures and mobilising CSOs. CBID is both a strategy and a framework for how to organise and safeguard the rights of persons with disabilities, and as such is one of the most important tools for implementing the CRPD. Under the guidance of the World Health Organisation (WHO), adoption of the CBID is conducted by more than 110 countries worldwide. The CBID work empowers and promotes the social, economic and political inclusion of all, which is SDG Target 10.2. NAD has three CBID projects in Malawi, Palestine and Zambia that assisted 8389 persons with disabilities in 2017, which is lower than their target. This has to do with the estimates for Malawi in particular, and NAD is collaborating with its partner to adjust their definitions and projections in time for the 2018 report. Similarly, the formation of cross-sectoral networking committees for the inclusion of blind and partially sighted people in five districts in Nepal has resulted in inclusion empowering visually impaired persons. This is one of the main achievement of NAB in Nepal. District level programs and services to persons with disabilities have improved as direct outcome of these committees.

AN EXAMPLE OF A NATIONWIDE ADVOCACY CAMPAIGN IN NEPAL

To mark their 25th anniversary, the National Federation of the Disabled - Nepal (NFDN) launched a nationwide advocacy campaign on the 31th of August. The campaign mobilised most of the member DPOs, district chapters and regional offices, and targeted all government levels by sending groups of five to six disabled persons to most government offices throughout the country. These representatives of NFDN presented demand letters on the implementation of existing legal framework and services. NFDN

undertook a follow-up campaign on the 20th of November by mobilising the same groups. After the campaign, observation shows that the attention of locally elected bodies towards disability issues has increased. Newly elected bodies and local DPOs have started to work together, and they have allocated budgets to work on disability related issues.

Inclusive Education

FACTS

- 24 out of the 42 projects have activities in inclusive education.
- Main result: 5584 learners with disabilities were enrolled in education in 2017.
- Main result: 477 teachers and other relevant key persons were trained in 2017 on how to include children with disabilities in school.
- Expected impact from the Atlas Alliance's work: Persons with disabilities benefit from learner-centred inclusive education.

SDGs Goal 4 is clear on how important it is to *ensure inclusive and quality education for all and promote lifelong learning*. SDG Goal 4 touches upon numerous key points that the Atlas Alliance projects follow, such as ensuring completion of free, equitable and quality education and ensuring equal access to all levels of education for the vulnerable. Furthermore, education is only as good as the educator. Increased supply of qualified teachers is necessary according to SDG Goal 4, and is fully in line with projects ran by our local partners. In fact, all of the targets under SDG Goal 4 are covered by the totality of projects and activities in 2017. Our projects focus greatly on enabling school participation, locating out-of-school youth, advocating with schools, parents and communities for school enrolment, accessible buildings, suitable teaching materials and inclusive lesson plans. For persons with disabilities it is important with quality and appropriately adapted teaching, but it is also crucial that teachers understands every person's needs. This is why our partner organisations not only focus on education of students, but takes into account the impact teachers' knowledge and experience has by conducting teacher training.

1 SCHOOLS IN TARGET COMMUNITIES ARE INCLUSIVE OF LEARNERS WITH DISABILITIES

At the start of the programme period in 2016, there was a high number of disabled out-of-school children in the targeted schools and districts. Our local partners experienced a general lack of knowledge among teachers on how to teach and include learners with disabilities, and the teacher-centred classroom practice dominated in schools. Learning materials and the physical infrastructure was often inaccessible, and a general reluctance among many parents to send their children to school prevailed. There was a low level of awareness among parents and community members about right to education for all and ways to eliminate barriers for children with disabilities. A lack of systematic registration of children in our partner countries makes it difficult to provide exact numbers, but the situation in general was that of poor access to education for children with disabilities.

AN EXAMPLE OF HOW SCHOOLS IN TARGET COMMUNITIES ARE INCLUSIVE OF LEARNERS WITH DISABILITIES

Patricia (9) is in grade 1 at a Shungu Primary School in Livingstone, Zambia. She received her spina bifida diagnosis at birth. Despite facing a rough start and persisting challenges, Patricia explains that the school is very conducive for her learning. "I have friendly classmates and teachers who don't tease me about my disability," she says.

"In the last 2 years, all teachers at Shungu school have received extensive, in-service training in teaching and learning styles, with content that promotes inclusive education through well structured, experience-sharing workshops, thanks to the collaboration between the Ministry of General Education and the CBID Programme funded by Norad", explained Patricia's teacher. She says Patricia's learning skills has improved greatly after the training. "All learners need different learning materials and styles, but some of these materials are not available. However, we compensate for this loss by using

different styles, methods, visual aids and a lot more group work, so that learners can share and help each other learn, more so with large class sizes.” she says.

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

As a direct consequence of the Atlas Alliance supported projects, either through direct provision of education or facilitation of access to mainstream government schools, **5584 learners** with disabilities were enrolled in education in 2017 (47 % female). This is in line with SDG target 4.1, which underlines the need for all to be able to complete primary and secondary education. These pupils are not only new pupils enrolled in 2017, but also pupils enrolled in previous years that still receive support through our projects in targeted schools, such as through awareness raising among teachers. However, the schools often lack exact statistics of dropouts and whom has a disability, the numbers might be higher or lower. Half of the students enrolled are in Malawi where NAD supports a CBID programme in cooperation with their local partner MACOHA. The cooperation started in 2003 and has provided very good results in bringing children with disabilities to school.

To locate disabled out-of-school children is a challenge. In Palestine, 71 598 home visits were conducted in 2017 by NAD’s partners with emphasis on supporting families and increasing their awareness about rights to education. This resulted in enrolment of 892 disabled children in kindergarten and elementary school. In Zambia, NADs partner trained teachers and others in identifying out-of-school children. By 2017, the six pilot schools have brought 559 children back to school, and 77 of these children have a disability. We work towards improving attitudes and inclusion in general, and our project targets not only children with disabilities, but also other vulnerable groups.

AN EXAMPLE OF INCLUSIVE EDUCATION ACTIVITIES IN TANZANIA

In Tanzania, Zanzibar Association of Persons with Developmental Disabilities (ZAPDD) have launched two new inclusive education

teacher training manuals that were developed, tested, improved and rolled out to pilot schools in the course of 2017. The new modules were "Screening, identifying, referring and assessing children's needs" and "Creating Individual Education Plan".

The number of competent teacher trainers has increased from 40 to 50 since 2016, while the number of teachers already trained in the 8 pilot schools are 166. Teacher trainers have started to train teachers in 158 non-pilot schools, and have reached 660 in-service teachers so far. The process of testing the new training modules have also started in pre-service institutions, and 214 teacher students have completed their training so far. This means that 1080 teachers have so far been fully or partially trained using the new teacher training manuals in Zanzibar.

Persons with deafblindness have additional follow-up needs. In 2017, Signo's partners in Malawi and Zambia provided education to 112 persons with deafblindness. Of these, 16 persons received residential education at Chisombezi in Malawi. This includes learning how to get dressed, wash clothes, bathe and eat (with or without assistance), and some learn to communicate with signs and use mobility skills (walking, moving around, crawling, rolling). 95 % of the parents with children having deafblindness receiving educational services from Chisombezi improved their attitudes towards their children.

Enrolment in school does not necessary provide a disabled child with high quality of learning. Teachers play a key role for schools to be inclusive for learners with disabilities. They must know the rights of children with disabilities, have the will to include them, know techniques on how to engage them in the classroom and in social areas, and make sure they get an actual learning outcome.

In 2017, **477 teachers** and other relevant key persons received training on how to include children with disabilities in school. 28 % of these teachers report they apply the new skills they acquired. This does not mean the rest of them do not apply the skills, but we do not have adequate time and/or systems in place to monitor this

yet. The teacher training can be seen in connection with SDG target 4.10, addressing the need to raise the number of qualified teachers and improve teacher training in developing countries. The trainings are approximately 50 % more than in 2016. The main reason for this increase is that NAD in 2016 supported pilot projects in Zambia and Zanzibar, and in 2017 started training both other schools and pre-service teacher training institutions. The majority of the trainings last from one to four days. This includes awareness raising, knowledge on how to make individual education plans, identification of out-of-school children, and workshops for parents. The aim is for all teachers to follow a training process that progressively builds their capacity to be inclusive teachers, and teachers therefore often receive several trainings.

Other trainings are more specialised. Signo's partners reported that 16 students started to study deafblindness at university level in 2017. In addition, a comprehensive one-year training programme started in 2017 in order to prepare 22 possible candidates for the Master in Communication and Deafblindness at the University of Groningen (RUG) in the Netherlands. This would provide all participants with a solid introduction to the field of deafblindness. The training offered enrolment to lecturers at Montfort Special Needs Education College in Malawi and Zambia Institute of Special Education in Zambia, and to teachers working with children with deafblindness at Bauleni Special Needs School (Zambia) and Chisombezi Deafblind Centre (Malawi). The training programme was implemented using resources from RUG and has been recognised by RUG as an equivalent to a pre-master's course offered at the university.

In 2017 Lesotho National League of the Visually Impaired Persons (LNLVIP) trained 17 teachers in mainstream schools on how to include blind and partially sighted children through a 30 hour course. The content of the training includes orientation and mobility, use of braille typewriter, printer and reader programme and how blind and partially sighted use computers. Based on interviewing conducted after the training, the teachers expressed that they now know how to identify blind and partially sighted learners, use oral evaluation

rather than written evaluation, transcribing braille, and using embosser machine.

SDG target 4.8 highlights the need to build and upgrade education facilities, and schools also need to be **physically available** to children with disabilities. This is a particular focus for four of our projects in Tanzania, Zambia, Malawi and Mozambique, where 51 schools reported to have undergone improvements. The CBID model also works on ensuring schools are physical available. Furthermore, **878 learning materials** were distributed at focus schools in 2017, such as braille machines and paper, laptops, white canes, braille books, writing slates, and glasses. In 2017, The Ministry of Education in Mozambique began publishing textbooks in braille for blind and partially sighted pupils in the first grade. This is a great step forward and something ACAMO have been advocating for a long time. ACAMO has no information on how many books the authorities have distributed.

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

Another obstacle for disabled children to go to school is negative attitudes in their communities and within their families. Having a disabled child is often associated with stigma. Too often children are not sent to school because their parents are ashamed of the child and/or do not see the benefits of school attendance.

In 2017, **602 parents** were guided in how to make their home, community and/or school environment accessible (both physically and socially) in order to send their children to school. This has more than doubled since 2016, partly due to the NAD supported Zambia project, where 25 parents support groups were established (four new groups in 2017) with a total of 373 members. The groups formed are actively engaged in supporting learners with disabilities and are part of the SITs.

For disabled children to attend school, our partners ensure the involvement of parents and other members of the school communities. They meet persons with disabilities and their families

for counselling on topics that are relevant for sending their children to school, and 391 persons with disabilities and their families received counselling in 2017.

AN EXAMPLE OF SCHOOL INCLUSION TEAM (SIT) PROMOTING INCLUSION AT KITONGANI PRIMARY SCHOOL IN ZAMBIA

Kitongani Primary School is located in a semi-rural area with trees, bushes and vegetation, about 3 kilometres from a main road. The bushes on the school road made some areas very dark, and youth gangs hid there to intimidate and harass especially girls. Because of the fear, some children stopped going to school.

In September 2017, the SIT members trained by NADs partner managed to motivate community members around the area to clear the bushes and cut down trees. The SIT members initiated a collaboration with the local government leader of the area and the community police to remove the youth gang. The SIT also collaborated with the local government leaders to close down two unauthorised bars near the school, which caused disturbance to pupils and teachers.

Through these initiatives, the road became safe for the children. It was also easier to move for learners with disabilities who are using wheelchairs.

2 EDUCATION AUTHORITIES PROVIDE QUALITY EDUCATION TO PERSONS WITH DISABILITIES

Despite the fact that the national and local authorities have the responsibility to ensure children with disabilities are included in education, the education authorities lack sufficient knowledge regarding this. The pre-project status is that inclusive education policies, where present, are not effectively implemented and DPO dialogue with education authorities on inclusive education is weak or non-existent.

AN EXAMPLE OF EXAMINATION METHOD ADAPTED TO LEARNERS NEEDS IN LESOTHO

In Lesotho, LNLVIP experienced that at the time of baseline, examination papers were not available to blind and partially sighted persons. It was clearly the school's responsibility to print the examination papers in braille. As this was done on the day of examination, however, it resulted in blind and partially sighted learners receiving their examination papers much later than other learners (4-5 hours or more). LNLVIP advocated to change this, and in 2017, learners received their examination question papers on time and were given extra time during examinations.

Education officials at local and national level are aware of and understand the right to education of children with disabilities

Our partners experience a diverse understanding of inclusive education in state authorities, with education officials having limited understanding of efforts to pilot inclusive education. Informing education officials about the CRPD is often the first step towards ensuring disabled children's right to education, and is mentioned in SDG target 10.3 in promoting the rule of law. In 2017, in total 25 education officials underwent training and 43 were informed about article 24 in the CRPD on the rights of inclusive education. MACOHA reported that active awareness raising campaigns by government (an activity related to Malawi's new National Strategy on Inclusive Education for 2016-2020) contributed to over 120 000 children with special needs were enrolled last school year. There were over 1500 specialist teachers in primary and secondary schools including universities. Principal Secretary in the Ministry of Education, Science and Technology, Dr. Ken Ndala, says government has made progress on inclusive education as enrolment for children with special needs has tremendously increased in the country¹.

Having representatives from education authorities visit schools can be the second step towards ensuring adequate measures to include

¹ <http://www.manaonline.gov.mw/index.php/national/education/item/6256-inclusive-education-program-boosts-enrolment-of-special-needs-pupils>

children with disabilities. In Malawi, MUB had 20 visits in 2017. In Zambia, both provincial and district education authorities made visits to six pilot schools in 2017 and one national level education official visited one of the pilot schools. These visits in both 2016 and 2017 have resulted in improved attitudes by school managers and teachers. The provincial and district education authorities have asked the pilot schools to report to them on the results of the piloting inclusive education programme.

DPOs engage in strategic advocacy to promote inclusive education

Lack of knowledge and negative attitudes in society are common obstacles for children with disabilities to attend school. Through advocacy work, our projects reach persons with disabilities outside our targeted schools and areas. Awareness raising campaigns, including media campaigns, open days, and community meetings on the educational rights of children with disabilities is an important advocacy tool for Atlas Alliance partners. In 2017, as many as **181** campaigns on inclusion of children with disabilities in schools took place.

In Malawi, MUB, held 18 phone-in radio programs to advocate for the best practices in education of children with disabilities. They also had 28 open day campaigns initiated by Parents and teachers Associations/School Management Committees. The campaigns promote the right to education for all and focus on learners with disabilities, and the District Education Manager's office is now only approving plans for grant if it outlines some activities for inclusivity.

In Zambia, Bauleni Special Needs School organised a call-in radio programme with Radio Yatsani, creating public awareness about deafblindness, including causes, effects, intervention strategies, communication, mobility, activities for daily living. Radio Yatsani asked the team to hold more such programmes, as many listeners called in wanting to know more about this "newly introduced" disability.

In Uganda, RHF's partner reports that they reached an estimated 43 % of the general population in the target district during the local TV

health related awareness programme on understanding spina bifida and hydrocephalus and inclusion.

AN EXAMPLE OF DPO LOBBYING EFFORTS THAT HAVE LED TO POLICY CHANGE WITHIN THE EDUCATION SECTOR

During a workshop arranged by the Aníbal de Melo Foundation and the Ministry of Social welfare, the President of ANCAA, Venscelau Muinga, urged the government to work directly together with them to improve the situation for blind and partially sighted citizens. This initiative, together with the total advocacy and lobby activities of ANCAA and other Angolan DPOs, has laid the foundation for the Law of Accessibility, which is cross-sectional, and will influence the education sector, the right to fiscal access to education, information access, and create attitude change. Following up the new law, the National Institute for Special Education of Angola announced in August 2017 that they for the first time in 40 years would be producing manuals in braille for blind and partially sighted students. Distribution of the manuals is set to 2018.

3 MOBILITY, ORIENTATION AND DAILY SKILLS

In 2017, **1104 persons** (42 % female) received training in daily living skills, mobility and orientation, the majority being blind and partially sighted and some have spina bifida and/or hydrocephalus. The trainings teach the participants to handle their disability and manage daily activities such as cooking, getting dressed, using white cane, navigating outside etc. The trainings take place at home (for instance in Mozambique, Malawi, Nepal and India) or at centres (for instance in Angola and Lesotho). For persons with disabilities, this is essential for getting to school, church and other social arenas, acquiring a job, participating in social life and getting a more independent life.

Most participants will have enhanced their skills after the training. Some, such as ANCAA in Angola and MUB in Malawi, follow up their participants individually after the training is completed. In India

trainers live in the local area for several months and follow participants closely on a daily basis. In this way, they ensure the understanding and active usage of the acquired skills.

AN EXAMPLE OF MOBILITY AND SKILLS TRAINING IN MOZAMBIQUE

The man holding the white cane is Julio Fernando Avanço (23) from Manica Province in Mozambique. In 2016, he was studying in the last year of secondary school when criminals attacked and blinded him. Through ACAMO's CBID project, he was trained in mobility and orientation and braille. After completing the courses, Julio stated: "In the end, for me a new page has opened in my life. I have been adapting, coexisting and living with this new reality of mine. I have accepted my situation and now I feel like a normal man. I orient myself with the white cane, I write and read braille and in 2018 I will continue with my studies, this time in an inclusive class".

Health and Rehabilitation

FACTS

- 15 out of the Atlas Alliance's 42 projects have activities in health and rehabilitation.
- Main result: 23 337 persons received health services provided by our local partners.
- Main result: 7034 persons have benefitted from health services through referral by our local partners.
- Main result: 32 473 persons have benefitted from medical rehabilitation services through direct provision of services by our partners.
- Expected impact from Atlas Alliance' work: Persons with disabilities and those at risk of developing disability experience improved health, living conditions and quality of life in targeted regions.

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. We work with SDG Goal 3 in mind, which reminds us to *ensure healthy lives and promote well-being for all at all ages*. In particular, the targets referring to reducing and preventing cases of non-communicable diseases, achieving universal health coverage and training of health personnel is reflected in many of our projects. Persons with disabilities often face more complex health issues than others. With our partner organisations, we provide preventative and rehabilitating information and health services, train health professionals and volunteers, and advocate for the accessibility of national health schemes to attain outcomes beyond the immediate reach of our projects.

AN EXAMPLE OF THE REALISATION OF A YOUNG, BLIND GIRLS DREAM IN NEPAL

Amita (16) lives in Dang, Nepal. She experienced a gradual loss of vision while she was in grade 6, and she eventually lost her eyesight. She then dropped out of school. A relative brought her to the NABP supported Lamahi Eye Hospital, where she was diagnosed with cataract in both eyes. However, the blood test showed that she had too high blood sugar levels for surgery. By the time she was ready for surgery, all the family's funds were spent on insulin. Fortunately, the hospital had established a "poor patient fund" and could provide free surgery. Operation was first conducted on her right eye. When the eye bandage was unfolded the next day, she could see everything clearly and was extremely happy. After some days, she underwent operation on the other eye. After the operations, Amita expressed that Lamahi Eye Hospital had given her a new life and that she would continue her studies to fulfil her dreams.

1 PERSONS WITH DISABILITIES IMPROVE THEIR LIVING CONDITIONS AS A CONSEQUENCE OF PREVENTION, TREATMENT AND REHABILITATION

Persons with disabilities have access to curative and preventive health services

To ensure that persons with disabilities improve their living conditions, it is important that they have access to curative and preventive health services through both direct provision and through referral to existing services. With the right assistive devices, persons with disabilities can live productive and independent lives by engaging in education, work and social life.

A staggering 305 763 consultations were completed by our local partners in 2017. This includes all screened persons, while some persons received several consultations. Persons with disabilities having benefitted from health services through direct provision of services by the Atlas Alliance partner organisations was **23 337** in

total². This included guidance of 1100 walk-in diabetes patients in Zambia, 2360 surgical interventions of persons with spina bifida and hydrocephalus in Uganda, Kenya, Malawi and Zambia, spectacles handed out in Nepal, Angola, Malawi, Mozambique and India, and 14 651 eye surgeries (mainly cataract). Eye surgeries reached 14 313 in Nepal. The consultations and surgeries fall under SDG 3.4 as they aim at preventing and treating non-communicable diseases. Eye surgeries have immense impact for the patient her/himself as well as for the family and ultimately the society. Being able to see makes it easier to work and contributing to both the family and the society.

In accordance with SDG Target 3.8, the Atlas Alliance also works to make sure persons with disabilities have access to existing health services in their countries. The number of persons with disabilities having benefitted from health services through referral, or as a service provided, by a local partner in 2017 was **7034**. Some persons have been counted twice, since most partners count the number of referrals rather than the number of persons. In Nepal, NABP registered the number of persons who receive health service after referral. All of the 1343 persons referred got treatment at hospitals and eye camps in Mahottari or Makawanpur districts.

Persons with disabilities have access to rehabilitation services

The number of persons with disabilities having benefitted from medical rehabilitation services through direct provision of services by a local partner in 2017 is **32 473**. This includes 19 093 (45 % female) follow up consultations, 5236 (45 % female) continence management, and 8117 (mobile clinics/home visits) of persons with spina bifida and hydrocephalus. It also includes training of 80 women in Cambodia on women's health, sexual and reproductive health and HIV/AIDS for disabled women.

In Malawi, RHF's partner has made a first start to set up a clinic for persons with spina bifida and hydrocephalus at Kamuzu Central

² There is double counting of some patients. For instance, we count the number of eye surgeries and not the number of persons, as some may have been operated on both eyes.

Hospital in Lilongwe. With more trainings planned for 2018, this clinic will provide follow-up to children where they can be seen by a paediatrician, surgeon/clinical officer and an occupational therapist. Up till now, no services for persons with spina bifida and hydrocephalus were available in Lilongwe and families had to travel to Blantyre. This achievement will bring care closer to the home of the children.

The number of persons with disabilities having benefitted from service provided by DPO partners of an Atlas Alliance organisation is **500**. These are wheelchairs distributed in Namibia and Zimbabwe.

AN EXAMPLE OF A BUSY MORNING AT A DIABETES CLINIC IN ZAMBIA

NDA's partner in Zambia, the Diabetes Association of Zambia (DAZ), runs several diabetes clinics. There the peer educators offer guidance and self-management in diabetes health. The clinic in Kafue is next to the district hospital. A September morning, they received 40 clients on walk-in consultations. DAZ's Chairman Alex Choma and the Vice Chairman, both trained by DAZ as peer educators, are consulting a line of diabetic patients waiting to have their blood sugar and blood pressure measured. The peer educators also give guidance regarding nutrition, physical activity and other aspects of living with diabetes. Diabetes is a chronic disease, and the patients must learn how to treat and regulate the disease. Therefore, the guidance that the peer educators gives in self-management is essential. It can prevent complications such as blindness, amputations and early deaths. In total, DAZ registered 1100 walk-in consultations in 2017. However, the number is probably higher as registration routines continue to improve.

2 HEALTH AND REHABILITATION PERSONNEL PROVIDE QUALITY SERVICES TO PERSONS WITH DISABILITIES

Medical and rehabilitation personnel have access to specialised training

To ensure that health and rehabilitation personnel provide quality service to persons with disabilities, they must be skilled and knowledgeable. This is supported by SDG target 3.12, which mentions the need for training and retention of the health workforce. The number of medical and rehabilitation personnel having received training in 2017 is **512**, including primary health care in basic eye care services/diseases and training people to become ophthalmic nurses. In Lesotho, NABP's partners trained all the primary health care workers in 10 of the country's districts in basic eye health care. The number who report on improved skills actively used is 294. This does not mean that the rest do not use their skills, but we do not have systems in place to monitor this yet.

The number of community health workers trained in 2017 was **186**. This includes RHF's partners in Kenya and Zambia, where staff received training on more effective ways of running mobile clinics³ (Kenya) and on better hospital-based continence care (Zambia). DAZ trained **40 peer educators** in Zambia to give guidance to diabetes patients.

3 HEALTH AUTHORITIES IN PROGRAMME AREAS DEVELOP AND IMPLEMENT HEALTH SYSTEMS, PLANS AND POLICIES THAT INCLUDE THE RIGHT TO HEALTH FOR PERSONS WITH DISABILITIES

DPOs have effective advocacy strategies for inclusion of persons with disabilities within the public health system

Our DPO partners constantly advocate for the right to proper health care, in line with SDG target 10.3 to promote the rule of law. In total, 9 consultative meetings were held in 2017. For instance, DAZ had in 2017 a consultative meeting as a diabetes symposium in Zambia, where 29 people from private companies and public institutions attended. The theme of the symposium was "Status for diabetes care and treatment in Zambia". The aim was to compel

³ For more information see the information film:

<https://drive.google.com/open?id=1Z2oNAjJwCmUOEtsv23eIx6CwJBoBYhO6>

medical practitioners to focus on prevention and treatment of diabetes complications. NABP's partners had several consultative meetings with government officials in Nepal on early treatment of eye diseases. Because of such meetings and other efforts, the number of agreements signed with health authorities in 2017 was three. The Nepalese government contributed financially to the hospitals in Nepal. This ensures improved eye health to Nepalese people. Furthermore, ANCAA in Angola signed an agreement with local authorities on moving the eye hospital from remote Bungo to the province capital Uíge where two buildings and a separate compound was also donated to the project.

AN EXAMPLE OF CHALLENGING WORKING CONDITIONS IN PROJECT COUNTRIES IN AFRICA

NABP's extensive eye health programs in Mozambique, Angola and Lesotho are delayed. The programs rely on expat eye doctors to conduct eye operations. In Angola, the doctor got sick in 2016, and only returned to the country in September 2017. In Mozambique, issues with the visa and work permit of the new eye doctor/project coordinator and Mozambican Health Ministry not offering a counterpart doctor to the project meant it was without an a specialist from mid-November 2016 to end of May 2017. Therefore, only 338 operations (52 % female) were conducted in 2017. In Lesotho, no surgeries were completed in 2017 as the Ministry of Health closed outreach clinics and did not provide the eye doctor with access to an operating theatre. None of the three projects therefore met the set targets for 2017, and may not meet the set targets for 2019. However, frequent meetings with health officials and provincial government to solve the problems have resulted in relocation and creation of a proper eye health centre in the Uíge Province in Angola and practical arrangements in both Angola and Mozambique for providing the projects with ophthalmologists as counterpart doctors within 2018. These initiatives have been lacking in the past. In Angola, expired medicines and artificial lenses cause further delays. To avoid similar scenarios in the future, NABP will create a basic list of medical equipment for all projects and strive to have regular distribution to the projects.

Economic Empowerment

FACTS

- 18 out of the Atlas Alliance's 42 projects have activities in economic empowerment.
- Main result: 2899 persons with disabilities completed vocational training in 2017.
- Main result: 5373 persons with disabilities took part in savings and loans groups in 2017.
- Expected impact from Atlas Alliance' work: Persons with disabilities have access to and benefit from economic activities including employment, credit and income generating activities.

Many persons with disabilities lack formal education, which decreases the chances of getting employment. The first of the SDGs aims to end poverty in all its forms everywhere. Ensuring economic independency is one way to promote this. More SDG goals put economic empowerment on the agenda, which truly emphasises the importance of projects in this area. SDG Goal 8 is specifically targeting *to promote inclusive and sustainable economic growth, employment and decent work for all*, for instance by promoting policies, achieving full and productive employment and reducing the number of unemployed youth. SDG Goal 8 includes a target on income growth of the bottom percentage of the population and SDG target 4.3 calls for affordable and quality education (including vocational). Our projects do this. Since persons with disabilities have fewer economic opportunities than persons without disabilities, the Atlas Alliance's Economic Empowerment projects aim to address poverty reduction in various ways, including facilitating access to formal financial services (microfinance); facilitating access to

informal financial services (saving- and credit groups); providing entrepreneurship training and vocational training; and facilitating access to formal employment.

WOMEN AND MEN WITH DISABILITIES ARE ECONOMICALLY EMPOWERED

In 2017, **8044** persons with disabilities report they are engage in income generating activities, and 668 of them report they benefit from it. It does not mean that the remaining persons don't benefit, but we don't have time and/or systems to monitor this for all projects yet. Another 1986 persons with disabilities of those utilising financial services report improved financial security.

Persons with disabilities have access to vocational/entrepreneurship training and/or career guidance

Access to vocational training is part of SDG target 4.3, and the number of persons with disabilities who completed vocational training in 2017 was **2899** (59 % female). Very few projects met their 2017 targets. In 2017, **150** (53 % female) were informed about regulations regarding public and vocational training, and received guidance in making career plans. The 2017 targets were met for this output.

AN EXAMPLE OF ECONOMIC EMPOWERMENT OF WOMEN IN MALAWI

Aisha Mwamadi (43) is a single mother with physical disability, living in a village in Balaka district. Aisha took a tailoring course sponsored by MACOHA some years ago and was given a sewing machine to start her own business. She lacked capital and failed to roll out her business.

Hearing about the iSAVE project arriving in her village, Aisha registered with the group and started saving. The funds she borrowed from the group enabled her to buy necessary materials for her business. She is now working as a tailor in her village.

Aisha is regardless of her disability, the second best performing member in her group. With income from her tailoring business, she managed to pay the school fees for her child and is now able to feed her family three meals a day, which previously was a challenge. The business has also helped her to buy maize that will last for several months. Aisha says: "Other businesses have mushroomed from tailoring, such as selling doughnuts, and I plan to sell fried meat and Irish potatoes. I have also learned how to associate with my peers and fellow women with disabilities within my village, and this has also boosted my self-esteem."

AN EXAMPLE OF VOCATIONAL TRAINING IN LAOS

Por Xiong (19) is from Xamneua District, Houaphanh Province. As other young blind and partially sighted in Laos without education, he had small chances to make a living for himself and his family. After meeting Laos Association of the Blind (LAB), he was offered to stay at the vocational massage training centre in Vientiane. There he was given training in traditional massage and in orientation, mobility and daily living skills in order to be as independent as possible. He now works as a professional masseur at the massage parlour of LAB in Vientiane. Every day Xiong deposits the money gained from his massage services to LAB's administrative officer in order to save up funds to send to his family who uses his savings to pay for the education of his younger sister and brother.

Persons with disabilities have access to savings and loans groups

The number of persons with disabilities taking part in savings and loans groups were **5373** (55 % female). The majority of these persons are participants in projects in Malawi and Uganda. In particular, SDG 8.3 mentions financial services, as it states to "*promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services*".

NAD has supported an Economic Empowerment project in Uganda since 2006. Best practices from this programme has been used when establishing a new one in Malawi. The first full year of iSAVE implementation in two districts in Malawi was in 2017. The total number of persons reached in Malawi was 3044 (84 % female), as compared with 1387 in 2016. All persons with disabilities in iSAVE groups received training in entrepreneurship together with fellow iSAVE group members without disabilities. There was a significant increase from 65⁴ to 561 (763 % increase) persons with disabilities in iSAVE groups, which also are engaged in income generating activities. For instance, 36 % of funds shared out in Balaka and 32 % in Dedza were shared out to persons with disabilities. However, there is still need to encourage more persons with disabilities to engage in income generating activities, and the project keeps on the work to achieve this.

In Uganda, 223 iSave groups have been established (100 new in 2017). The groups have 6557 members (61 % have a disability, of whom 13 % have a severe disability). Total savings of 478 622 500 UGX (131 852 USD) were mobilised where 305 467 450 UGX (84,151 USD) was utilised as loans. In order to boost the savings portfolio and good loan usage, 70 trainers of trainers received training in financial literacy. In addition, the trainers of trainers and 688 persons with disabilities and received training in entrepreneurship skills. As a result, 1137 persons with disabilities started income generating activities in 2017. This has not only enabled them economically, but also socially. Members reported that as the social capital, belonging to groups and undertaking income-generating activities, led to change of attitudes towards, and of, persons with disabilities to manage their enterprises. Furthermore, belonging to saving groups has given persons with disabilities a sense of belonging and motivation to work harder towards getting money to save and to repay loans. This has among others, enabled them to meet their household financial needs like paying school fees.

⁴ In 2016, the total was 65 (including men and women); most would have already had an income generating activity before starting with the iSAVE group.

Both projects have yielded good results. However, the mid-term targets were not met due to different factors. In Malawi, a low percentage of persons with disabilities in the groups was reported partly due to sparse population of persons with disabilities in the rural areas requiring more effort and resources to reach. In Uganda, there was a famine in 2017 causing low economic activity. Therefore, more time was invested in training of programme staffs on the new financial management framework, financial literacy and entrepreneurship. Despite these challenges, the projects have proven to be extra important. During the November 2016 - March 2017 drought that led to famine in Lira, members reported that they were able to access loans to buy food for their families.

Persons with disabilities have access to formal financial institutions

In 2017, six financial institutions became more inclusive of persons with disabilities. **1668** persons reported that they have access to formal financial institutions, about half of them were women and a third have a disability. The majority are from the iSave programme in Uganda, where a total of 357 staff of Micro Finance Institutions (MFI) and Savings and Credit Cooperatives were trained in disability mainstreaming. A midterm review carried out in 2017 recommended among others: exploring setting targets for partner MFIs to reach more persons with disabilities and paying more focus on consolidation of interventions in the current areas of operation before expanding to new districts. NAD and their partners will consider all the recommendations for next project period.

AN EXAMPLE OF ECONOMIC EMPOWERMENT THROUGH iSAVE

Betty Akech (42) from Lira, Uganda is a person with a physical disability who uses a tri-cycle to get around. She is part of the iSAVE Programme. Her husband abandoned her with five children and this made life very difficult. 'At first, I went back to my father's home with the children, but life was not any better', Betty said. Realising her dilemma, her brother picked her up to stay with him in town. In order to enable her earn a living, he initiated an income-generating venture for Betty: 'He bought me a knitting

machine, and I started knitting. Shortly after, I also started a salon for hair dressing.’ From then, she started earning proceeds from the two businesses like supplying sweaters to schools. However, the cost of living in town kept on growing higher. With no idea on making savings, and not even any financial literacy, her businesses collapsed due to high expenditure on repair of the knitting machine, school fees for the children and general welfare of the family, which drained the businesses.

Betty was to find solace in the iSAVE inclusive Economic Empowerment Programme when she joined the Saving Group. “When I learnt that I could get a loan from the group, I started making regular savings so as to be able to borrow a reasonable amount of money”. She further says that when she acquired the first loan, she was able to repair her knitting machine and resumed her former business. She says that even when it breaks down, she can repair it much faster using the loan from the group. “I can now afford meals every day, pay school fees for my children”, beams Betty with satisfaction. She is saying further, that she is now able to save weekly from the money she earns from the businesses.

AN EXAMPLE OF THE EFFECT OF ENTREPRENEURSHIP IN ANGOLA

Feliciano Jorge Cusselama (32) (to the right) from Uíge lives with her mother and daughter in a poor neighbourhood on the outskirts of the city. Feliciano became blind after a measles infection. “I lost my eyesight at age three. I ended up getting used to the disability. As I was practically born blind, I had to learn everything without seeing. As I was living with my grandmother for some years, she taught me many things like washing clothes, doing the dishes, and even cooking. Then, when I later returned to live with my mother, she overprotected me and locked me inside the house when she went outside the compound. This deprived me of self-determination and was very humiliating.”

Felicia was finally able to persuade her mother to let her live more independently and she started her education and learned braille.

After joining the local ANCAA delegation, Feliciano has benefited from the project's orientation and mobility training, training on activities of daily living and entrepreneurship. "The visual impairment limits the person a lot. We cannot do it all on our own, but the trainings I received from ANCAA gave me a big push for almost everything. I already had my own business, washing clothes for other families, but I did not know how to save. After having the entrepreneurship training, my business has evolved and now I already thinking of expanding. I have put up a little wending stall in my yard.

Malawi

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

Malawi is the country with the highest concentration of Atlas Alliance projects with six organisations supporting nine different projects in 2017. All organisations have individual projects, targeting various types of disability and themes, while SINTEF conducted an ongoing living conditions study. NABP works with capacity building of MUB, and Signo on access to adapted learner centred education for persons with deafblindness. NAD supports three projects, where one is the CBID programme implemented by MACOHA. The second one focuses on economic and social empowerment of persons with disabilities implemented by FEDOMA, and the third promotes the rights of children with disabilities, persons with intellectual disabilities, and their families implemented by PODCAM. The last organisation is a

former NFU partner that NAD took over in 2016, in time for the phase out at the end of 2017. HLF was previously under the mentorship of NAD, and is currently supported by the Norwegian Peace Corps. In 2017, HLF also had a screening collaboration with MACOHA through NAD's partnership agreement for CBID. Malawi is also one of two countries targeted by the real-time evaluation conducted in 2017-2018.

The current Malawian setting

Malawi is one of the least developed countries in Africa, where half the population lives in poverty. Persons with disabilities are among the poorest of the poor, as households with disabilities have lower incomes. Many experience discrimination and social marginalisation. There are major shortcomings in service provision for persons with disabilities, with particularly high unmet needs for welfare, assistive devices, education, vocational training, and counselling services. For example, children with disabilities have low rates of school attendance, and 40 % of girls with disability are out of school. Even when children attend school, however, schools are frequently ill equipped to accommodate students with disabilities.

Malawi has signed and ratified the CRPD, thereby affirming its commitment to improve the situation of persons with disabilities in Malawi. However, there needs to be a particular focus on persons with disabilities if they are to be included as the rest of the population. Several of our partner organisations have been engaged in advocacy work in Malawi, with good results. FEDOMA was very instrumental in ensuring the enactment of the Disability Act in 2012, and NAD in collaboration with FEDOMA and its member DPOs assists the Malawian government to develop a National Disability Mainstreaming Plan. Despite these positive developments, much remains to be done in terms of mainstreaming disability in different sectors.

A widespread belief in witchcraft created a dangerous situation for both persons with disabilities and project operations. In September, a rumour spread in the country concerning vampires, or bloodsuckers, which resulted in mayhem. Violence broke out many places and over a hundred arrests. Sadly, one of the persons

accused and killed was a man suffering from epilepsy heading home from a hospital. In the midst of it all, many organisations pulled out their volunteers and staff of the affected areas for safety reasons. HLF was one of them, as they were unable to go to the field for several weeks.

Recent Developments and key results from Malawi

Valid, reliable and relevant disability data is essential for evidence-based advocacy and development work. The year 2017 saw several major developments in this regard. The Disability Data Technical Committee, comprised of MACOHA, FEDOMA and its member DPOs, and the Department of Disability, engaged in meetings with the National Statistics Office (NSO) in 2016 and 2017. The aim of the meetings was to make the census process more inclusive of disability issues. The committee convinced the NSO to increase the number of disability-related questions from four to eight in the 2018 Census questionnaire. The census will therefore capture more disability specific data and provide a basis for informed decisions in the development and delivery of mainstream and targeted programs and services. MACOHA led a process that developed and vetted a national M&E framework on disability, involving of 20 ministry directors and high-level M&E officers. The harmonised framework incorporates governments disability indicators and will be used cross-sectorally in all districts in Malawi to document disability inclusion in public development structures/programs. Data collected will also enable district councils to produce reports on disability issues.

DISABILITY DATA FROM LIVING CONDITION STUDY

The Atlas Alliance and SINTEF have since 2003 conducted living condition studies in Southern Africa and Nepal. The first study was implemented in Malawi in 2003-2004. SINTEF is conducting a follow-up study in cooperation with the University of Malawi and FEDOMA in 2016-18. Preparations, design of the project and training of interviewers took place in 2016. New screening procedures and a new screening tool for children recommended by the Washington Group caused substantial increase of time used in the field as well as increased costs. The SINTEF report is therefore delayed with approximately 6-8 months, and the 2018

results report will provide more information regarding the results from the study.

There have also been some victories in the education sector. The District Education Manager for Blantyre requested PODCAM to continue to train and raise awareness in the district to increase enrolment in schools. As a result, eight chiefs in Blantyre, Dedza and Mchinji introduced bylaws that promote the enrolment and retention of children with disabilities. Even though these activities take place in a limited geographical area, they are a starting point that can be built on to achieve nation-wide coverage. Moreover, MUB advocated for a fair and equal distribution of schoolbooks for all to the Ministry of Education, Science and Technology through the National Reading Programme and Malawi Early Grade Reading Improvement Training. As a direct result, MUB was paid to transcribe and print schoolbooks and teachers' guides into braille to be distributed in schools. These results are important, since, as the shadow report uncovered, there is a limited access to education by children with disabilities, lack of disability inclusive interventions in education programs and lack of targeted interventions to support parents of children with disabilities.

EXAMPLE OF COOPERATION

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

Nepal

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

In 2017, three of the Atlas organisations were active in the country with five different projects. Combined the projects touched upon all the four thematic areas. NABP had three projects focusing on eye health, rehabilitation, organisational development, inclusive education and income generation with NNJS and NAB. FFO supported the national and regional work of the umbrella organisation NFDN, while NFU supported equal rights and full participation through PFPID. As 2017 marked the last year of support to PFPID before completing the phasing out of NFU support, the project also focused on sustainability of the local partner in acquiring funding from other donors. Nepal is also one of two countries targeted by the real-time evaluation conducted in 2017-2018.

The current Nepalese setting

SINTEF's study on living conditions among persons with disability carried out in 2014 – 2015⁵ has demonstrated low scores on most indicators of living conditions compared to control group households. This is the case for dietary diversity, access to information as well as the dependency ratio. Advocacy has been and is necessary as

⁵ *Living conditions among people with disability in Nepal*, Arne H. Eide, Shailes Neupane, Karl-Gerhard Hemin (a partnership between NFDN, FFO and SINTEF)

persons with disabilities are among the most excluded groups in society. Persons with disabilities are facing human rights breaches, poor quality of and lack of access to health services, high out-of-school rates, inaccessible schools, lack of work opportunities and skills development, and general abuse and discrimination.

Nepal has signed and ratified the CRPD and made progress in the domestication of the Convention in its legislation. This has been possible due to the vibrant civil society in Nepal, where DPOs have a central role in promoting the rights of persons with disabilities. The DPOs have a strategic cooperation through the national umbrella organisation NFDN and are often consulted by government bodies.

Nepal has seen frequent changes in government over the years, but several important events in 2017 was a considerable step in a positive direction for the democracy in the country. The first local elections in 20 years were held, and a new prime minister took office mid-year. Provincial and parliamentary elections took place at the end of the year. These elections were held in accordance with the new constitution formalised in 2015, and constitute a big internal shift politically and structurally, as Nepal is transformed into a federal democratic government. This proved to be a challenge to the systems of our local partners who have had to move regional/provincial offices and extend their work in additional provinces. For instance, NABP's partner NNJS will restructure its organisation to ensure advocacy work within all the 7 regions.

Strengthening of the local partners at the grassroots level is becoming even more important with the new constitution and the reorganised governance structure. The constitution has shared most of the powers and authorities to the province and local level governments. The decentralisation of power gives the municipalities more responsibility and power to carry out development efforts. It is thus essential to advocate with the local government on the rights of persons with disabilities. More than 6000 new representatives in 753 new municipalities were elected for the first time in 2017. Previously 77 districts constituted the local level of the government. The elections went well and NAB reports that there were only minor

challenges for the visually impaired persons for participating in the elections.

Recent Developments and key results from Nepal

PFPID has become a member of a task force on Inclusive Education in the Curriculum Development Centre in the Ministry of Education, which is a vital achievement for the intellectual disability rights movement. PFPID was through the task force able to revise the section on intellectual disabilities in the teachers' training curriculum. Together with Swedish MyRight, PFPID has also been assisting the government in developing a curriculum for children with disabilities through the Educational Curriculum Development Committee for Disabled Children (CDC) in the Ministry of Education.

AN EXAMPLE OF THE IMPACT OF ACTIVELY PARTICIPATING IN A DPO

Shiva Shrestha (24) lives in Dhading Municipality in Nepal. He has encountered many barriers in society during his life due to Down syndrome. After he became an active member of both PFPID and the umbrella NFDN, he has received considerable training on rights and advocacy, and he has enhanced his skills exponentially while turning into a more self-confident person.

Shiva is a source of inspiration for all the individuals, organisations and stakeholders working to promote disability issues in Nepal. On the International Disability day on December 3, he received an appreciation from the National Disability Fund (NDF), a Nepalese government agency under the Social Welfare Council. Along with the certificate of appreciation, he also received a cash prize of NRs 5000 for his rigorous, active and encouraging participation, and for bringing the issues of people with intellectual disabilities into the public domain and helping the intellectual disability movement to be more visible in Nepal.

Rehabilitation is key to equal participation in society. In the Government of Nepal's report to the UN CRPD committee, no national programme for rehabilitation of people with disabilities was mentioned. This puts pressure on the private actors to provide necessary services. NAB has conducted large-scale surveys where

they go from door-to-door to map persons with disabilities within a district (the previous local government structure). In 2016, surveys were conducted in Mahattari and Makawanpur districts, in cooperation with local governments, CSOs and DPOs. As a result, 6311 persons (52% female) received counselling from NABP's partners in Nepal in 2017. The follow up on these persons will continue in 2018 and 2019.

EXAMPLE OF COOPERATION

With CBM, NFDN conducted the implementation of accessibility standards in Kathmandu metropolis and earthquake affected districts and the development of access audit tools and its applications. Making voting and polling centres accessible was a joint effort with IFES, while making schools in earthquake-affected districts accessible was done in cooperation with Plan Nepal. Save the Children and NFDN worked together on school enrolment of children with disabilities and strengthening teaching learning processes. Finally, NFDN collaborated with private companies to increase job access for persons with disabilities.

Uganda

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

In Uganda, the Atlas Alliance supported four projects through four Atlas organisations in 2017. NAD supports NUDIPU directly, whereas NABP and Signo collaborates with NUDIPU’s members, while RHF partners partner with NUDIPU’s members when relevant. Fourteen national DPOs are full members of NUDIPU, and among them are the Atlas partners UNAB and UNAD. UNAD and UNAB are members of the Directors’ Forum of NUDIPU, which brings together all DPOs’ Executive Directors to discuss and address emerging issues in the disability fraternity.

The current Ugandan setting

The majority of Ugandans live in rural areas where they are engaged in small-scale agriculture. Despite a history of political upheavals

and violent conflicts, Uganda has enjoyed relative peace and political stability for the past decade. Since coming into power in 1986, the Uganda government has undertaken several legislative and policy measures that suggest a sustained commitment to promoting the rights of persons with disabilities. The country has been one of the preeminent advocates for the rights of persons with disabilities in sub-Saharan Africa.

While recognising the progressive legal framework and policy documents, Uganda's own CRPD report shows that there has been limited progress for persons with disabilities, due to a significant implementation gap, including the situation of children with disabilities. For example, CBID, initiated by NAD and its local partners, is the major public strategy to assist persons with disabilities. However, CBID is implemented in only 26 of 121 districts in the country. The divergence between Uganda's very progressive legal framework and the lack of effective implementation or enforcement of disability inclusive laws and policies means that the rights of persons with disabilities are precarious. Ugandan society pays a high price in terms of lost economic capacity, on top of the severe negative effects on disabled persons and their families. Up to 80 % of persons with disabilities live in long-term multidimensional poverty in some parts of the country, as economic growth has been limited to the central and western regions, while poverty rates remain high for the Eastern and Northern regions. Poor people in the Northern region are almost twice as poor as people elsewhere in the country and more people were stuck in long-term poverty, with nearly three in ten people facing chronic poverty areas. Our Ugandan projects focus on these regions to ensure that no one is left behind, with particular focus on economic empowerment and inclusive education. A famine in 2017 affected our project activities, as reported elsewhere.

Recent Developments and key results from Uganda

Advocacy work is of high priority also in Uganda, with continuous efforts on the part of our local partners.

AN EXAMPLE OF PUTTING DISABILITY ON THE AGENDA

A one-month sign language training by UNAD took place in the Karamoja region as a way of sensitising the need for a language to help deaf people access social services in the district. The training was aimed at service providers and health workers and took place at Moroto Hospital and Kangole Boys' School respectively. The climax of the week was the appearance of the minister for Karamoja region, Honourable John Byabagambi. In his speech, the minister promised to promote education of deaf people in the region. He would do so by supporting the construction of a comprehensive school for the deaf, as there is only one school with a unit serving the whole region. Upon the advice of the minister, UNAD drafted and presented a concept paper seeking a joint meeting with the Ministry of Education to pave the way for the establishment of the school collectively.

UNAD continues its participation in thematic coalitions and networks but like UNAB, it has been less active in 2017 than previous years due to reduced organisational capacity. NUDIPU is also involved in number of networks on the SDGs; it is a member of national focal point on disaster risk reduction under the Prime Minister's office. NUDIPU is implementing the current programme in partnership with the Association of Microfinance Institution of Uganda (AMFIU), the apex body that brings together all microfinance institutions in Uganda.

EXAMPLE OF COOPERATION

As a learning and advocacy platform for inclusion of persons with different abilities, the NUDIPU Programme hosted CBM, UK with whom they wrote a project in 2017 proposing replication of the iSAVE model. This project has since been approved for rollout in 2018 between NUDIPU and two other NGO partners. Other visitors included ADD International Tanzania and UK, Care International UK, Light for the World and Association of Microfinance Institutions in Rwanda (AMIR) with whom information was shared on the Model with a view of possible replication.

Zambia

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

In 2017, four Atlas organisations supported five projects between them in Zambia. NDA worked with DAZ to promote organisational development and improve diabetes health services. Together with Bauleni Special Needs School, Signo’s project addressed the need for adapted quality educational services for children and adults with deafblindness. Through its regional project, which also included Zambia, RHF focused on early intervention, treatment and rehabilitation of people with spina bifida and/or hydrocephalus. Finally, NAD supported the efforts of DRW, ZAPCD and ZAEPD to improve quality of life through advocacy for the rights of persons with disabilities, while also supporting the government of Zambia in piloting a CBID programme. Response Network Zambia is an organisation mobilising communities for self-help projects, and is supported by NAD to work on disability inclusion.

The current Zambian setting

Zambia's economic situation has been better than many African countries, but the country's economy has been characterised by stagnation and inflation since 2015. Persons with disabilities face many challenges. The majority of persons with disability live in poverty and have disproportionately low reading and writing skills compared to people without disabilities. SINTEF's living conditions study from 2006 identifies lacking and poor schooling as one of the main challenges for persons with disabilities in Zambia. Although the legislative framework for inclusive education is in place, 40 % of children with disabilities are still out of school. A reduction of the national health budget has worsened to health services for persons with disabilities.

Since the ratification of the CRPD in 2010, the Government of Zambia has made a number of laws and policies more disability inclusive. If persons with disabilities shall enjoy equal basis with others, the government has to implement these policies and strategies. Health care services and inclusive education are therefore key issues addressed by the Atlas Alliance and our Zambian partner organisations.

From September through December, Zambia saw an increase in cholera cases in the Zambian capital, Lusaka. The numbers continued to grow and the Minister of Health eventually declared a cholera outbreak in October 2017. At the end of the year, it showed no signs of slowing down. In order to control the outbreak, the government banned gatherings in the cholera epicentres and schools were closed for a longer period than normal at the beginning of the year, which delayed teacher trainings. Considering the hygienic and sanitary challenges, in particular in regards to clean water, persons with disabilities are at extreme risk of infection. Being geographically limited, however, the outbreak only affected planned activities in the Lusaka region.

Recent Developments and key results from Zambia

Disability inclusive education has slowly but surely started to catch the attention of the Zambian government. NAD and its partners have

developed a new training package for teachers on inclusive education and tested the pilot programme in the Southern Province. Disability Rights Watch (DRW) hosted the second Inclusive Education Symposium in Lusaka in December 2017, where as many as 11 senior government officials attended. NAD's inclusive education was well received and there were calls for the pilot to be scaled up to cover the rest of the country. NAD has also been in dialogue with senior managers at the University of Zambia and in the Ministry of General Education, and these have shown keen interest in establishing a formal relationship with NAD to facilitate curricula changes and improvements in teaching and learning methods. Children with deafblindness have additional follow-up needs that that Signo and its partner Bauleni Special Needs School strive to meet.

EXAMPLE OF PERSON REACHED

Without reliable access to clear visual and auditory information, deafblind children must rely on additional modes of learning, such as learning through touch. Identifying such learning strategies for deafblind children who also have cognitive or physical disabilities is challenging for ordinary schools. Joseph (7) is deafblind and was given necessary follow-up. Bauleni Special Needs School's home-based education programme enabled Joseph to develop his communication and motor skills. The school provided his family with counselling and training so that they could learn how best to support him. Joseph became active and even started stretching parts of his body that were stiff. His body has changed for the better, including a significant habilitation of his facial expression. The educational programme for deafblindness is therefore improving the quality of life for Joseph and his family.

EXAMPLES OF COOPERATION

In sub-Saharan Africa, chronic non-communicable diseases are likely to surpass maternal, child and infectious diseases as the major cause of death by 2030. DAZ is on the UN Task Force on non-communicable diseases and it has strengthened its position as an advocate for people with diabetes by initiating cooperations with new stakeholders. In 2017, DAZ in collaboration with and the Ministry of Health hosted a national symposium on the status of

diabetes care and treatment, attended by 29 stakeholders from civil society, private companies and the public sector. The purpose of the symposium was to collect inputs to the new national plan for non-communicable diseases.

Mainstreaming: **The Inclusion Project**

The Atlas Alliance started the inclusion project in 2014. It has the explicit goal of engaging and increasing the ability of mainstream development and humanitarian actors on how to ensure the inclusion of persons with disabilities in their programs. Goal achievement is reached through dialogue in inclusion-focused network meetings, trainings for specific organisations in Norway and partner countries, and through mentoring.

The main achievements have been to increase the competence and ability, as well as change the attitudes of Norwegian development workers, when it comes to including persons with disabilities in planning and implementing development projects and programs.

In 2017, more responsibility for project implementation shifted from the Atlas Alliance secretariat to the Atlas organisations. The inclusion team consists of three Atlas organisation – NAD, NFU and NABP - as well as the Atlas Alliance secretariat. The Atlas organisations are responsible for the provision of training and mentoring to mainstream development actors in Norway and in partner countries, while the Atlas Alliance secretariat is responsible for the Inclusion Network.

Key achievements in Norway

Trainings: Inclusion requires knowledge, skills and right attitudes, and training is the main tool for providing this to development organisations. The inclusion team provided 4 trainings in the course of 2017: One training was provided to Norwegian-funded NGOs in Nepal, two trainings were provided to Save the Children (see example), and one training was provided to Norad. Together with

the two trainings conducted in 2016, this is two trainings short of the target of eight set for the end of 2017. The two remaining trainings are scheduled for January 2018.

The disability inclusion training held for Norad's Inclusion Working Group incorporated a session on how Norwegian funded aid can become disability inclusive. The inclusion team was invited to be part of a dialogue forum focused on disability inclusion, and met with Norad regularly in the period from August to December 2017. The training provided to Norwegian-funded NGOs in Nepal took place prior to project-start in Nepal. The Embassy of Norway in Nepal organised an annual NGO seminar, and in 2017, it was a collaborative effort between the Atlas Alliance, Plan Norway and the Strømme Foundation. The training consisted of 63 participants from 38 organisations.

The inclusion team currently has nine trained trainers, being five staff and four youth members. This is on target in terms of staff and three above target in terms of youth compared to 2017 targets. The youth volunteers are crucial contributors to the training since it allows them to share experiences of what it means in practice to live with a disability. An important basis for achievements within this project is high quality trainings on inclusion. By the end of 2017, the Atlas Alliance has developed three training packages: disability mainstreaming, inclusive education and disability-inclusive disaster risk reduction (DIDRR).

Key achievements in partner countries

Malawi: FEDOMA's Disability Mainstreaming Officer participated in inclusion trainings in Norway while FEDOMA carried out seven inclusion trainings in 2017 (six with SOS Children's Villages and their local partners in Malawi and one with ACAMO in Mozambique). DPO members of FEDOMA are now able to reach out to development actors to promote mainstreaming of disability in their work. For example, the Malawi National Association for the Deaf (MANAD) is about to sign a MoU with World Vision International and the National Initiative for Civic Education. DPOs collaboration with Media houses has contributed to inclusion of sign language interpretation in news

readings on television. In 2017, FEDOMA carried out access audits at six schools for SOS Malawi and six vocational training centres for Tevet Authority, the latter in connection with NAD's Skills for Resilience project supported by Senter for internasjonalisering av utdanning (SiU). FEDOMA brought together 10 Norway-funded organisations to share best practices on how they have been mainstreaming disability into their programs.

Nepal: NFDN is a new partner in the inclusion project. Four representatives from NFDN were trained on disability inclusion in Norway in May 2017. NFDN carried out a two-day training of trainers on disability inclusive development with 36 participants. NFDN also arranged a two-day workshop for 30 participants from 15 organisations, among them the Development Fund and Digni.

Mozambique: The Disability Inclusion project initiative started up in Mozambique in 2017, and was well received by ACAMO. Malawian FEDOMA held a training of trainers in July 2017 in Beira, Mozambique. Participants included one representative from the Federation of People with Disabilities in Mozambique (FAMOD). The participants emphasised that the training had helped change their focus to a rights-based approach aiming to include all disabilities. ACAMO organised a first workshop with FAMOD participation in Maputo in November 2017. Although 12 NGO's receiving support from the Norwegian Government was invited, and six had confirmed their participation, only representatives of Action Aid and Friends of The Earth Norway partner Kulima attended. Both organisations vowed to include persons with disability in their activities.

EXAMPLE: COLLABORATION WITH SAVE THE CHILDREN

The inclusion team's strong collaboration with Save the Children Norway saw concrete results in 2017. Save the Children established an internal inclusion team to define more clearly how the organisation will move forward towards disability inclusive programs. The Save the Children inclusion team developed an action plan for disability inclusion, adopted by the management team before the end of the year. The Atlas inclusion team conducted two trainings with Save the Children in 2017, on

disability mainstreaming in general and on inclusive education. Preparations were also made for a training on disability-inclusive disaster risk reduction to be held in January 2018. The Atlas inclusion team provided input on a Save the Children project application focused on inclusive education in temporary shelters in South Sudan.

The Inclusion Network

The Inclusion Network is the meeting place for sharing of knowledge, skills and experiences, as well as sharing of handbooks and reports. There was positive feedback from the participants on the useful learning aspects. There were three inclusion network meetings in 2017 with an average of 15 participants at each meeting. In addition to the Atlas members, 15 organisations participated in one or more of the meetings⁶. The networks mailing list consisted of about 70 people working in international development at the end of 2017.

A recent report showed that five of these organisations had disability inclusive projects in the period 2013-2016 (Save The Children, The Development Fund, Adra, Plan and Digni). These organisations total disability inclusive portfolio was 982 million NOK during that period, an increase from 174 million in the period 2010-2012. On average this is a 320 % increase in the annual spending on inclusive projects. We have reasons to believe that the inclusion work has contributed to this increase.

⁶ Adra, Digni, Caritas, Himalpartner, KFUM-KFUK Global, Kippenes, Norwegian Church Aid, Plan International, Save the Children, SAIH, SOS Children's Villages, Doctors Without Borders, The Development Fund, The Drylands Coordination Group and Friends of The Earth Norway (Naturvernforbundet)

Anti-corruption

The Atlas Alliance works towards the SDG target to *substantially reduce corruption and bribery in all their forms* under SDG goal 16 in order to *promote just, peaceful and inclusive societies*. The Alliance practices zero tolerance for corruption and continuously works to ensure that funds reach persons with disabilities.

The Atlas Alliance works in some of the countries that Transparency International rates as the most corrupt countries in the world. Despite this, there was only one corruption case in 2017. The end of 2016 marked a key point for the Atlas Alliance when we started to work more systematically with joint anti-corruption measures on a strategic level.

In 2017, most Atlas organisations used the financial manual and checklist (developed in 2016) to assess their local partners. The Atlas organisations also followed up on the concerns detected in the financial assessments in 2016. We started the drafting of new per diem guidelines and developed an anti-corruption plan for 2018-2019. The Atlas Alliance will use these documents to combat corruption as part of a comprehensive effort to promote good organisational culture and social change in 2018. Secondly, by having a well-developed system in place for incident reporting, continuously assessing risks and vulnerabilities, and conducting regular spot-checks, we use the anti-corruption efforts to strengthen both the Atlas organisations' and partner organisations' risk management. Our aim is to raise the threshold to abuse power and funding, uncover old cases and expose new attempts of corruption and misuse.

In addition to working to prevent and detect corruption in our own operations, the Atlas Alliance has intensified our efforts to ensure that the communities where we operate are able to hold our partner organisations and local governments accountable. In 2017, the Atlas

Alliance secretariat and organisations initiated a pioneering social audit project in Nepal. It was due to have an initial meeting in Nepal in November with local partner organisations and Norwegian Atlas organisations. The meeting was postponed to January 2018 to give way to more thorough planning, and the social audit project itself is scheduled to be rolled-out during 2018.

Examples Atlas organisations' and their partner organisations' anti-corruption measures in 2017:

- **NAD** carried out detailed checks of its partners PODCAM, FEDOMA, MACOHA in Malawi, and AMFIU and NUDIPU in Uganda. Using the Atlas Alliance financial manual and checklist, NAD found that NUDIPU and FEDOMA have sound anti-corruption related guidelines and manuals in place and continuously assess and analyse the risk of corruption and risks mitigation. FEDOMA established monitoring and evaluation routines and engaged a new monitoring and evaluation officer to ensure that individual projects are implemented in accordance with relevant FEDOMA policies, including the "2016 Anti-Fraud and Corruption Policy". FEDOMA also trained management and staff in financial management in 2017. An international legal firm updated MACOHA's anti-bribery policy, NAD's other Malawian partner. NUDIPU in Uganda has developed whistle blowers' and conflict of interest policies to protect staff, strengthen reporting of suspicions and minimise internal conflict of interest respectively. It has improved internal control measures, by reviewing its human resources and financial policies to include new dimensions on financial management practices. It has also strengthened preventive measures with its district unions through improved financial routines, new documents, trainings, and increased frequency of visits and spot-checks. In Zambia, NAD's local partner supported trainings in basic financial management skills for non-finance managers for 15 delegates from its local DPO partners.
- **FFO** went through the Atlas Alliance's financial manual and checklist with its partners and shared the document with local auditors. In Nepal, NFDN has conducted anti-corruption trainings with key persons at its headquarters and in all regions.

- **NDA** carried out a detailed check of its partner DAZ in Zambia. Using the financial manual and checklist, NDA found that DAZ has good routines in place. DAZ developed a financial manual in 2017.
- **NABP** programme officers carried out comprehensive checks of its partners ABC in Cambodia, EHCP in Lesotho, LAB in Laos, MUB in Malawi, UNAB in Uganda and the African Union of the Blind (AFUB), using the financial manual and checklist. NABP has also shared anti-corruption resources and training material with its partner organisations and helped LAB to improve its financial procedures. In Lesotho, its partner LNLVIP adopted an anti-corruption policy and NABP's other partner EHCP will use the same policy. MUB conducted an anti-corruption training of its leaders and it transcribed an anti-corruption brochure from the Malawi Anti-Corruption Bureau into braille and distributed it to MUB's district branches.
- **NFU** used the Atlas Alliance's financial manual and checklist to assess its partners PFPID in Nepal and Inclusion Africa, working in Southern and Eastern Africa. NFU facilitated a good governance and sustainability workshop for the board members of PFPID. The aim of the workshop was to address corruption risks and other weaknesses identified with financial manual and checklist in 2016, by developing new governance structures and financial procedures. Similarly, Inclusion Africa has developed a new financial management strategy with concrete and focused objectives and measures for preventing financial mismanagement. The document will be adapted and approved for use from the beginning of 2018.
- The **Atlas Alliance secretariat** designated one of its programme advisors as anti-corruption focal point to intensify the anti-corruption efforts of the Atlas Alliance.

Report on suspicion of financial irregularities in 2017:

The Atlas Alliance supported the East Africa Cup sports tournament with 80 000 NOK in 2016 to contribute to an inclusive sports

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

Women's rights and gender equality

Women and girls with disabilities are often amongst the most marginalised and excluded in a society. The CRPD states that *there is strong evidence to show that women and girls with disabilities face barriers in most areas of life*⁷. They often face double or multiple discrimination due to their gender, disability and sometimes other factors such as caste, age, sexual orientation, language, ethnicity, culture and religion. Our target groups also live in often male-dominated societies, and the disability movement is largely male dominated. A recent United Nations report⁸ shows that the prevalence of disabilities among women is higher than among men, due to poor maternal health, longer life expectancy and other factors such as domestic violence causing eye related impairment. More women than men are blind and partially sighted⁹. Women and girls with disabilities therefore need a particular focus.

With the #metoo campaign rushing over the world in 2017, the project year also marked a turning point for the Atlas Alliance and gender equality. The year started with a one-day seminar in collaboration with Forum for Women and Development (FOKUS) on gender equality for the programme advisors at Atlas organisations, which sparked the process for a revised gender equality policy. The policy was approved in December, and for 2018, an implementation plan will be set and put into motion to ensure that the policy is not just read by Norwegian and local partners, but also followed.

⁷ CRPD, general comments No 3 file:///X:/Downloads/G1626256.pdf

⁸ <https://www.un.org/development/desa/disabilities/news/dspd/women-and-girls-with-disabilities-crpd.html>

⁹ <https://www.hollows.org/hk/latest/why-is-blindness-a-gender-issue>

For the 2017 results reporting, the Atlas organisations have focused even further on aggregation of results according to gender. This makes it possible to measure and compare better how the projects reach both males and females, and enables the alliance to further analyse changes, as the gender policy is set into motion.

Gender equality-results from the projects

On a general basis, the partner organisations promote gender mainstreaming, provide gender disaggregated data, enhance capacities of women through self-help and livelihood groups, and encourage women with disabilities to advocate for their rights, vote and participate politically. Women are often prioritised in projects and given boosts to participate and take leadership roles.

Some examples of female participation in our projects:

- 40 % of board members in our local partner organisations are female.
- 47 % of the 5584 learners with disabilities enrolled in education were female.
- 50 % of the 1668 persons with access to formal financial institutions were female.
- 55 % of the 5373 persons with disabilities taking part in savings and loans groups were female.
- 59 % of the 2899 persons who received vocational training were female.
- 42 % of the participants for trainings in orientation and mobility were female.

For board representation, the majority of the local partners report that they strive for equal participation of men and women. There has been steady progress in the programme period. In 2017, the average male/female ratio was 1.38. The baseline ratio was 1.5 and the 2016 ratio was 1.62. For staff representation there ratio has had a negative development. The ratio in 2017 was 1.87, while the baseline was 2.09 and the 2016 ratio was 1.67.

Many of the partner organisations have included gender equality in their constitution or way of working. The SAFOD Constitution states

that SAFOD shall have a women's wing. Representation of women is compulsory in each committee formed by NAB. LOREWO have implemented a quota system striving for equal gender balance when recruiting new staff members, but it experienced that recruiting women to technical positions has been challenging. It is a NFDN rule to invite one female and one male (from the same DPO) representative to activities and a provision to promote disability and gender. In the run up to the 2017 FEDOMA General Assembly and Executive Council election, its secretariat deliberately arranged for a confidence-building workshop for all female aspirants. As a result, 6 out of 12 executive council members were females. PODCAM, guided by its gender policy, has maintained equal numbers between male and females in leadership positions. In training PODCAM has trained equal number men and women. ANCAA have established a provisional women's committee with plans made for an «independently operating» women's committee to work on the gender strategy. ACAMO released a report on reproductive health for women and girls with visual impairment, and has created a National Women Review.

Gender equality can also be increased involvement of men. In 2017, several local partners experienced the prevailing challenge in involving the fathers of children with disabilities. To exemplify this, one local partner of RHF in Eastern, Central and Southern Africa reported that attendees at parents meetings were 70 % women and 30 % men. This is an increase since 2016 when the attendees were 25 % male. Due to awareness about gender conducted by MACOHA, men improved their participation from 22 % in 2016 to 48 % in 2017 in parent support groups.

For some projects, there may be a need for special considerations in order to meet local culture and tradition. According to the Zambian tradition, girls do three-quarters of all household chores, leaving no time for them to do their homework. This has stopped at Bauleni Special School due to gender equality education of parents on the sharing of household chores between a boy-child and a girl-child. In Uganda, NUDIPU made sure that project meetings and workshops did not start before 10 AM and ended before 4 PM to allow women to

send their children to school and take care of the basic household chores that traditionally falls upon women. NUDIPU also covered additional meal and travel costs for women with smaller children whose participation depended on them bringing a babysitter to trainings and meeting activities.

In rural Nepal, women participate less in outdoor activities than men do. The eye health programme thus launched campaigns to encourage women to get their eyes checked at free surgical camps. This has been successful. In 2017, 56 % of the operating department practitioner's patients, 54 % of the cataract patients and 63 % of other surgery patients were women. 59 % of the patients receiving glasses were women.

AN EXAMPLE OF HANDLING COMPLAINTS OF ABUSE OF POWER

A female student in Lilongwe reported to a member of MUB's executive members that a senior official from Lilongwe rural branch was sexually harassing her. Together with the executive board, the office looked into the case and suspended the man from his position in the MUB district branch. He is now just a regular member of MUB and banned from holding a position in the branch for five years. He will only be able to hold a position again if he repents.

The environment and climate change

There are two aspects to environment and climate change in a project setting. One is how an initiated project may have a positive or negative impact on its surroundings. Another is how the environment and climate may be affecting the project communities.

How projects may affect the environment and climate

With the projects of the Atlas Alliance primarily being human rights and service oriented, there is a minimal negative impact on the environment. Yet, one concern most member organisations and local partners share is the contribution to carbon emission through airfare and vehicle usage. As there is a need to travel by air, car or motorbike to reach project areas, this becomes unavoidable. At the same time, both vehicle and airplane utilisation is limited to the absolute necessary by the organisations.

There are several ways the Atlas projects are environmentally oriented. In the savings and entrepreneurial activities in Uganda, the beneficiaries were encouraged to identify business enterprises that do not degrade the environment. In the economic empowerment initiative in Malawi, any businesses that could cause degradation to the environment were rejected loans. ACAMO in Mozambique has a pledged collaboration with Adel-Sofala and Kulima, the Mozambican partners of Norges Naturvernforbund. The projects in health reported that all medicine, equipment and medical waste was disposed of strictly in accordance with governmental regulations. CBID workers in Malawi also mobilised persons with disabilities to participate in drought recovery through Plan Malawi and facilitated the inclusion of persons with disabilities in the Shire River Basin Management Project to practice conservation agriculture to reduce soil erosion. Cultivation activities for growing vegetables, fruits and

other agriculture are conducted across organisations and countries, such as ZAPDD branches in Tanzania, community clubs and Bauleni Special Needs School in Zambia, and families of deafblind in Malawi and NAB in Nepal. This contributes to neutralisation of the soil, allows cultivation in more than one season, diversifies the food crops and promotes organically and chemically free crops. These are all small initiatives, contributing to the larger goal of environment friendly projects.

How the environment and climate may affect the communities

Persons with disabilities, most of whom are of low income and living in rural areas, are highly vulnerable to the effects of climate change, such as increased severity of lean periods caused by drought and increased severity of annual natural events like flooding. As many groups in society, they are especially dependent of access to clean water and sanitation in their immediate vicinity, as they often are less mobile than persons without disabilities are. Outbreaks of Yellow fever and Cholera in Angola emphasise the need for easy access to clean water in the communities. Floods in for instance Malawi and Mozambique and the earthquake in Nepal showed that the authorities did not have disaster risk plans including this group in place. Therefore, it is critical that development and Disaster Risk Reduction (DRR) programs are disability inclusive and that persons with disabilities actively participate in and benefit from these.

In partnership with FEDOMA and NUDIPU, NAD has developed a policy brief and a guiding document on disability inclusive disaster risk reduction that follows up the Sendai Framework. The guide titled *Disability Inclusion and Disaster Risk: Principles and guidance for implementing the Sendai Framework* provides practical advice for mainstream disability-inclusion in DRR for actors and duty bearers. Enabling Education Network (EENET) published a desk study commissioned by NAD on the implications of ensuring equal access and inclusion of persons with intellectual disabilities and mental health issues in disaster risk reduction and humanitarian action, with particular focus on Lebanon and Palestine. The publication has been

widely shared and well received in project countries and among international DRR actors.

The DiDRR project contributed to raising awareness about both DRR and Climate Change Adaptation (CCA) among Atlas organisations. NAD's Oslo based DRR Advisor facilitated a breakfast meeting on DRR and CCA in December for discussions on the linkages between the two, as well as the obligations as development actors working to protect the rights of one of the groups that are most affected by climate change induced natural hazards. The meeting served as a starting point in the development of better environmental policies and considerations in Atlas Alliance projects. The development of an environmental policy is planned for 2018.

In Uganda, NUDIPU promoted the human rights aspect of Climate Change Adaptation as a stakeholder to the development of a national Climate Change Bill. Both NUDIPU and FEDOMA, through the DiDRR project, empowered persons with disabilities to become active participants in national and local level discussions and activities related to climate change and disaster risk reduction.

The local partner organisations are actively working on improvements in this area. In Malawi, PODCAM is in the process of consulting members, as well as experts, on a climate change policy for the organisation. PFPID recognise that climate change is an increasing challenge, and distributed the booklet they published in 2016 on natural disasters and disaster risk reduction related to persons with intellectual disabilities at several events in 2017. Inclusion Africa is trying to identify partners who they can work with nationally and regionally to develop adaptation mechanism and advocacy skills on climate change.

EXAMPLE DISASTER RISK REDUCTION INTERVENTIONS

In June 2017, as part of influencing the mainstreaming of disability in disaster risk reduction interventions of mainstream actors, NUDIPU engaged CSOs and the local government in Kasese District to include persons with disabilities in their activities. One such CSO was Action for Sustainable Development, whose

contribution towards disaster risk reduction is to promote environmentally friendly energy, sustainable agriculture and small-scale irrigation.

Following NUDIPU's advocacy campaign, the Action for Sustainable Development recruited three persons with disabilities as agents selling environmental friendly products. One of them was Muhindo Earnest (33). He is a former primary school teacher who withdrew from his employment and struggled to adjust to his new life as a person with disability after an accident two years ago. Action for Sustainable Development trained him and offered him an opportunity to market and sell his products. "I have been selling solar and charcoal saving stoves, solar lights among others. I am making money. This has changed my life and has exposed me in the community; People always come here for energy saving equipment. I am able to explain the use of all the equipment, and have also learned to love my environment quite a lot. I pray that more persons with disabilities get included".

Added value

The Atlas Alliance secretariat has five employees and the eight most active organisations have seventeen employees (full- or part-time) working with Norad-funded projects. The eight organisations have in total more than 300 000 members, and up to 100 years of experiences of promoting rights of persons with disabilities in Norway. In the international work, this expertise is actively utilised, and the secretariat and the organisations add value to the work in different ways.

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

The situation for persons with disabilities in Norway and partner countries can be both similar and different. The challenges with the disability itself can be similar, but the systems in Norway and partner countries varies greatly. This makes it important to share experiences from Norway whenever relevant, but at the same time listen to local DPOs and their expressed needs and experiences. The Atlas organisations are in a unique position for managing this balance.

Some of the ways in which the Atlas organisations support our partners are:

- *Organisational development* –DPOs are likely to be weaker than other NGOs, and require long-term partners like the Atlas Alliance. The establishment of several of the local partner organisations also came about with the help of the Norwegian Atlas members. The Atlas organisations have, after years of advocacy and organisational work in Norway, a better understanding of the situation, the challenges and the possible solutions of partner organisations in the South and can share vital competence and experience in the organisational development stages. For instance, FFO has coordinated the CRPD Shadow report in Norway, something that SAFOD also needs to develop skills on. FFO therefore carried out a CRPD training for SAFOD in 2017.

- *Operational funding* – Many of the Atlas Alliance organisations provide support to operational expenses of local partners and even bring in additional donors. This ensures that local partners spend less time hunting for donors, and more time is freed to do actual advocacy and service related work. As an example, in 2017 the Nordic organisations of NABP all contributed to capacity building of AFUB staff, which led to better results in the area of organisational strengthening.
- *Networking* – The Norwegian organisations are often part of national and international networks and our partners are invited to be part of a worldwide disability movement where they can gain knowledge, inspiration, tools and encouragement to fight for their rights in their own country. This includes international donors, likeminded DPOs in other countries and similar DPOs in the partner organisation's own country. South-South relationships have been established and partners are even preparing joint activities among themselves. For example the living condition studies by SINTEF over the years contributed to establishment of a network among DPOs, researchers and research institutions in southern Africa. SAFOD and national affiliates have engaged in and taken a lead role in the data collection and utilisation of results and have thus become attractive partners for researchers with interest in disability research as well as for other donors. SINTEF and SAFOD are actively engaged in AfriNEAD.
- *Technical support* – Specific knowledge and expertise is what the Atlas organisations provide the most for their partners. Donor funding has very specific requirements that have to be followed strictly, and at the same time trying to secure local ownership.
- *Laying the groundwork* - SINTEF and NAD are currently involved with WHO on the new GATE initiative, inspired by the Norwegian systems for provision of assistive technology. The living condition studies not only create a baseline in the studied countries but also support the advocacy work of local partners. There are many examples of utilisation of results from these studies, including

direct influence on policy development in several of the collaborating countries.

- *Mutual sharing and learning*: There is a mutual learning outcome in partnerships for experiences and new ideas. For instance, federations in Norway and partner countries both have challenges speaking with one voice on behalf of many affiliates, and their challenges being credible and legitimate.

In 2017, Norad published its evaluation "From Donor to Partners". The Atlas organisations and local partners in Nepal and Uganda participated in this evaluation, which also assessed the added value of these partnerships. In Uganda, NUDIPU and UNAB described the added value they receive from their Norwegian partners as significant, in terms of organisational development, international collaborations and project activities. They attribute it to the long-term nature of the relationship and the values they share as similar DPOs. The report furthermore emphasised that: "*[T]he evaluation found that certain organisations such as interest organisations for disabled persons (in the Atlas Alliance) are able to provide strong professional support. This seems to be based on common values between the Norwegian CSO and its local partners and an ability to talk to each other based on shared experiences and interests. There are also examples where they have introduced technical innovations with support from external expertise*" (page 34).

Internal coordination and quality assurance – added value from the secretariat

One expected outcome for the secretariat is to ensure that the Atlas organisations have necessary skills, tools, knowledge and funds to support DPOs and partners in achieving programme goals in a coordinated, cost-effective and transparent way.

To ensure that the organisations have the necessary tools for supporting its partners, the secretariat provides a common database with documents and tools for project management. This includes strategies, policies, action plans and various tools, and is time-efficient and cost saving since all the Atlas organisations do not have

to develop the same documents. Some organisations have additional documents, and these are shared within the alliance. Development of new documents and update existing documents is done in cooperation with the organisations. The Atlas Alliance secretariat also organises trainings and thematic meetings to support competence building of the Atlas organisations. In 2017, the secretariat organised internal trainings on reporting, culture and religion and gender equality. Further, the secretariat creates meeting places for the Atlas organisations to share knowledge, experiences and ideas. These meeting places includes thematic and geographies meetings, the Bistandsfaglig utvalg (development advisory committee) and the Annual Meeting and are important arenas to exchange experiences and get increased understanding of the many challenges various disabilities faces.

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

- Developing the data collection tool *Petrus* to ensure that we can collect data and show results in a good and transparent way.
- Joint projects, including The Inclusion Project, real-time evaluation and Social Audit.
- Reports (such as *Mapping of the Norwegian Support to Promote the Rights of Persons with Disabilities* and *Living Condition Study*).
- Participate and actively engage in relevant meetings, forums and networks to make sure the Alliance is updated on relevant issues, such as the Nepal Network and NGO-leadership meetings.
- Participate in meetings with other Nordic disability umbrella organisations. In 2017, three meetings took place, focusing on joint strategies for technical and policy work and Monitoring and Evaluation and we have established a database for policies, results framework, different tools and training manuals as a result of these meetings.

- Give individual advice to Atlas organisations based on the organisations' expressed needs and observations made by the secretariat. Organisations in Norway are visited on a regular basis.

Ensure money is spent efficiently and according to Norad's requirements and international standards, including quality checks and consolidate financial accounts.

Monitoring and evaluation

Monitoring system

In 2016, the Atlas Alliance secretariat initiated the much-anticipated process of developing a new tool and reporting system called *Petrus*. The purpose was firstly to ensure improved, more accurate, systematic and coherent reporting on results. Secondly, to ease the process of gathering data and reporting on these results for both the secretariat and the Atlas organisations. Every Atlas organisation has access to their own projects through the system and can add project data received and analysed from the local partners.

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

An internal evaluation of *Petrus* was carried out in August 2017, and despite some start up challenges, the system is time-saving for the Atlas organisations and secretariat, and makes the reporting more systematic, predictable and coherent. *Petrus* makes it possible to follow the development over the four-year contract period. It has greatly improved the secretariats possibility to monitor the programmes and to communicate our achievements as an alliance.

The Petrus system was almost fully developed by the end of 2017, and will continue development in 2018 according to needs.

Real-time Evaluation

In order to get a relevant and more comprehensive understanding of key aspects of the Atlas Alliance's work, and to explore the potential for learning and identify more effective ways of working, it was decided to conduct a real-time evaluation for the current programme period. The idea is that a real-time evaluation will provide better opportunities to enable learning, not only for a particular project/programme, but also for the whole alliance across organisations and thematic focus. A real-time evaluation is believed to provide better opportunities for an evaluation team to gather data and insights and to accumulate these over time.

The purpose of the real-time evaluation is to gain better insight on the work of the organisations and relevant partners, and how this work produces change. The evaluation is expected to lead to better decisions at strategy and project level, better design of future activities and better achievement and documentation of results. Findings in the real time evaluation will inform adjustments in programme planning and implementation and thus help reach overall objectives.

The two themes "human rights advocacy" and "inclusive education" are the thematic areas of focus for this evaluation. Human rights advocacy was chosen since almost half of the project portfolio focuses on this. Inclusive education was chosen, as this is a prioritised area of both Atlas Alliance and the Norwegian government. The two countries with most Atlas Alliance projects were selected for in-depth case studies; Malawi and Nepal. In this way, we ensure that all Atlas-organisations are part of the evaluation.

In May, the secretariat appointed the Norwegian Institute for Urban and Regional Research (NIBR) to conduct the three-year real-time evaluation study. Only five months later, a team was on its way to Malawi to conduct a preliminary fieldwork with the local partners of

Signo, NAD and NABP. The team visited the offices of each organisation to learn more about the projects and processes, in preparation for an upcoming workshop in 2018 on the findings. They met with staff members from the main offices and branches, as well as board members. There were also plans to do the preliminary fieldwork for Nepal in December with the local partners of NABP, FFO and NFU but due to scheduling conflicts, this was moved to the beginning of 2018.

Project evaluations/reviews

In 2017, one external project specific evaluation was carried out on NABP's three projects in Nepal. Overall, the evaluation acknowledges the way of working and recommends scaling up project activities. Among the recommendations were a shift to work more in line with the political reforms in Nepal, to conduct social audits, increase investments in hospital infrastructure and new technology, strengthen its referral systems, expand its activities to remote areas where NAB are established and register as local NGOs in the remaining districts. The two first recommendations are included in updated project plans and better systems for referral will start in 2018. Investments in infrastructure will demand more funding. NAB's strategy includes establishing district branches and will be implemented gradually.

NAD commissioned an organisational review of PODCAM in 2017 in connection with the phase out of Atlas support. Given the important role PODCAM plays in Malawi, the consultant recommended that NAD explore whether it is viable to extend the transition period of funding by a further 6-9 months, which would provide PODCAM with additional time to enable some of its current fundraising to come to fruition. Because of the study's recommendations, and with the availability of Norad funding, it was decided to renew support to PODCAM. PODCAM will enter into a MoU with MACOHA for 2018/2019 for a collaboration that will strengthen the CBID programme's work with persons with intellectual disabilities and, at the same time, enable PODCAM to identify funding resources and strengthen its own organisational and financial management practices.

Cost efficiency

The Atlas Alliance, in all its layers, strives to deliver good results in a cost efficient manner. Therefore, we have worked systematically to decrease the amount spent in Norway to release funds for our partners and their work. We also strives to have cost efficient ways of working within the alliance in Norway, such as developing joint policies, tools and conducting a real time evaluation that is relevant for several partners. Our partners also identify cost efficient ways of working. For example, in Palestine where NAD utilises Swedish Diakonia's resources in supporting a joint project. Our local partners use volunteers in project implementation. However, we also acknowledge that in order to reach the most marginalised, high quality of services can be expensive. One example is Signo's work, where deafblind children needs extensive follow-up. Nonetheless, the Atlas Alliance has not conducted cost-efficiency analyses in our projects.

Advocacy, communication and documentation

The aim and expected outcome of the general advocacy work in Norway is that Norwegian authorities and relevant national and international stakeholders actively promote rights of persons with disabilities and implement CRPD in Norway's foreign policy and development cooperation. The most significant achievements at outcome level is that Norwegian development policies and plans increasingly reflect the ambitions to include persons with disabilities in vital areas of development cooperation. This is especially obvious in the priority areas of education and health, but also in the general policy ambitions to deliver on the Sustainable Development Goals and to fulfil the principle of "Leaving no-one behind". A direct result of our – and others – advocacy work is when our political leaders officially underline the need to promote inclusive development:

In the words of Prime Minister Erna Solberg at the UN on September 21, 2017: *"Investing in education is the most important thing we can do to promote sustainable development...Education must be inclusive and innovative: All boys and girls deserve a free, quality education. This includes the poorest, minorities, children with disabilities, and children in wars and conflict-affected areas."*

"We will especially emphasise that education for girls and boys with disabilities is highly prioritised and well documented".

**MINISTER OF FOREIGN AFFAIRS INE ERIKSEN SØREIDE, NOVEMBER
2017**

In 2017, we also contributed to an internal analytical and organisational process in Norad to reconsider how Norad best can deliver on the "Leaving no-one behind"-agenda. We see this work partly as result of our dialogue with both the Ministry and Norad in order to promote and enhance inclusive development.

A strong and important support for inclusion was delivered in the Parliament when the Rapporteur for the White paper on Development (Meld. St. 24), Sylvi Graham, on behalf of the committee apologised in the Parliament for not having gone deeper into the challenges of persons with disabilities in poor countries. She especially mentioned the importance of using the Norwegian experiences on inclusion in the new Knowledge Bank in Norad¹⁰.

During the June 2017 CRPD Conference of the State Parties, the Atlas Alliance was part of the Norwegian delegation and we made proposals to the content of the Norwegian Statement. We appreciated especially the mentioning of support to DPOs in the South and that humanitarian policies should also include persons with disabilities.

The State Budget for 2018 had several important issues on including persons with disabilities, especially in health and education. Again, we experienced that there still is little political will to turn the

¹⁰ Sylvi Graham, Stortinget, sluttbehandling av Meld. St.24 «Felles ansvar for felles fremtid»
15.06.2017

«Jeg har også helt til slutt, lyst til, President å utøve en sjelden virksomhet fra denne talerstol; nemlig selvkritikk. Som saksordfører tenker jeg vi i sakens merknader kunne ha utdypet vårt syn på bærekraftmålenes «leave no one behind» på en bredere måte. Ikke minst i lys av at nettopp denne dagen, 15 juni er en spesiell dag: akkurat i dag er det nemlig avslutning på det tiende statspartsmøte om konvensjonen for funksjonshemmede i FN, også med vår regjering representert! Ja, kanskje kunne vi ha sagt noe om funksjonshemmedes særlige utfordringer – i fattige land, og i områder med krig og konflikt....

I den sammenheng, President, vil jeg fra denne talerstol ha pekt på; at Norge er akseptert som - et land med bred kunnskap og god lovgiving og praksis når det gjelder likestilling mellom kjønn. Men - det mener jeg vi også har når det gjelder inkludering og tilrettelegging for funksjonshemmede. Kanskje kan den planlagte kunnskapsbanken også bli et viktig tiltak hvor norske erfaringer fra hva som virker for en inkluderende utvikling, kan utnyttes systematisk. Norske erfaringer med utvikling av inkluderende utdanning, hjelpemiddelsentraler, lokal tilrettelegging, brukerstyrt assistanse og universell utforming kunne deles aktivt og møte den etterspørselen som Bærekraftsmålene jo skaper i partnerlandene!»

negative trend in financial support for inclusion and rights based work of DPOs.

Advocacy and documentation

“How inclusive is Norwegian Development Support to Global Education”? In order to facilitate dialogue with decision makers and with Norad based on facts, we commissioned a report from FAFO trying to document inclusion in Norwegian development support to education. The starting point was White Paper 25, Education for Development, where the government promises to: *“include the needs of children with disabilities in its bilateral development cooperation, and be a driving force in ensuring that their needs are also addressed in multilateral and humanitarian efforts in the field of education; and help to ensure that the needs of children with disabilities are integrated into national education plans.”* The findings were that Norway has played an important normative role in advocating the needs of children with disabilities, but there are few verifiable results of disability inclusive education on the ground. The report generated several meaningful and productive dialogues and meetings with the Ministry of Foreign Affairs (MFA), Norad and organisations. In our view, it resulted in an increased willingness to support disability markers in OECD DAC. The purpose is to increase the efforts of providing disability-disaggregated data, to be clearer in tracking inclusion at implementation level and to continue to address the global implementation gap between ambitions and reality.

Among the main activities to promote the findings in the report was our “high level meeting” at Litteraturhuset in May¹¹, a seminar with FAFO at Arendalsuka and our seminar in connection with the Disability rights Day on the 3rd of December. We then hosted a full day seminar on implementation and monitoring of disability inclusive development strategies in collaboration with the Norwegian Centre for Human Rights and Plan International Norway. The result of the seminar was increased understanding of the need to prioritise statistics and data on disability in order to achieve a more inclusive

¹¹ The panel included State Secretary Tone Skogen, Hilde Frafjord Johnson from the Christian Democrats, Kim Gabrielli from UNICEF, Gro Lindstad from Fokus and Anne Kielland from FAFO.

development aid. The target groups included aid authorities, public and private institutions and development organisations.

To deliver these advocacy results we use direct contacts in meetings, letters, e-mails and reports. We are also actively engaged in setting disability inclusive development on the agenda in the media – both social, digital and printed. We especially prioritise Bistandsaktuelt as a relevant and important channel. We have frequently documented and commented on central trends in Norwegian development policies and aid, and initiated several debates with relevant target groups such as Norad, Norfund and MFA.

Other communication activities

As a unique voice on disability in development, it is important for the Atlas Alliance to maintain an online visibility. During 2017, we actively used webpages, Facebook, Twitter and newsletters to reach out to the public. On Twitter we had a total of 88 297 views, a 20 % increase from 2016. By the end of 2017, we had 1344 followers on Facebook, a 12 % increase from 2016. On the webpage, we posted 30 news articles. Articles from our web page was shared with our e-mail newsletter with about 800 subscribers. A large majority of the content in all channels are highly relevant and in line for our work on advocacy, policy and research and documentation.

Deviations from the plan

We are on track to reach the planned 2019 targets for 13 of 22 outputs (59 %) of our results framework, and only 3 outputs are unlikely to meet their set targets. For 6 outputs, however, we were unable to make such estimates, as we do not have set targets and/or sufficient data.

One of the main issues discovered during the report writing, is that setting exact targets is a new and challenging task. Internal issues, the political landscape, the actual number of persons with disabilities located and to what degree the governments fulfil their obligations will influence achievement of targets. For example when less disabled persons are located for projects, we also reach less people than expected. Many projects have reached their targets more or less; others still have some work to do in order to set realistic ones. Exact baselines have also proven to be difficult, since accurate statistical figures regarding persons with disabilities are very inadequate.

Since the approval of the results framework in 2016, the main change has been that NFU decided to stop all its international work. This released NFU funds to other Atlas organisations to increase their international work. In total 1 363 800 NOK was available for distribution within the alliance to projects focusing on persons with intellectual disabilities in 2017. The distribution of the funds was as follows:

- 643 433 NOK to NFU's partner, Inclusion Africa, in order to develop training materials, workshops and advocacy campaigns, as well as to promote cross-sector collaboration. 100 000 NOK to NFU's project partner in Nepal, PFPID, for activities aimed at financial sustainability to ensure increased possibility of receiving grants from other sources.

- 320 367 NOK to RHF to establish a one year inclusive education pilot programme in Uganda, including training of teachers, parents and DPO, awareness raising and ensure life skills and mobility training.
- 200 000 NOK to NAD to conduct a desk study and create guidelines on inclusion of persons with intellectual and mental disabilities in disaster preparedness and humanitarian response work.
- 100 000 NOK to SINTEF to increase the focus on persons with intellectual disabilities in the living condition studies.

In some areas, local partners experienced unforeseen national challenges and potential hindrances during the year. This applied in particularly to countries where there have been nationwide shifts in the political environment, security issues and economic instability. The political changes in Nepal has caused bureaucratic issues for PFPID and time spent on adapting to new political sphere and re-establishment in new regions. In Angola, a rapid increase on commodity and service prices has made ANCAA unable to carry out several activities and many blind and partially sighted members who frequent braille classes have dropped out as they cannot afford transportation. In Malawi, PODCAM have focused mainly on sustainability and phase out of the organisational development programme that PODCAM and NAD implemented from 2006-2016. Implementation pushed forward for just a few activities in promoting human rights and inclusive education, while all those related to Economic Empowerment stopped. The programme now transition into a new partnership between PODCAM and MACOHA, soon to be supported by NAD from 2018. In Zanzibar, ZAPDD has focused mainly on strategic planning, fundraising, sustainability and phase out of support from NAD. In Uganda, UNAB's board decided not to renew the contract of the Executive Director who had run the organisation for more than 22 years, creating a leadership and management vacuum for six months. In Lesotho, EHCP experienced

changing plans of the Ministry of Health and frequent replacement of key ministerial staff, hospital staff and politically appointed staff, preventing EHCP from doing surgeries and in general slowing down decision making in the health sector. NABP and EHCP are looking into making changes to the project or possibly adjusting the phase out year.

Financial overview

TABLE A – OVERARCHING FINANCIAL OVERVIEW, 2016–2017						
	(1)	(2)	(3)	(4)	(5)	(6)
	Approved total budget for agreement period	Total expenditure to date	Approved budget for reporting year	Total expenditure in reporting year	Deviation (3) - (4)	Deviation % (5) as % of (3)
	2016 - 2019	2016- 2017	2017	2017		
Project Costs - Atlas Secretariat consisting of budget for Secretariat costs: 6 819 035 and budget for the Inclusion project 1 424 000	33 276	16 029	8 395	8 668	-273	-3,25 %
Project Costs - Grant recipient (professional advice, including travel costs)	35 932	15 332	8 037	7 576	461	5,74 %
Project Costs - Local partners	193 001	98 110	47 827	49 297	-1 470	-3,07 %
= Total Project costs	262 210	129 470	64 259	65 540	-1 282	-1,99 %
minus other external funding	0	0	0	0	0	N/A
=Project costs, basis for calculation of grant recipient's own contribution	262 210	129 470	64 259	65 540	-1 282	-1,99 %

minus grant recipient's own contribution (min. 10%)	19 940	10 953	3 373	5 879	-2 507	-74,33 %
= Norad share of Project costs	242 269	118 517	60 886	59 661	1 225	2,01 %
plus Norad contribution to adm. Costs (up to 7% of Norad share of Project costs)	15 731	7 565	3 803	3 833	-30	-0,79 %
= Total Norad grant	258 000	126 083	64 689	63 494	1 195	1,85 %

TABLE B – OVERVIEW OF PROJECT EXPENDITURE FOR REPORTING YEAR (2017)

	(1)	(2)	(3)	(4)	(5)	(6)
<p>The columns refer to the reporting year.</p> <p>The totals in Table B will correspond to some rows in in columns (3) and (4) in Table A above.</p> <p>The rows refer to thematic area</p>	Approved project budget 2017, including own contribution	Total Project expenditure, including own contribution	Total Norad grant	Total expenditure of Norad grant	Deviation of expenditure of Norad grant (3) - (4)	Deviation % (5) as % of (3)
Human Rights Advocacy	26 693	27 158	25 184	24 528	657	2,61 %
Inclusive Education	17 656	17 964	16 658	16 224	434	2,61 %
Health and Rehabilitation	9 382	9 545	8 851	8 620	231	2,61 %
Economic empowerment	5 935	6 039	5 600	5 454	146	2,61 %

Unallocated funds/ Non-thematic	8 395	8 668	8 395	8 668	-273	-3,25 %
Total	68 061	69 373	64 689	63 494	1 195	1,85 %



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