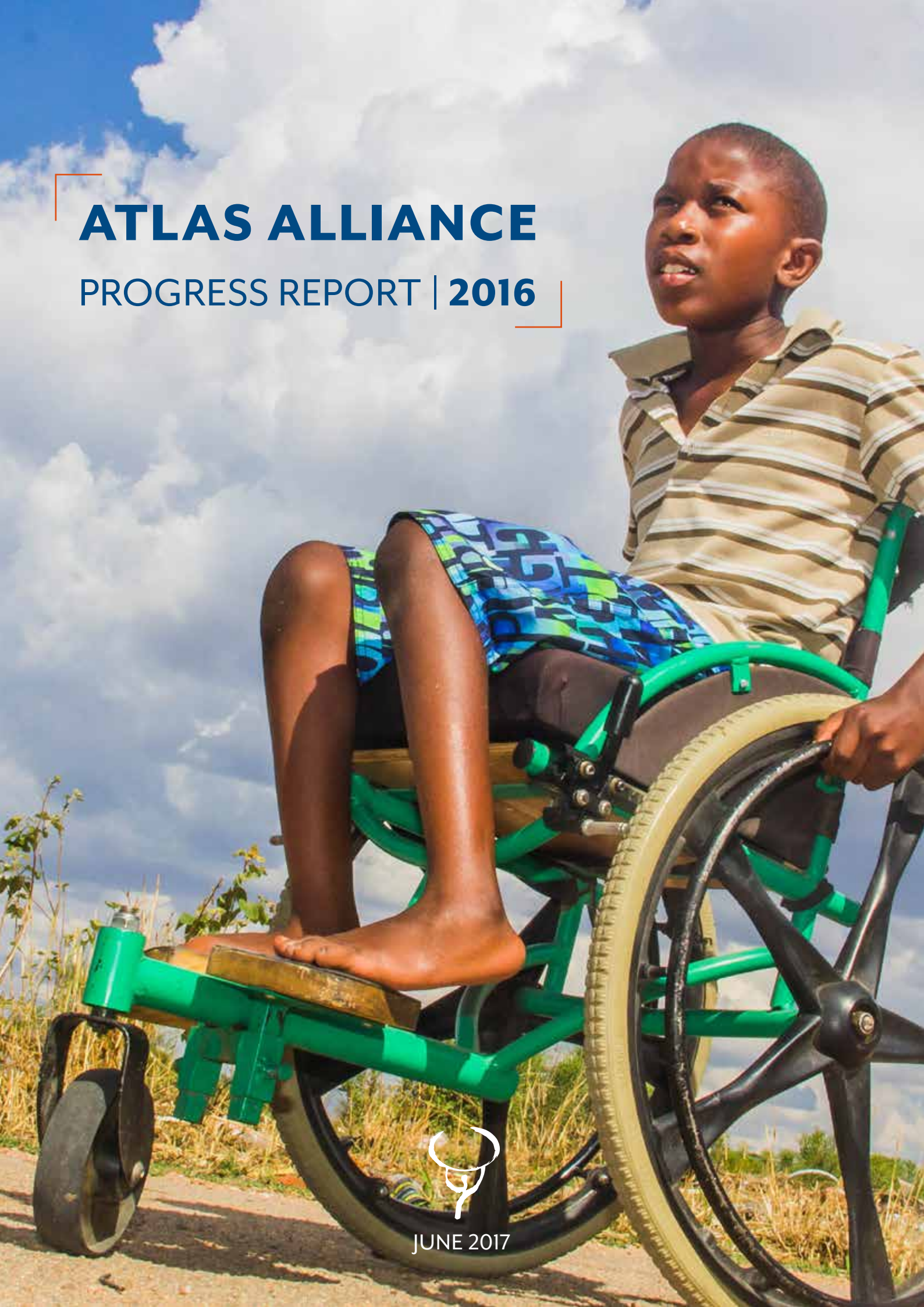


# ATLAS ALLIANCE

PROGRESS REPORT | 2016



JUNE 2017

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**Name of grant recipient:** The Atlas Alliance

**Norad agreement number:** QZA-15/0470

**Agreement period:** 2016-2019

**Reporting year:** 2016

# Introduction

BY ARNT HOLTE, CHAIRMAN OF THE BOARD

2016 was the first year of implementing the 2030 Agenda for the Sustainable Development Goals (SDGs) – a framework that recognises meaningful participation and inclusion of persons with disability in all areas of development and economic growth.

The Atlas Alliance has projects and activities contributing to reaching several of the SDGs, such as the goals on education, health and employment. The SDGs call for shared action and responsibility for inclusive development where no one is left behind. This is a vision we share with our sisters and brothers in developing countries as we fight together for inclusive societies where the needs of persons with disabilities are met and our voices heard.

The UN Convention on the Rights of Persons with Disabilities (CRPD) is now ratified in 173 countries. Despite the advancement of the CRPD and human rights frameworks, there is still a lack of commitment to implementation in many of our partner countries. For this reason, strengthening disabled persons' organisations (DPOs) in poor countries is a key priority in the Atlas Alliance's work. The Atlas organisations support DPOs in Africa and Asia to become representative, strong and sustainable organisations. Only in this way can we ensure inclusive development for all. For example, the Atlas Alliance assists our partners in developing tools for monitoring progress towards the SDGs and engage in national advocacy for human rights. The SDGs have little value without inclusive and participatory implementation. Disability continues to be one of the primary causes of discrimination and exclusion in many countries, and our partners and we continue to advocate for inclusion, participation and accountability.

2016 was the first year of a new four-year grant agreement with Norad. The Atlas Alliance has worked extensively to develop sound planning and reporting systems that are able to capture the impressive results



we are achieving together with our partners. The new monitoring system is designed to ensure maximum learning outcomes. It enables us to adapt and improve our interventions throughout the agreement period, which means we can respond effectively to the ever-changing needs in partner countries.

We are proud of our new way of capturing results and we are proud of what we have achieved together with our partners. The challenges are numerous, for example in the areas of education, access to assistive devices, access to decent and meaningful jobs and financial services. Still, we see fruits of our efforts and we have tools that are able to capture the results in systematic ways. Strong organisations of persons with disabilities are needed to uphold this good work and to monitor government commitment and practices. We continue to remind governments that no SDG target is reached unless groups are included, and we continue to advocate for inclusive development where no one is left behind.



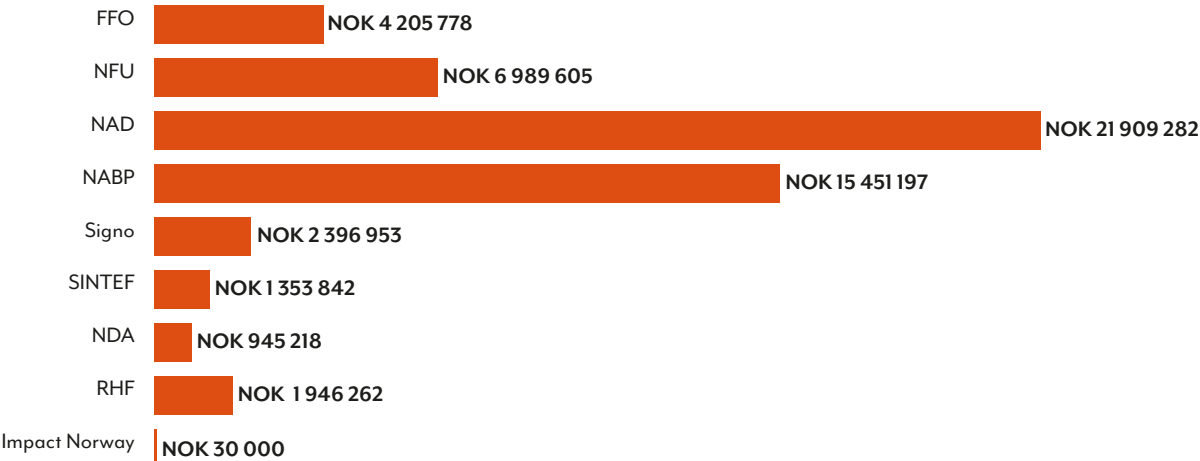
# The Atlas Alliance – who are we?

The Atlas Alliance is an umbrella organisation consisting of Norwegian organisations of persons with disabilities and their parents/guardians that are involved in international work. The Atlas Alliance has supported the rights of persons with disabilities in countries in the South since 1981. The Atlas Alliance has a grant agreement with Norad for the period 2016-2019.

The Atlas Alliance consists of 15 Norwegian disabled persons' organisations (DPOs) and three affiliated organisations. Ten of these organisations receive funding from Norad (Sivsam) through the Atlas Alliance to implement 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

### DISTRIBUTION OF FUNDING PER ORGANISATION





**Participants at the East Africa Cup playing sitting volleyball.** PHOTO: NORWEGIAN PEOPLE'S AID

The Atlas Alliance works for the fulfilment of the human rights of persons with disabilities in poor countries and for the improvement of their living conditions. The organisations of the Atlas Alliance all have significant experience in promoting the rights of persons with disabilities, both nationally and globally. The Atlas organisations use their own experience and competence as DPOs to strengthen and support their partner organisations in the South. Inclusion, solidarity and empowerment are central principles of our work. We live by the motto “Nothing about us without us”.

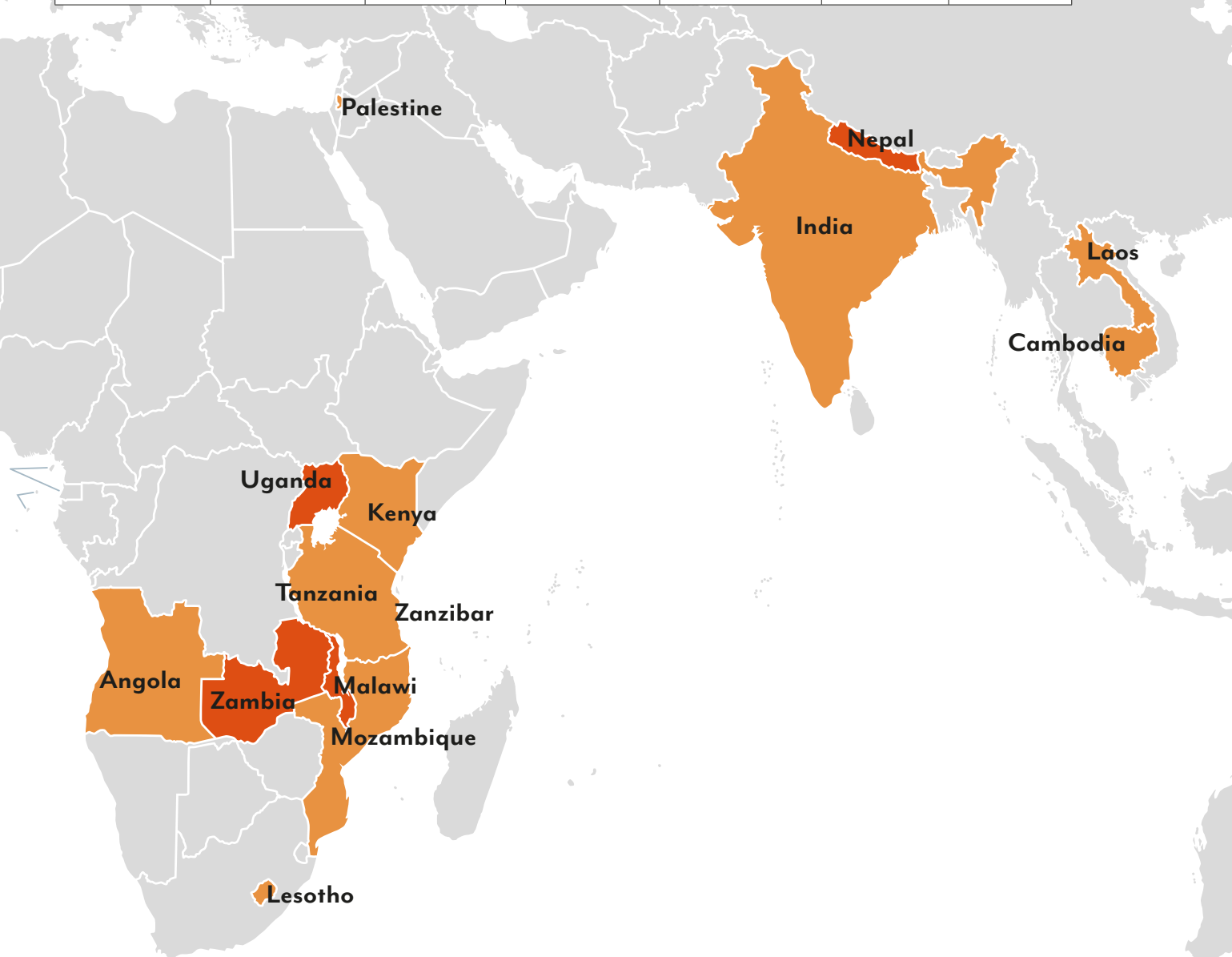
The Atlas Alliance portfolio consists of 42 projects in 15 countries, of which four are focus countries where several Atlas organisations have projects: Malawi, Nepal, Uganda and Zambia. The Atlas Alliance strategy

2015-2019 outlines four thematic areas reflected in our programme results framework; Human Rights Advocacy, Inclusive Education, Health and Rehabilitation and Economic Empowerment.

This report summarises key results and achievements in the first year of the grant agreement, 2016. Results are presented by thematic area, country, results in Norway, and cross cutting issues.

**TOTAL FUNDS UTILIZATION PER COUNTRY (IN NOK)**

PROJECT COUNTRY	HUMAN RIGHTS ADVOCACY	INCLUSIVE EDUCATION	HEALTH AND REHABILITATION	ECONOMIC EMPOWERMENT	TOTAL	PERCENTAGE
ANGOLA	1 114 737	1 114 737	863 979	-	2 766 425	5 %
INDIA		513 919	90 691	-	604 611	1,1 %
CAMBODIA	148 158	413 556	59 079	-	620 794	1,1 %
LAOS	179 516	628 306	89 758	-	897 580	1,6 %
LESOTHO	1 620 945	193 667	605 141	-	2 419 753	4,4 %
MOZAMBIQUE	726 135	570 535	859 954	-	2 156 626	3,9 %
MALAWI	4 773 901	2 014 621	453 662	924 537	8 166 722	14,8 %
NEPAL	2 224 431	1 575 589	1 040 575	-	4 840 597	8,8 %
PALESTINE	2 313 164	1 823 841	311 387	-	4 448 393	8,1 %
REGIONAL AFRICA	999 029	-	-	-	999 029	1,8 %
REGIONAL ASIA	657 916	-	-	-	657 916	1,2 %
SOUTHERN AFRICA	6 688 951	77 850	2 659 613	-	9 426 415	17,1 %
TANZANIA	463 102	1 550 388	-	-	2 013 491	3,6 %
UGANDA	272 114	1 472 534	-	4 251 391	5 996 040	10,9 %
ZAMBIA	5 135 863	2 866 122	1 166 137	45 614	9 213 738	16,7 %
<b>TOTAL</b>	<b>26 990 942</b>	<b>14 815 670</b>	<b>8 199 980</b>	<b>5221 543</b>	<b>55 228 137</b>	<b>100 %</b>





## PROJECT LIST 2016

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
FFO	Regional Africa	SAF-0157	Living Condition Study in Southern Africa
NFU	Malawi	MWI-0225	Include me - Promoting the rights of children with disabilities and their families
NFU	Nepal	NPL-0226	Equal rights and Full participation - Nepal
NFU	Regional Africa	SAF-0213	Strengthening Inclusion Africa
NFU	Tanzania	TAN-0191	Include me - Inclusive Education and Rights of Persons with intellectual Disabilities, Zanzibar
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 Uíge
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 2016)
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 and 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	Global	GLO-0414	Inclusion Project
The Atlas Alliance	Global	GLO-0413	Atlas Alliance Secretariat

# Human Rights Advocacy

## FACTS

- 35 out of the Atlas Alliance's 42 projects have activities in human rights advocacy.
- Strengthening DPOs in poor countries is a central aspect of the Atlas Alliance strategy, and is reflected in the results framework and reporting.

The UN Convention on the Rights of Persons with Disabilities (CRPD) is ratified in all partner countries and underpins the Atlas Alliance human rights advocacy work. The rights of persons with disabilities is a core principle of the Sustainable Development Goals (SDGs). The current development paradigm recognises persons with disabilities not as passive recipients of development aid but as active agents and resources in global development. The post-2015 development agenda underlines the relevance and importance of the Atlas Alliance's long-term efforts to promote the inclusion and participation of persons with disabilities in their communities, and to strengthen the capacity of persons with disabilities and their organisations in the South.

The Atlas organisations partner with DPOs in Africa and Asia, supporting their organisational development with the aim of building and maintaining representative, strong and sustainable organisations. The partner DPOs have a base of approximately **123 500 members**, mainly consisting of persons with disabilities and parents/guardians of persons with disabilities.

Our partner organisations provide a wide range of services to their members, including training (on topics such as human rights advocacy and monitoring skills), raising community awareness, and advising on legal and technical issues. DPOs further facilitate networking with other DPOs and Non-Governmental Organisations (NGOs), monitor the implementation of relevant policies and advocate for the rights of their members in line with the CRPD.

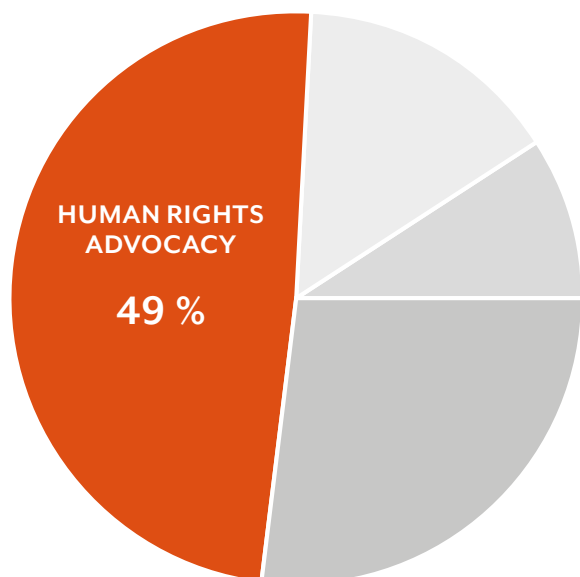
Ten of the Atlas partners are **umbrella organisations** with a membership base consisting of local, regional and national DPOs. In total, our partner umbrella organisations in Malawi, Lesotho, Africa (regional), Southern Africa (regional), Nepal, Asia (regional), Uganda, and Zambia have 514 member DPOs (331 of these are members of National Federation of the Disabled Nepal). This is an increase from 496 in the baseline. However, an increase in the number of member organisations is not an important factor for most of the umbrella organisations. Rather, the focus is on providing quality support to, and coordination of, existing members and serving as a coherent voice of the disability movement on issues of national or regional importance. For the umbrella organisations the most important training of members (DPOs) is on good governance; e.g. management and administration, finance, lobbying and advocacy.

**Nothing about us without us:** In total, our partner organisations have 1 093 staff and board members (not all funded by the Atlas Alliance). Out of these, 243 have a disability. This translates to about 22 % of the total. Although our partners do not have a set target for percentage of staff and board members with disabilities, they all do encourage candidates with disabilities to apply for open positions.

Many of our partner organisations are active members and founders of Civil Society Organisation (CSO) **networks and coalitions**. The work and mandate of these coalitions differ from country to country, but most focus on joint advocacy efforts, information sharing and campaigns targeting local and national authorities. A total of 24 partner DPOs are actively involved in CSO networks and coalitions.

Our partner organisations have a high activity level regarding public **advocacy and campaigns**, targeting both the disabled and non-disabled population. In total, our partners organised 482 campaigns in 2016, such as publishing articles in the print media, radio talks, news





coverage, awareness meetings, media appearances, thematic workshops, door-to-door-campaigns, thematic days (Spina Bifida and Hydrocephalus Day, World Sight Day, International Youth Day, International Women’s Day and the International Day for Persons with Disabilities), trainings of advocates, etc.

It is difficult, if not impossible, to assess the number of people reached via media campaigns. In a country like Nepal, the partners estimate that their campaigns in 2016 reached approximately 25% of the population.

**Community Based Inclusive Development (CBID/CBR)<sup>1</sup>**

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 World Health Organisation (WHO), CBID has been adopted by more than 110 countries worldwide. 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 local government structures and mobilising CSOs.

CBID is an approach that responds to the individual needs and aspirations of persons with disabilities and their families where they live, building on family and community structures. It embraces all disabilities and includes both genders and all ages, from early childhood to old age. CBID programmes focus on training local government civil servants in various sectors and staff of CSOs on how to include persons with disabilities in their respective mainstream services, with a particular focus on health, education, social inclusion, livelihood and empowerment.

CBID also raises awareness among persons with disabilities and their families, community members and volunteers, who actively mobilise resources and support within the community for the purpose of developing a disability inclusive society. Through CBID, persons with disabilities and their families get access to education and health services, psychosocial and practical support, as well as training to become more economically independent thus enabling them to contribute to their family and the society. In addition, Atlas supports disability mainstreaming at national level and efforts to ensure the preconditions of a successful and sustainable CBID programme such as adequate legislation, policy development, and planning and resource allocation. National ownership and resource allocation are prerequisites for successful CBID.

The Atlas Alliance supports CBID programmes in Malawi, Zambia and Palestine.

<sup>1</sup> CBR (community based rehabilitation) initial term replaced by CBID

## EXAMPLES CBID IN PALESTINE AND MALAWI

### CBID decentralisation strategy in Palestine

In 2016, CBID partners have continued to adopt the decentralisation strategy to enhance community ownership and responsibility over disability issues in the West Bank communities. The efforts to decentralise the responsibility for the CBID program to local municipalities continued to yield impressive results. The municipalities have become more sensitive to their responsibilities for persons with disabilities and contribute towards CBID workers' salaries: 83% of CBID workers are contracted by local structures and receive their salaries from these.

By the end of 2016, the programme increased the number of decentralised agreements to 166 covering 278 CBID working communities out of which 104 (37 %) are in Area C and the Seam Zone (full Israeli civil and security control). This is an 8 % increase compared with the 2015 baseline, and a 16 % increase in the number of communities covered by decentralisation.

### Introducing a national CBID model for sustainability in Malawi

In 2016, key CBID stakeholders in Malawi, including relevant government entities, Malawi Council for the Handicapped (MACOHA), Federation of Disability Organisations in Malawi (FEDOMA) and NGOs, collaborated to develop a holistic, national CBID model which aims to ensure disability inclusion in local government's development goals and programming. Roll out of the new model is scheduled to begin in early 2018, initially in two districts and four current Atlas-supported CBID districts. Government sectors will be supported through systematic training to enable them to take responsibility for mainstreaming disability in their planning, resource mobilisation and allocation, implementation, and monitoring. MACOHA is developing new training packages for this purpose. Over time, implementation of the national CBID model will enable persons with disabilities throughout Malawi to access existing community services, in particular in the areas of education, health and livelihood, and actively participate in their communities.

## EXAMPLE STRENGTHENING OF KEY MINISTRIES IN ZAMBIA

Capacities within key ministries in the Zambian government have been strengthened to support disability mainstreaming by using the CBID strategy, under the leadership of the Ministry of Community Development and Social Welfare. In 2016, a total of 35 disability focal points (12 women and 23 men) from the government ministries were trained in disability mainstreaming to support implementation of existing legislation and policies on disability. As a result of this training, the management of the Ministries of Gender and Information and Broadcasting Corporation requested more targeted training, which has been provided. The CBID Advisory office was consulted extensively during the visit of the UN Special Rapporteur on Disability, which ended with a keynote speech by the Rapporteur, the Minister of Community Development and the CBID Advisor. Recommendations for Zambia have been formulated by the Rapporteur and submitted to the UN and the Zambian government.

## EXAMPLE SELF-ADVOCATES AT THE CONFERENCE OF STATE PARTIES IN NEW YORK



**Marc Mapemba,** self-advocate from Malawi. PHOTO: NFU

In 2016, two Inclusion Africa (IA) self-advocate representatives and a board member participated in the conference of state parties in New York in side events co-sponsored by Inclusion International and International Disability Alliance. IA members gave presentations on recognising the roles of families and self-advocacy in Africa. This had a significant impact on the awareness of governments and UN officials of the human rights issues affecting persons with intellectual disabilities in Africa. Opportunities of this kind continue to leverage constructive dialogue between IA members with governments on issues concerning persons with intellectual disabilities. Some evidence of the impact of that participation can be seen in the CRPD Committee's interaction with governments and in specific issues such as inclusive education, the General Comment on Article 24, Decision making (Article 12), the right to vote, etc.



Youth from DPOs in southern Africa participate in a training on advocacy organised by SAFOD and Amnesty International.

PHOTO: THE ATLAS ALLIANCE

### EXAMPLE THE MARRAKESH TREATY TO FACILITATE ACCESS TO PUBLISHED WORKS FOR PERSONS WHO ARE BLIND, VISUALLY IMPAIRED, OR OTHERWISE PRINT DISABLED

The Marrakesh Treaty came into force in 2016, and 28 states have ratified it. With its copyright rules that permit reproduction, distribution and making published works universal accessible, it is of key importance for blind persons to access written documents. It also permit exchange of these works across borders by organisations that serve those beneficiaries. The CRPD committee has in 2016 recommended State parties to ratify and implement the Marrakesh Treaty.

The Marrakesh Treaty is a direct result of strategic advocacy by the World Blind Union (WBU). NABP and all their partners are members of WBU, and NABP (together with Scandinavian and other blind associations) have for decades worked to strengthen WBU member organisations in Africa and Asia, as well as their regional structures the African Union of the

Blind (AFUB) and the Asian Union of the Blind (ABU). Without the demands and continuous advocacy by WBU, the Treaty would not be there today. Both AFUB and ABU are engaged in this process. AFUB is now working towards the African Union (AU), together with its Lusophone members, to make AU and the Lusophone countries ratify the treaty and give blind and partially sighted in Africa access to literature.

At national level, all partners supported by NABP are advocating for their national governments to ratify this treaty. For instance, the Uganda Association of the Blind (UNAB) participated during the CRPD committee's examination of Uganda, highlighting the importance of the Marrakesh Treaty. UNAB will now strategically follow up the CRPD committee's recommendations in their national context.



# Inclusive Education

## FACT

- 24 out of the 42 projects have activities in inclusive education.
- Ensuring that all children and adults with disabilities participate in and benefit from education is an important step towards inclusive development for all.

In 2016, **9617 children with disabilities were enrolled in school** as a direct consequence of Atlas Alliance projects, either through direct provision of education, or facilitation of accessing mainstream government schools. The number of children with disabilities accessing education has increased by 19 % compared with the baseline. The 9617 pupils do not only include pupils that started school in 2016, but also pupils enrolled in previous years that still attend school with support from our projects.

To measure the actual **learning outcome** is a great challenge, but some projects already have methods in place. For example, in Zambia, NFU and NAD have 29 quality assurance coordinators and observers within the Ministry of Education who undertake periodic reviews to assess the teaching, learning process, services and learning environment to ensure adherence to training specifications. Such observers have also been trained in Zanzibar through NFU's project.

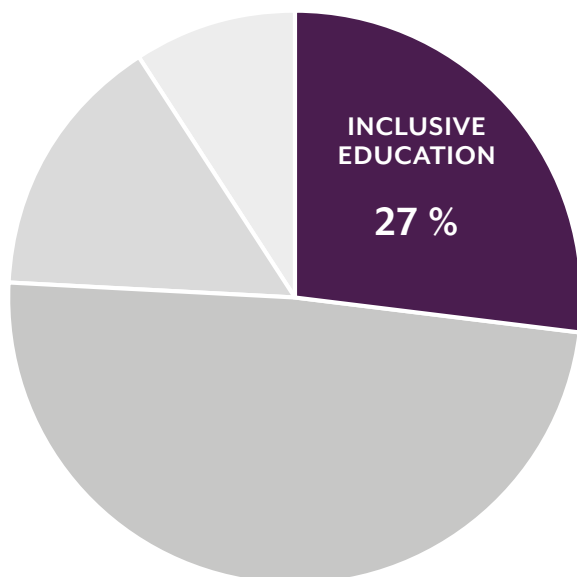
There is a general lack of teachers with knowledge on disability inclusive methods in our partner countries. Therefore, many of our partners work to strengthen teacher competence. In 2016, the Atlas partners trained **1347 teachers** and others on how to teach and include children with disabilities:

- In total, Atlas partners provided 612 teachers with basic knowledge on how to include children with disabilities in mainstream schools.
- As part of NFU's and NAD's projects in Tanzania and Zambia, 369 teachers were trained in formation

and operation of School Inclusion Teams (SITs), consisting of teachers, parents, CBID workers and other community actors that enables schools and the surrounding communities to become more inclusive. 365 of the teachers have also been taught how to identify out of school children.

- With the support of Signo, 20 lecturers attended a workshop at Montfort Special Needs Education College (MSNEC) in Malawi as part of revising a diploma course for teaching children with deafblindness. The training for MSNEC has a duration of four years (2016-2019).
- 60 teachers, CBID workers and parents at Chisombezi Deafblind Center in Malawi and Bauleni Special Needs School in Zambia were taught how to utilize a booklet about communicating with, and teaching of, children and others with deafblindness.
- Two Zambian teachers from Bauleni Special Needs School were given in-service training at Chisombezi in Malawi for two months to learn how to include and provide quality education for children with deafblindness.
- Through facilitation by the CBID programme in Malawi, 89 teachers were trained in basic sign language.
- 20 technicians have been trained in braille machine repair and maintenance for use in schools.
- In Zambia, 28 teacher trainers have received training by NFU and NAD in three modules of inclusive education. The teacher trainers have since trained 175 teachers in six pilot schools. The same model is being used in Zanzibar.

Increased enrollment in school and skilled teachers is not adequate if the schools are not **physically accessible**, and four of our projects work to improve



school infrastructure in Zambia, Tanzania, Mozambique and Malawi. A total of 52 schools were in 2016 targeted for minor improvements and four schools for major improvements. As a result, 39 schools (75 % of targeted schools) reported minor improvements such as ramps, accessible toilets, cutting grass to make the area physical accessible, while two schools (50 % of targeted schools) reported major improvements (one newly built accessible school). The CBID programmes also work with the local community to make schools physically accessible.

In addition, many pupils with disabilities need accessible **learning materials**. In 2016, blind and partially sighted pupils received 929 units of learning materials, including braille machines and paper, laptops, white canes, braille books, writing slates and glasses. In Laos, NABP and their local partner Lao Association of the Blind have developed a free text-to-speech programme currently used by the schools for the blind supported by NABP, as well as by the University of Laos and others that are interested, making information from internet and computers accessible to the blind and partially sighted.

**422 parents** in Angola, Malawi and Mozambique have been assisted in making their home, community and/or school environments accessible (both physically and socially) in order to enable their blind and partially sighted children to be included in the local school.

Through our projects, a total of 2702 persons have participated in **trainings and/or received counseling** on disability and inclusion in 2016. This includes information on inclusive education, reproductive health, encouraging parents to enroll children with disabilities in school, and meetings with families and other community members about inclusive education. In addition, FFO's partner in Nepal, NFDN, has trained leaders in 105 member DPOs in inclusive education and how to effectively advocate for inclusive education in their local communities.

Through the CBID programme in Malawi, 163 parents and teachers were trained on Early Childhood Development (ECD) techniques and 1503 parents and teachers were sensitised on inclusive education. 203 parents, guardians and volunteers were trained in early intervention and simple rehabilitation activities that can be carried out in the home environment. 181 children with disabilities were enrolled in ECD Centers in 2016.

HLF's Norwegian Peace Corps-supported audiologists, in collaboration with the CBID programme and Montfort Special Education College, screened 615 learners for hearing impairments in Malawi. Out of these, 288 learners (47 %) were identified with some sort of audiological pathology in need of treatment. The screening teams also counselled teachers on how to better include learners with hearing loss in their classrooms.

In 2016, 977 blind and partially sighted persons received training in **daily living skills and mobility and orientation**, and so far 604 of these report that their daily living skills and mobilisation and orientation have improved. These skills are essential in order to attend school, work and participate in society.

A common obstacle for children with disabilities going to school is lack of knowledge and a negative attitude towards persons with disabilities by society. **Awareness raising campaigns** are therefore an important tool for

Atlas partners. In 2016, 92 awareness raising campaigns on inclusion of children with disabilities in schools, such as radio talks, publicity events, videos and visits to schools, helped increase public awareness and knowledge about disability issues. In Lesotho, NABP's partner LNLVIP successfully hosted a Braille Day celebration with 350 participants, including the Minister of Social Development, the Minister of Water Affairs and the Minister of Law and Constitutional Affairs.

The Atlas partners often experience that education authorities lack sufficient knowledge about children with disabilities. Informing education officials about the CRPD is often the first step towards ensuring disabled children's right to education. In 2016, 37 **education officials** were trained in the CRPD and 17 were informed about article 24 in the CRPD on the rights to inclusive education. To have representatives from education authorities visit schools can be the second step towards taking adequate measures to include children with disabilities. In Zambia, both provincial and district education authorities made visits to six pilot schools in 2016, and one national level education official visited one of the pilot schools. In Malawi, 11 schools received 54 visits by education authorities.

**Advocacy** work targeting both local and national government is necessary to make sure educational policies are in line with CRPD. Some examples of results for 2016:

- In Malawi, NFU's partner Parents of Disabled Children Association in Malawi (PODCAM) and NABP's partner Malawi Union of the Blind (MUB) were both part of the team that advocated for children with disabilities' rights to education. In May 2016, the government adopted an Inclusive Education policy that ensures children with disabilities access and benefit from quality inclusive education. This was a great victory.
- NABP's partner in Mozambique, Association of the Blind and Partially Sighted in Mozambique (ACAMO), has lobbied for the provincial Directorates of Education and Human Development in all provinces to include didactic materials in their school plans and budgets. In 2016, the Directorates of Education and Human Development and the Directorates of Gender, Children and Social Welfare in Sofala, Manica

and Tete committed themselves to include braille machines, styluses and slates as well as white canes for blind and partially sighted pupils and students in their procurement plans for 2017.

- In Tanzania, NFU's partner Zanzibar Association for People with Developmental Disabilities (ZAPDD) advocated for mainstreaming inclusive education into the new Education Sector Plan of the Ministry of Education and Vocational Training (MoEVT). The Education Sector Plan was largely developed in the second half of 2016, and is expected to be finalised and adopted in 2017. Inclusive education has been treated as a cross-cutting issue, laying the foundation for a collaborative approach to inclusive education within the MoEVT.

### EXAMPLE PARENT'S AND TEACHER'S MANUAL ON DEAFBLINDNESS



In 2015, Signo developed two booklets with instructions and methods on how to teach and interact with children with deafblindness. The booklets were widely used in 2016, e.g. during home visit and for explaining deafblindness. The booklets were distributed to four teacher training colleges in Malawi (Blantyre, Chiradzulu, Malika and Chilangoma). The feedback was very positive, as previously the students did not have any information about any disability. The booklets are also used by Malawi Council for the Handicapped (MACOHA, NAD's partner in Malawi) and have helped them improve their work with parents and children with deafblindness. In Malawi, 82 % of their parents now show interest in training their children in daily living skills, and 95 % of the parents are using the manual. This has resulted in increased independence of the children. In Zambia, the booklets are used by teachers at Bauleni Special Needs School (BSNS), and in the home based education network that BSNS collaborates with to provide education to children with deafblindness.



## PERSONAL STORY **DIAMBO FROM ANGOLA**

Diambo Alfonso Mendes is 47 years and became blind with Glaucoma at age two. His mother thought he could not be cured and did not take him to be examined or treated. When he finally was examined by a specialist, his sight could no longer be saved.

Despite his visual loss, Diambo learned to use machete, cultivate various crops and climb trees to collect palm oil. When his wife decided to bake and sell bread in Uíge city, they decided to move there together. While his wife now has a steady income, Diambo has found it difficult to get employment and now volunteers for the Baptist church. Through the participation in the Angolan Association of the blind (ANCAA), Diambo has been able to claim his rights as a disabled citizen, and is now learning new skills.

– I first heard about ANCAA on a radio programme in 2013. ANCAA helped me to register as a blind person so that I could receive social support from the authorities. Now I have also been trained to walk using a white cane.

This photo shows Diambo Alfonso Mendes walking with a white cane during mobility and orientation training in the city of Uíge, Angola. He is passing a shop on the pavement with two instructors on his sides and other rehabilitation participants following behind.



PHOTO: NABP

# Health and Rehabilitation

## FACT

- 15 out of the Atlas Alliance's 42 projects have activities in health and rehabilitation.
- Access to health and rehabilitation services is particularly important for persons with disabilities. Through direct service provision and referrals, the Atlas Alliance works to ensure this.

The ultimate beneficiaries of the health and rehabilitation projects of the Atlas organisations are persons with disabilities, but also persons at risk of developing disabilities such as those at risk of developing blindness if their diabetes is not detected and managed.

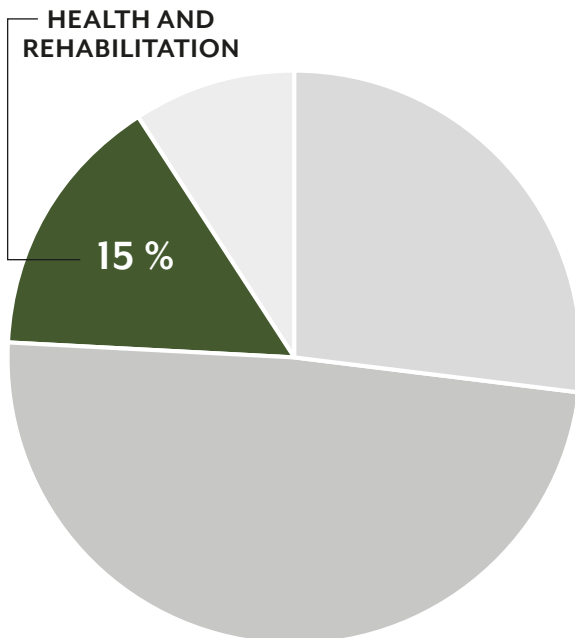
Eye health care is not included as part of the Government of Nepal's health policies and the Cabinet's approval of a new eye health care policy (in 2017) is a first step to include eye health care into the general health care system in Nepal. Currently, international aid is instrumental for eye health care services in the country. Nepal Netra Jyoti Sangh (NNJS) is a coordinating body for 17 eye hospitals and 60 primary eye centres (90% of all eye care service in the country). NNJS maintains the link with eye hospitals and eye care centres, the Government of Nepal and national and international non-governmental organisation. NABP is one of many partners of NNJS.

Some key achievements by the Atlas Alliance projects in 2016:

- With support from NAD, 250 persons have received information about diabetes through walk-in consultations in Zambia, including blood sugar testing and guidance on nutrition, exercise, etc.
- 2 440 persons with hydrocephalus and/or spina bifida have received surgical interventions in Kenya, Zambia, Tanzania, Malawi and Uganda as a result of RHF's programme.
- 327 persons in Zimbabwe and Namibia have received wheelchairs, individually adaptations and/or wheelchair service from SINTEF's partner Local Rehabilitation Workshops (LOREWO), giving them access to education, work, recreation, sport and socialisation. LOREWO is also an important employer for persons with disabilities. In 2016, 17 persons with disabilities were employed in the project.
- With the Atlas Alliance and UK Department for International Development (DfID) match funds, 561 children and adults were fitted with wheelchairs through NAD's Motivation Project in Malawi.
- In total, 267 209 eye checks and screenings were conducted with support from NABP. As a result of these screenings (and other interventions):
  - 17 010 eye operations have been conducted, mostly cataract surgeries (some persons have received more than one operation, for example on both eyes. We count number of operations, not persons);
  - 5 494 persons have received eye drops and other non-surgical treatments;
  - 2 457 persons have received glasses.
- With the support of NABP, NAB carried out a disability survey in the districts Mahottari and Makawanpur. Vision acuity was taken of 725 718 persons and 14 447 persons were found with visual impairment. So far, 682 of them have had eye operations in cooperation with other NGOs.

**Training of health personnel** is important both to prevent disabilities, and to improve the quality of services provided to persons with disabilities. Through the Atlas Alliance projects, 959 health personnel were trained in inclusion and health care for persons with disabilities:

- As part of RHF's project in regional Africa, 166 health workers were trained in prevention and treatment of persons with hydrocephalus and/or spina bifida, mainly in Zambia and Malawi.



- Through NAD's project in Zambia, 156 persons with disabilities were trained in health and nutrition, including growing organic vegetables for their own consumption. They all report improved health.

Through NABP's projects, 558 persons were educated in ophthalmic health care. This includes 32 ophthalmic nurses, 1 ophthalmologist and 5 paramedical-ophthalmic assistants. In addition, the projects have trained 476 primary health workers, 21 traditional healers and 23 drug retailers. NDA has trained 75 peer educators, where 40 of these were active in 2016 and gave guidance to others with diabetes.

In Nepal, one of the main activities of IMPACT Norway's sister organisation is to perform **middle ear surgeries** in remote, hard-to-access areas, through its mobile outreach camps and clinics. In 2016, the Atlas Alliance funded two new pieces of equipment (audiometer and skeeter drill) to increase the capacity of the local organisation to implement its programme.

4 950 persons were **referred** to health services, in order to be given assistive devices and/or treatment in hospitals and other places:

- 2 377 persons were referred through the CBID programme in Malawi;
- 2 573 persons were referred for eye care, including surgery, treatment, glasses and eye drops in India, Cambodia, Nepal and Laos;
- 390 persons were referred in Zimbabwe and Namibia for receiving wheelchairs, individually adaptations and/or wheelchairs services.

A good relationship between DPOs and relevant health authorities is of great importance for the quality of health care for persons with disabilities. **Advocacy for improved health and rehabilitation services** for persons with disabilities is an important part of the Atlas Alliance efforts in the area of health and rehabilitation. Examples of the results achieved through this work:

- In 2016, NDA's partner Diabetes Association Zambia (DAZ) had four meetings with the Ministry of Health to advocate for improved diabetes health services, as well as meetings with local partners such as Nova Nordisk, Dr. Agawal Eye Hospital and the University Teaching Hospital. As a result, the Ministry of Health selected DAZ to represent diabetes at the UN interagency task force for non-communicable diseases in Zambia, and to spearhead the formulation of training materials for health workers management of diabetes training.
- After several meetings, NABP's partner in Angola, ANCAA, signed a project agreement with the provincial government of Uíge resulting in the project being moved from the small town of Bungo to the provincial capital where they were given a wing of the Provincial Hospital. This has made the clinic more accessible and provided it with the standard necessities of water and electricity.



In 2016, RHF had 22 348 children and adults with hydrocephalus and/or spina bifida in their programmes in Kenya, Malawi, Zambia, Uganda and Tanzania. In the same year, they conducted 4 708 continence managements, and 8 859 mobile clinic consultations and home visits. As a result, communities are increasingly becoming aware of spina bifida and hydrocephalus, and where they can go to for help (both for surgery and community based rehabilitation). They

see a positive change in the attitude of people towards persons with spina bifida and hydrocephalus, as is demonstrated by the increasing number of families that find their way to health facilities, identification by other families/villagers or self-referral after media attention. Several of these health facilities are governmental institutions, and the relationship between our local partner and the authorities is improving.

### EXAMPLE LIVING WITH SPINA BIFIDA

Namuwolya Suhero is a six year old girl with spina bifida and hydrocephalus living in Kampala, Uganda. When she was born, the midwife immediately referred Suhero to the national hospital where she had surgery.

Once back home, Suhero's mother would not allow people to hold her for fear of noticing her back. "The worst was when Suhero was two years old and not yet taking any steps; village people got so concerned and started inquiring! I then decided to relocate to Kampala city with my husband" Suhero's mother said.

When in Kampala, they decided to revisit the national hospital to inquire about their daughter's urine and stool incontinence. The nurse referred them to Katalamwa Cheshire Home (KCH), RHF/IF's local partner for CBID in Kampala. Suhero made her first visit at KCH when she was three years old.

She started on continence management, intensive physiotherapy/occupational therapy and was issued assistive devices, and her mother was counseled. She also got mutual support from fellow parents whenever she came for trainings/workshops. Suhero's health improved and she started using crutches. At four years, KCH recommended Suhero to start school. However, her father wouldn't allow her to go school with a physical disability. As counseling of his father went on, KCH continued to rehabilitate Suhero.



PHOTO: INTERNATIONAL FEDERATION FOR SPINA BIFIDA AND HYDROCEPHALUS

Suhero has maintained good health, and her mother has also managed her incontinence. She has also improved her balance in such a way that she sometimes takes steps without crutches. As a result of continued counseling by KCH and the local support group and the positive changes with Suhero, her father changed his mind in December 2016 and took her for registration at a nearby private school.

Suhero's mother is very grateful to KCH. "I had always thought my child would be isolated because of urine and stool incontinence. On top of that, her mobility has improved too!" she exclaimed with tears of joy.

## EXAMPLE HOPE IS ALWAYS ALIVE

Lalit Nath Yogi (29) from Nepal is blind and has been living from hand to mouth since his early days. As a child, he suffered from an eye disease and became blind. He continued his studies even after becoming blind, but he still depended on his family for survival. When he moved with his family to Surkhet in 2002, he came in contact with various organisations related to blind and partially sighted persons, and he became member of NAB Surkhet in 2011. Through NAB he received training in orientation and mobility skills and he has worked with them as a volunteer member ever since.

In December 2016, Lalit received training in mushroom farming, which opened a new door to self-reliance in his life. He invested NRs. 15 000 in the first lot of mushrooms, that can potentially yield an income of NRs. 25 000 to 30 000. If the situation permits, he could earn more than NRs. 200 000 in a year by farming mushrooms as they can be harvested after 35 to 40 days of plantation and may be harvested four to five times more. Lalit Nath has successfully cultivated mushrooms on a large scale and he is hopeful to earn sufficient money for his living.



Members of the Nepal Association of the Blind in Surkhet at a training in mushroom farming. PHOTO: NABP

# Economic Empowerment

## FACTS

- 18 out of the Atlas Alliance's 42 projects have activities in economic empowerment.
- Persons with disabilities often live in poverty and depend on their families for basic needs. Access to financial services and employment opportunities is therefore an important part of the Atlas Alliance portfolio.

Approximately 80-90 % of persons with disabilities in developing countries do not have sufficient income. They are often excluded from vocational training opportunities, employment opportunities and financial services. The reasons are many and complex, but some of the barriers are related to lack of education and stereotyping of persons with disabilities as unable to work.

1 067 persons (59 % women) with disabilities have in 2016 received **vocational and entrepreneurship training** from the Atlas Alliance's local partners.

The Atlas partners assist persons with disabilities in finding and attending trainings that can help them access jobs and earn a living. The type of training depends on what is relevant in the specific context and the person's previous experiences and interests, and is sometimes provided in combination with rehabilitation activities and financial services.

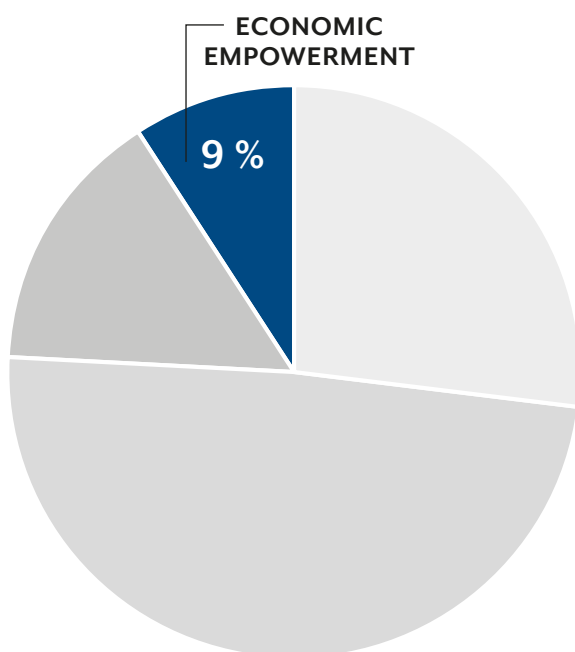
As a result of the training and other activities, 1059 persons with disabilities (43 % women<sup>2</sup>) were in 2016 engaged in **income generating activities**, such as massage services, shop keeping, agriculture and animal keeping. The impact is that persons with disabilities who used to depend on their families for surviving now could contribute financially to their households. In addition to contributing to poverty reduction, this is of great importance to the confidence, self-reliance and independence of persons with disabilities. It also influences the attitudes of the local community towards persons with disabilities.

In 2016, NAD's Economic Empowerment Programme was renamed the Inclusive Economic Empowerment Programme (**iSAVE**). iSAVE is a holistic model that focuses on three main pillars: 1) To support developing and training savings and credit groups, which consist of persons with disabilities, care takers and other members of the community. By allowing access for other community members, persons with disabilities are easier integrated in the community. 2) To capacity build persons with disabilities in order to start their own businesses. 3) To capacity build formal financial institutions to become more inclusive and thus making it easier for persons with disabilities to access formal savings and credit opportunities. These three pillars enable persons with disabilities in a sustainable way to have an income and access education, health services and food not only for themselves, but also their families. The groups are advised to consist of 50 % women.

In Uganda, 385 persons (36 % women) have **access to formal financial services** as a result of NAD's support. NAD's partner, the Association of Microfinance Institutions of Uganda (AMFIU), trains staff and management in the microfinance sector in disability inclusion. This enables microfinance institutions to better understand and develop appropriate strategies that are inclusive, profitable and sustainable. Together with the financial literacy training given, persons with disabilities get more confident with microfinance services and products and how to understand their terms and conditions, while microfinance institutions understand the business-value of involving persons with disabilities as clients. Step by step, formal financial services become more inclusive and communities experience increased economic activity. Over time, the savings and credit group, as well as individual members, will also accumulate larger sums of money, and keeping the funds in an account in a formal microfinance institution is a more secure option. Being clients of formal financial institutions also opens the door to other formal financial services, which might further foster the development of their businesses. NAD's partner in

<sup>2</sup> Project 0400 and 0416 does not have disaggregated data. The percentage is therefore from projects 0295, 0288, 0374, 0370, 0367, 0417, 0305.





Uganda has targeted four **microfinance** institutions to become more inclusive of persons with disabilities and has assisted them in developing action plans for inclusion: Alutkot SACCO, Vision Fund Uganda, Opportunity Bank and Post.

In 2016, 2 491 persons (54 % women) with disabilities participated in and benefitted from **saving and loans groups**. The saving and loans groups usually consist of both persons with disabilities and other from the local community. In Malawi, 150 of 333 parents and carers who were trained through the Motivation Project in caring for their children with cerebral palsy were linked to Village Saving Schemes.

In Angola and Mozambique, 132 persons with disabilities benefitted from various **bank services** through NABP's projects, including mobile bank and savings and loans groups, and are able to utilise this to increase their income.

In 2016, 150 persons (24 % women) with disabilities were **employed in the public or private sector** as a direct result of Atlas Alliance projects.

One concrete example of a successful information campaign aimed at increasing employment among persons with disabilities is NABP's project in Angola. In Angola, there is a public regulation stating that at least 4 % of vacant public positions and 2 % of vacancies in private companies shall be reserved qualified persons with disabilities. NABP's local partner ANCAA has

therefore worked to inform their members about this right. ANCAA has been successful in getting 47 persons employed in the public sector and 15 persons employed in the private sector.

In Palestine, 5218 persons with disabilities (49 % women) benefitted from NAD's CBID initiative in livelihoods.

In 2016, 136 youth received career guidance and counseling through the NAD supported Malawi CBID programme. However, it is too early to say how many have benefitted and been employed as a result of this guidance.

### EXAMPLE LEONARD, THE VILLAGE CARPENTER



Leonard Chalemba is a 25 year old man with albinism living in Malawi. He was identified by the NAD supported CBID programme in 2003, which facilitated his enrollment in school. He could not continue beyond secondary school due to resource constraints.

In 2015 he was among those identified for community based skills training. He was apprenticed by a local carpenter and trained for eight months, after which he was trained in business management skills and provided with a start-up kit the same year.

Following his graduation, Leonard worked and established a dependable market for his products in and around his local community. Within a year, Leonard earned enough income for his livelihood and for sustaining his business. He owns two mini solar panels that he uses to power his radio and mobile phone, and he has a house under construction. He constructed the roof and made the door and window frames himself.

Before he was trained in carpentry, Leonard was solely dependent on parents and relatives. Now that he is financially independent, his life has been transformed and he has peace of mind.

When asked about his situation, he replied "Thanks to CBID for encouraging me since I was a small boy through to this stage where I am now economically independent. My advice to fellow persons with disabilities is to refrain from self-discrimination and start in community participation."





# Malawi

ATLAS ORGANISATION	PARTNER ORGANISATION IN MALAWI
The Norwegian Association of Disabled (NAD)	The Federation of Disability Organisations in Malawi (FEDOMA) Technical, Entrepreneurial and Vocational Education and Training Authority (TEVETA) Malawi Council for the Handicapped (MACOHA)
The Norwegian Association for Persons with Intellectual Disabilities (NFU)	Parents of Disabled Children Association of Malawi (PODCAM)
The Norwegian Association of the Blind and Partially Sighted (NABP)	Malawi Union of the Blind (MUB)
The Signo Foundation	Chisombezi Deafblind Center Montfort Special Needs Education College
The Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	Queen Elisabeth Central Hospital Parents Association for Spina Bifida and Hydrocephalus
The Norwegian Association for the Hard of Hearing (HLF)	Queen Elisabeth Central Hospital
SINTEF Technology and Society	The Federation of Disability Organisations in Malawi (FEDOMA) The University of Malawi

Malawi is the country with the highest concentration of Atlas Alliance projects, and is one of the target countries for the Inclusion Project. Six Atlas organisations have projects in Malawi. In addition, HLF has technical cooperation with Signo and the NAD supported CBID programme.

The Atlas organisations coordinate project visits, as well as trainings and other joint activities in Malawi. They encourage their partners to cooperate and coordinate advocacy events and lobbying efforts to improve impact. The Atlas Malawi country group in Oslo meets regularly to exchange information and coordinate visits and events. In addition to cooperating with other Atlas partner organisations, many of our partner organisations in Malawi have strong ties with national and international NGOs.

## Examples of cooperation between the Atlas partners:

- NAD's partner FEDOMA participated in the development of the new national CBID model, along with NAD's partner MACOHA and other key CBID stakeholders. MACOHA is responsible for implementing CBID in Malawi, and implements government policies by providing rehabilitation programmes and services and promoting public interest for the empowerment and inclusion of persons with disabilities. The CBID model emphasises the role of FEDOMA and its member DPOs with regards to lobbying and advocacy for the rights of persons with disabilities. MACOHA worked closely with the District Disability Forums (DDF) formed by FEDOMA to ensure that persons with disabilities benefitted from interventions from other stakeholders.
- For the second year in a row, between November 3rd and December 3rd 2016, FEDOMA implemented a disability campaign throughout the country and PODCAM was actively involved. On the final day of



**Training of parents of deafblind children using the booklet developed by Signo, at Chisombezi Deafblind Centre in Malawi.**

PHOTO: SIGNO

the campaign, which coincided with the International Day of Persons with Disabilities (IDPD), President Peter Mutharika presided over the events. The President's attendance was a clear indication that the current administration takes the rights of persons with disabilities seriously.

- MACOHA assisted in identification of deafblind children who were referred to Signo's partner Chisombezi Deafblind Centre (CDBC).
- MACOHA was trained in identification of children with spina bifida and hydrocephalus, who are referred to RHF's partner Queen Elisabeth Central Hospital.
- 2016 FEDOMA trainings with participation by other Atlas partners:
  - NFU's partner PODCAM participated in an organisational management training and a financial management training;
  - NABP's partner MUB participated in a three-day DiDRR training of trainers implemented by NAD and FEDOMA in December. A representative from NABP's partner in Uganda also participated;
  - MUB participated in FEDOMA's training of trainers on inclusion of persons with disabilities.
- Signo's partner Chisombezi Deaf Blind Centre (CDBC) collaborated with NAD's partner MACOHA to carry out an awareness raising meeting in Salima.
- FEDOMA worked with MACOHA in the implementation of the iSave and DiDRR Malawi projects.
- FEDOMA's advocacy task force is chaired by a MUB member, one of the members of the Board of Trustees and the Executive Council are from MUB, and one member of the Executive Council is from PODCAM. These organisations were part of the development process of the Convention on the Rights of the Child





**Field worker from Malawi Union of the Blind following up on Esther as part of the rehabilitation programme.**

PHOTO: THE ATLAS ALLIANCE

(CRC) report as well as the process of developing the CRPD shadow report.

- Signo's partner CDBC collaborates with HLF's Peace Corps-supported audiologists at Montfort Special Needs Education College. The audiologists have trained teachers and staff at Chisombezi, and have visited CDBC several times to interact with children with deafblindness in order to better assess this target group.
- MACOHA, in collaboration with HLF's audiologists and Montfort College, implemented the Hard of Hearing Project. The project screens learners for hearing impairments and counsels parents and teachers on ear care and how to promote education for learners with hearing impairments in Blantyre Rural District. The project is funded by NAD.

#### **Examples of cooperation with other NGOs:**

- MACOHA collaborated with Motivation (a partner of NAD and one of the CBID programme's referral organisations) in the provision of assistive devices to persons with disabilities. A key activity in this project was the training of 120 parents and guardians in caring for their children with cerebral palsy.
- MACOHA incorporated Motivation's Parent/Carer training packages in their ongoing training. FEDOMA collaborated with Motivation in facilitating school modifications.
- Signo and CDBC developed a book and booklet about deafblindness for teachers and CBID workers. MACOHA CBID workers in Balaka played a vital role in this process. CBID workers from Balaka participated in a workshop at CDBC where the revised booklet and the book was presented, and have since then used them in trainings for parents with children with deafblindness. MACOHA CBID workers in Ulongwe and Senzani found the training useful and changed their strategies for working with children and parents of children with deafblindness. CBID workers in Ulongwe meet with the parents of the deafblind twice a month to follow up the trainings.
- CDBC and Malawi National Association of the Deaf (MANAD) collaborate to identify children with deafblindness and to provide sign language training.
- FEDOMA and SOS Children's Villages Norway cooperated on the development of the Child Rights

Convention (CRC) shadow report, which FEDOMA and other representatives of Malawi's civil society presented to the CRC Committee in Geneva in January 2017.

- The President of PODCAM is the vice board chair in Montfort Special Needs Education College, helping to build relationship between the college, PODCAM and the government on special needs.
- FEDOMA is a sub-grantee of the Save the Children Malawi Inclusive Education Project funded by the Norwegian Embassy. PODCAM also plays a role in the project with regards to disability inclusion.
- FEDOMA had a joint campaign with Amnesty International. Based on information from FEDOMA and others, in 2016 Amnesty International published reports about the sudden escalation of killings and abductions of persons with albinism. NAD's partner FEDOMA, together with The Albino Association of Malawi (TAAM), mobilised civil society and human

rights organisations, including NFU's partner PODCAM and NABP's partner MUB, in a mass-demonstration against the abduction and killing of persons with albinism in Malawi. FEDOMA and TAAM implemented a petition that called for an amendment of the Penal Code and the Anatomy Act. Within a month both laws were amended and stiffer penalties for perpetrators of killings and abductions of persons with albinism became a reality. The number of reported abductions and killings has decreased significantly and persons with albinism are back in school and cultivating their land.

- The HLF/CBID hearing screening project benefited from the inclusion of Queen Elizabeth Central Hospital's (QECH) ENT and Audiology Clinic in the team conducting follow up visits. The staff provides a high quality of assessment and treatment to learners on follow up visits.

### EXAMPLE COMMON ATLAS ALLIANCE PROJECT

The Living Condition Study among Persons with Disabilities in Malawi (2016-2017) is part of a series of similar studies in southern Africa and Nepal, and is a follow-up of the first study conducted in Malawi in 2003-2004. The study is a nationally representative household survey with two-stage clustered random sampling.

Detailed planning of the study organisation, design development, and training on data collection took place in Malawi, with the support of SINTEF as commissioned by FFO. A stakeholder meeting was held to inform all relevant organisations and government bodies about the study. This was also an opportunity for stakeholders to voice their opinions and influence the content and use of the study.

FEDOMA collaborated with FFO, SINTEF and University of Malawi as a coordinator of the national study on living conditions among persons with disabilities.

Several FEDOMA appointed persons with disabilities received training and took part in data collection as research assistants.

The new recommended procedure for screening is that all household members present on the day of the screening are interviewed directly instead of obtaining all information from the head of the household. Another change was using the UNICEF/Washington Group Child Module as screening tool for all children (2-17 years). Both changes led to substantial increase in time use in the field. Thus, data collection was only half-finished by the end of the year and was completed early 2017. The final study report will be published as planned in 2017.

As this is a common Atlas project that benefits all Atlas organisations and their partners, it was FFO's recommendation that the Atlas Alliance secretariat would take over the administration of the project from 2017.





ATLAS ORGANISATION	PARTNER ORGANISATION IN NEPAL
The Norwegian Association of the Blind and Partially Sighted (NABP)	Nepal Association of the Blind (NAB) Nepal Netra Jyoti Sangh (NNJS)
The Norwegian Federation of Organisations of Disabled People (FFO)	National Federation of the Disabled-Nepal (NFDN)
SINTEF Technology and Society	Valley Research Group University of Kathmandu National Federation of the Disabled-Nepal (NFDN)
The Norwegian Association for Persons with Intellectual Disabilities (NFU)	Parents Federation of Persons with Intellectual Disabilities (PFPID)
Impact Norway	Impact Nepal

NFDN is an umbrella organisation representing 331 DPOs in Nepal. NFU's partner PFPID and NABP's partner NAB are among NFDN's active members. References to NFDN below includes work by PFPID and NAB.

The Atlas partners cooperate closely in Nepal, coordinating joint efforts and events. An important development in Nepal was the passing of the **new constitution**. The joint advocacy initiatives carried out by NFDN for the inclusion of the rights of persons with disabilities in the new constitution were central in this process. NFDN organised individual and group lobby meetings, interaction through media, advocacy dialogues with policy and law makers, peaceful demonstrations, hunger strikes, a nationwide mobilisation of DPOs to push for the disability perspective in the new constitution, and so on. As a result, the constitution ensured some key rights of persons with disabilities, including the provision to represent in Parliament and other state mechanisms. NFU's partner PFPID engaged actively to achieve the rights of persons with intellectual disabilities in the constitution.

In 2016, the writing of the **CRPD shadow report** was an important common process. NFDN coordinated the process of writing the CRPD shadow report, which will be finalised in 2017.

Another development in Nepal has been the finalisation of the **Disability Rights Bill**, due to be promulgated in 2017. NFDN was the leading organisation coordinating with the Ministry of Women, Children and Social Welfare in drafting the bill. NFDN coordinated with other relevant DPOs, including NAB and PFPID, in the consultation, lobbying and advocacy during the approval process.

One result achieved through joint national advocacy and lobbying of NAB, NFDN and PFPID in collaboration and cooperation with other DPOs, was that the Parliament passed **the Education Act**. The Education Act made provisions for students with intellectual disabilities. NFDN provided input to the policy and, once the draft was received, circulated it to member DPOs for their feedback. All feedback was collected, formulated and provided to the drafting committee for finalisation. NFDN, NAB, PFPID, Autism Care Nepal Society and other DPOs lobbied and advocated towards the members of Parliament. The Inclusive Education Policy includes establishment of school and resource classes, educational provision for hidden disabilities, text books in braille, large print, and sign language, examination provision, and technology enhancement. PFPID's President was selected as member to draft special education policies and was able to include considerations for persons with intellectual disabilities in the school curriculum teacher training module. The Education Act was adopted by

the Parliament, and the Inclusive Education Policy was approved by the Ministry of Council, Nepal Government.

### EXAMPLE COMMON ATLAS ALLIANCE PROJECT

SINTEF, as commissioned by FFO, finalised the national study on living conditions among persons with disabilities together with NFDN and Valley Research Group. The report on the Living Conditions of Persons with Disabilities in Nepal<sup>3</sup> was launched in May 2016. This was done in close collaboration with the University of Kathmandu. The results and the evidence are powerful advocacy tools both for NFDN and other DPOs. The results give the government of Nepal a baseline on the living conditions of persons with disabilities and can be used to target advocacy efforts and to develop services and benefits, policies and action plans.

The study has demonstrated that households with at least one person with disability score lower on most living standard indicators than other households. Persons with disabilities generally have more health problems, a higher proportion of poor physical and mental health, and less access to health information than their peers. Fewer individuals with disability access the formal education system, and those who access the education system tend to spend shorter time in school. Unemployment is higher among persons with disability.

NFDN staff and board members have been trained on the results and on how to use this information in lobbying and advocacy. NFDN and their members have used the data in the report in their lobbying and advocacy efforts, for instance in the writing of the shadow report published in 2016.

### Examples of cooperation with other NGOs:

- NAB, with the financial support of Plan Nepal, organised a 10 day training on Braille Teaching Dissemination, Orientation and Mobility for Resource

Teachers, and Teaching Methodology in English Medium for Blind and Partially Sighted Teachers. As a result, 28 participants, including resource teachers, blind and partially sighted teachers and district education assessment coordinators, were trained.

- NAB is part of the Multiple Media Format project on relief and early recovery inclusive of persons with disabilities, in partnership with CBM Nepal. The project is promoting inclusion of persons with disabilities in the ongoing relief and early recovery initiatives in the 14 earthquake affected districts of Nepal.
- The National Human Rights Summit of Persons with Disabilities: In partnership with other development partners, NFDN organised a mega event on 12<sup>th</sup> and 13<sup>th</sup> of December 2016, to foster national level advocacy on disability rights and to develop joint advocacy strategies to implement the CRPD for 2017 and beyond. The conference included sessions where the issues of persons with disabilities were discussed, and resulted in the Kathmandu Declaration and Advocacy Campaign Strategy for 2017 and beyond. NFDN took the lead role in the implementation of the event, but with financial support from, and cooperation with, other NGOs and INGOs. The collaborative partners for the event were the Ministry of Women, Children and Social Welfare, FFO, Disabled People's Organisations Denmark (DPOD), My Rights Sweden, Netherlands Leprosy Relief, CBM Nepal, Plan Nepal, Save the Children, FLEM, Arbeite Samariter Bund, FAIRMED, Handicap International and PFPID.

The Atlas organisations and secretariat are also active members of the Nepal Network in Oslo, consisting of more than 20 NGOs with projects in Nepal. In April 2016, this network organised an event marking one year since the Nepal earthquake on April 25<sup>th</sup> 2015. This was a well attended seminar raising questions regarding the reconstruction process and the consequences the earthquake had for sustainable and inclusive development in Nepal.

<sup>3</sup> The full report can be accessed here: <http://www.sintef.no/globalassets/sintef-teknologi-og-samfunn/rapporter-sintef-ts/sintef-a27656-nepalwebversion.pdf>



# Uganda

ATLAS ORGANISATION	PARTNER ORGANISATION IN UGANDA
The Norwegian Association of Disabled (NAD)	National Union of Disabled Persons of Uganda (NUDIPU) CBR Africa Network (CAN) Association of Microfinance Institutions in Uganda (AMFIU)
The Norwegian Association of the Blind and Partially Sighted (NABP)	Uganda National Association of the Blind (UNAB)
The Signo Foundation	Uganda Association of Deaf – UNAD
The Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	Central Uganda Association for Spina Bifida and Hydrocephalus Spina Bifida & Hydrocephalus Association Uganda CURE Children's Hospital (KCH) Katalemwa Cheshire Homes Organized Useful Rehabilitation Services

14 national DPOs are full members of the National Union of Disabled Persons of Uganda (NUDIPU). Among them are the Atlas partners UNAB and UNAD. This chapter highlights how the Atlas partners and the disability movement jointly are working for the realisation of the rights of persons with disabilities.

NAD supports NUDIPU directly, whereas NABP, Signo and RHF support NUDIPU's members. 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. For instance, UNAD leads the process of amending the Persons with Disabilities Act 2006 to conform with the CRPD, and organises national meetings of all DPOs regularly to update them.

In 2016, the Government of Uganda was examined for the first time by the UN Committee monitoring the CRPD. NUDIPU and its member organisations participated actively in this process by submitting a joint shadow report and meeting with the UN Committee during session 15. **In their Concluding Observations, the UN Committee is to a large extent in line with the recommendations by NUDIPU.** For



Alfred Ogwok from Uganda in front of his simsim grinding machine. PHOTO: NAD-

instance, under article 24 on inclusive education, the UN Committee recommends that the Government of Uganda “Undertake a comprehensive review of the teacher training curriculum at all levels of education and provide mandatory training on inclusive education in core curricula of teachers both pre- and in-service to provide for disability awareness, inclusive education pedagogy, sign language, Braille, easy-to-read material and tactile communication training for all professionals”.

Several recommendations by the UN Committee also has language very similar to NUDIPU’s recommendations, including under article 33, where the Committee recommends the Government of Uganda to “Expedite the process of appointing focal points within ministries and other government bodies (...)”.

UNAD was actively involved in the process to ensure that issues of the deaf, especially sign language and early identification of deaf children, were included in the UN Committee’s recommendations.

The UN Committee “recommends that the State party take all necessary steps to ratify and implementing the Marrakesh Treaty as soon as possible” (art. 30). UNAB was part of the NUDIPU team advocating for this with the UN Committee during their meetings in Geneva. Furthermore, NUDIPU and UNAB succeeded at national level to get an exception to domestic copyright law for visually impaired and print disabled people, as reflected in the Marrakesh Treaty.

However, regarding article 26 (habilitation and rehabilitation) and article 27 (employment), the UN Committee did not include NUDIPU’s recommendations regarding expanding the CBID programme to all 112 districts. Neither did they mention NUDIPU’s recommendation on strengthening and implement the quota system for employment of persons with disabilities.

### Examples of cooperation with other NGOs:

- NUDIPU cooperates with other NGOs on a number of issues. On the issue of refugees with disabilities, NUDIPU works with the National Union of Women with Disabilities of Uganda (NUWODU) and the Pan African Development Education Programme. The project targets refugee camps in Isingiro, Kampala urban refugee camps, and Nakivale. NUDIPU cooperates with the Centre for Disability Law and Policy and Uganda Media Women Association in advocating for implementation of UN treaty bodies (Universal Periodic Review, CRPD, and the UN Convention on Economic Social and Cultural Rights). NUDIPU has collaborating agreements or memorandums of understanding with these organisations, defining roles and responsibilities.
- NUDIPU works in partnership with UNAB to implement a project on economic empowerment for youth in Bunyoro region, funded thorough Sightsaver International. Another initiative focuses on peace building in the Rwenzori region. This is a joint project targeting persons with disabilities jointly implemented by NUDIPU, Action on Disability and Development, and National Youth Organization for Development (NAYODE), a local CSO.
- NUDIPU also cooperates with Action on Disability, Development International and Light for the World in implementing a joint pilot project funded by USAID on training councilors of persons with disabilities in districts of Buikwe, Kayunga and Mukono.
- NUDIPU, UNAB and UNAD successfully influenced the Uganda National NGO Forum to prioritise disability in their local advocacy initiatives. As a result, persons with disabilities are at the center of SDG implementation.
- With NAD support, CBR Africa Network (CAN) facilitates countries in Africa to form national CBID networks for sharing information about and strengthening the implementation of CBID.





# Zambia

ATLAS ORGANISATION	PARTNER ORGANISATION IN ZAMBIA
The Norwegian Association of Disabled (NAD)	Zambia Association for Parents of Children with Disabilities (ZAPCD) Zambia Association for the Employment of Persons with Disabilities (ZAEPD) Response Network Zambia Disability Rights Watch (DRW)
The Norwegian Diabetes Association (NDA)	Diabetes Association of Zambia (DAZ)
The Signo Foundation	Deafblind Association Zambia Bauleni Special Needs School
The Norwegian Association for Spina Bifida and Hydrocephalus (RHF)	The Zambian Association for Hydrocephalus and Spina Bifida

Zambia is the country that receives the highest percentage of the Atlas Alliance funds (16,7 %). Zambia does not currently have a strong disability umbrella organisation like they do in Malawi, Nepal and Uganda. However, NAD is nurturing collaboration between DPOs by supporting the disability movement in advocating for the rights of people with disabilities. At the same time, NAD is also supporting the Zambian government in piloting CBID in the Southern Province.

### Examples of cooperation with other NGOs:

- The partner of NDA, DAZ, conducted a workshop in communication and lobbying, in cooperation with Disability Rights Watch (DRW). The workshop resulted in increased knowledge within the executive board in DAZ. It also generated useful information about diabetes (e.g. press releases, leaflets, fact sheets etc.), a communication and media plan for DAZ, increased focus on diabetes in media (e.g. TV-documentary in connection with World Diabetes Day) and a strengthened cooperation with the Ministry of Health.
- Through NAD's projects, 65 CBID trainers were mentored in new concepts, ideas and strategies in inclusive development. While the existing NAD funded pilot districts are limited to three, NAD is strategically training other organisations, including Holy Family Rehabilitation Centre (managed by the Catholic Church). This is in partnerships with government-employed CBID workers in eight other districts who are undertaking a gradual scale up of the CBID interventions.
- A Disability Rights Monitoring (DRM) team has been established to draft an alternative report to the CRPD committee, and is headed by DRW, a NAD partner which helps to create platforms for DPO networking and joint advocacy. The Government of Zambia was supposed to submit its first State report on the CRPD in 2012, two years after ratification of the convention. The alternative report is meant to be written in response to the State report, adding a civil society perspective. To avoid further delay, the disability movement has decided to move ahead with the alternative report even in the absence of a



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

- State report. The DRM team consist of members from key stakeholders in the disability movement. Two Response Network core staff have accessed paralegal skills training from DRW, and have now trained 30 paralegal volunteers to sensitise and support persons with disabilities on their disability rights, land rights, and property rights.
- The chair of the Livingstone branch of the Zambian Association for Hydrocephalus and Spina Bifida was one of the trainers in CBID's training programme. As an occupational therapist at Livingstone General Hospital she trained community workers in identifying spina bifida and hydrocephalus.
  - DAZ is part of the Non-Communicable Diseases (NCD) Alliance Zambia, consisting of nine NGOs. Among the members are Zambian Cancer Society, Mental Health Association of Zambia, Zambia Asthma Association and Epilepsy Association of Zambia. Due to the network, there is increased acknowledgement of NCDs as a health challenge among health authorities, and increased cooperation in fighting NCDs and in training of health care personnel.

# Mainstreaming: The Inclusion Project

To be in line with the SDGs and the CRPD, the main objective of the Inclusion Project is to ensure that Norwegian government funded development and humanitarian actors (NGOs and other aid recipients) include persons with disabilities in their programmes. The Inclusion Project lobbies and provides training and advice on disability inclusion to, and facilitates networking among, NGOs in Norway and in selected partner countries. The project also facilitates training of disability inclusion trainers in the Atlas organisations and partner organisations in the South. Malawi was the target partner country for 2016 and at the end of 2016 the project initiated cooperation with our partner organisations in Nepal. This will come into effect in 2017.

As of September 2016, the secretariat manages 50 % of the project while the remaining 50 % is allocated to activities implemented by the Atlas organisations and their DPO partners. An Inclusion Team consisting of representatives from the secretariat and two of the Atlas organisations (NAD and NFU) was established in order to secure broad involvement by the Atlas organisations and partners.

The key results from 2016 are listed below. Due to uncertainties pertaining to the funding of the project, the contract with Norad was only signed in October 2016. This caused delays in the implementation of activities both in Norway and in Malawi.

## Activities in Norway: Trainings and advocacy

The Inclusion Project held two trainings in Norway in 2016 for Norwegian NGOs. Participants were Care Norway and organisations within the East African Cup (EAC), i.e. Norwegian People's Aid (NPA), KRIK (Kristen Idrettskontakt), Norges Idrettsforbund (NIF) and Framfylkingen. Both trainings were introduction trainings lasting four hours, raising awareness on the situation for persons with disabilities, legal frameworks, barriers for inclusion and principles for inclusive programme activities. Nine people attended the Care training and 16 attended the EAC training. Since the project started in 2014, a total of 15 development and humanitarian organisations have received training.

In a survey among the members of the Inclusion Network, several organisations expressed a need for increased knowledge on inclusive education and Disability Inclusive Disaster Risk Reduction. The Inclusion Team started developing training modules on these topics in 2016.

## Activities in Norway: Networking, communication and advice to NGOs

By the end of 2016, 18 organisations were members of the Inclusion Network (organised by the Atlas Alliance), of

### EXAMPLE CONFERENCE: DISABILITY INCLUSIVE EMPLOYMENT

On 3rd of December 2016, the International Day of Persons with Disabilities, the Atlas Alliance co-organised a conference with the title Disability Inclusive Employment - Whose Business Is It? It marked the 5th year of cooperation between the Atlas Alliance, Plan Norway and the Norwegian Centre for Human Rights for the event. FAFO launched a report on disability inclusive employment in the private sector at the conference, which had key note speakers from ILO's Global Business and Disability Network.<sup>4</sup> Global examples and research on disability inclusive employment was presented, which engaged a wide audience in discussions including Telenor, Norad, the Ministry of Foreign Affairs and Confederation of Norwegian Enterprise (NHO). The target groups of the conference were decision makers and businesses with expansion plans in the South. A survey among the 60 participants after the conference showed a high level of satisfaction with the content and speakers.



**Audience at 3rd of December conference.**

PHOTO: THE ATLAS ALLIANCE.

<sup>4</sup> Skog Hansen, Taylor and Grønningsæter, Business, Development and inclusion of persons with disabilities, 2016



which three joined during 2016. The network had three meetings with presentations and sharing of relevant research from SINTEF (including results from living condition studies), experiences from disability inclusive projects and programme planning within mainstream organisations. Disability specific projects within the Atlas Alliance were also presented.

### Activities in partner countries: Malawi

FEDOMA has been engaged in the Inclusion Project since 2015. Due to the re-organisation of the Inclusion Project, FEDOMA was in 2016 able to adopt a more systematic approach to disability inclusion among Norwegian NGOs in Malawi. FEDOMA recruited a project coordinator<sup>5</sup> in order to establish a core group of persons with disabilities that can advise and provide training to Norwegian NGOs on accessibility, and on identifying and overcoming barriers in their interventions.

Despite delays in the 2016 Inclusion Project funding, FEDOMA managed to produce important and relevant results while building a solid foundation for the coming year. Key results include:

- FEDOMA trained 11 representatives from ten different DPOs.
- A follow-up training was provided by FEDOMA to the Development Fund's local staff in December 2016. The training lasted two days where the first day was a general refresher training on disability inclusion and the second day dedicated specifically to disability inclusion in Disaster Risk Reduction (DRR).
- Find your Feet, one of the Development Fund's partners trained in 2015, engaged FEDOMA to conduct a training for seven staff and six civil servants.
- SOS Children's Villages engaged FEDOMA to conduct a situation analysis of the centers and communities supported by SOS Children's Villages Norway. The

objective was to establish a baseline for disability inclusion. SOS Children's Villages reports that the inclusion of children with disabilities in their projects has increased by 100 % from 2015 to the end of 2016, from 150 children to 300 children, out of a total of 8000 children.

The Inclusion Project contributes in an unforeseen way to FEDOMA's sustainability and independence insofar as it invests in skills that, eventually, can create income generating consultancy services.

### EXAMPLE EAST AFRICA CUP

The East African Cup (EAC) takes place every year in Moshi, Tanzania with 1400 young participants from Zambia, Rwanda, Burundi, Tanzania, Kenya, Uganda, Mozambique and South Sudan. The participants come from organisations or institutions using sports/culture as a development tool in activity programs. Inclusion was one of the main themes for the 2016 EAC, and the focus was reflected in animations and films.<sup>6</sup>

The main Norwegian partners were NPA, Right to play and KRIK. The Atlas Alliance supported the EAC both with training and financial support. The Atlas Alliance provided training for the Norwegian organisations, and Right to Play trained leaders and participants in Moshi. Approximately 60 leaders attended their Abilities First seminar, while 60 young persons with disabilities participated in the Sitting Volleyball category. Approximately 70 % of all teams had representatives with disabilities.

Changing behaviour and attitudes is a long process. It takes time to build up the necessary skills and capacity for local DPOs to provide consultant services. The Inclusion Project is an effective tool to facilitate the necessary development in DPOs and in the mainstream NGOs.

<sup>5</sup> The position is co-funded with CBM/EU and therefore also support advocacy related to a project promoting inclusion in Malawi's decentralisation process. Norad funds 70 % of the position and the EU 30 %.

<sup>6</sup> <https://www.youtube.com/watch?v=uQU079IePdG&index=1&list=PLsvd4041FRpQbAkxzDwCw8a24qOFsmx-g>



# Advocacy in Norway

2016 was an active year of advocacy for the Atlas Alliance. The 2030 Agenda for Sustainable Development adopted in 2015 gave a new momentum for the global disability movement in advocating for disability rights and inclusive development. The universally adopted framework, with 11 references to disability, is increasingly utilised as a government planning tool to meet the 17 goals. This reinforces the potential to advocate for human rights and implementation of the CRPD. The Atlas Alliance contributed, together with the International Disability and Development Consortium (IDDC) and the International Disability Alliance (IDA), to develop an SDG/CRPD advocacy package in 2015, which is increasingly utilised by DPOs around the globe (including the Atlas partners).

The Atlas Alliance was co-author of the report “Towards a Disability Inclusive Education”, which was commissioned by the Ministry of Foreign Affairs to the Oslo Summit on Education for Development in 2015<sup>7</sup>. It was frequently referenced in 2016, for instance by the Gordon Brown led Education Commission’s report “The Learning Generation” and the report “Costing Equity”.<sup>8</sup> The Atlas Alliance provided verbal input to the Brown Commission during the commission’s meeting with the Norwegian Prime Minister at Soria Moria in June 2016.

The Atlas Alliance provided input to the Norwegian Government on SDG implementation, and Norway’s official report to the UN High Level Political Forum in July 2016 highlighted disability inclusion as a priority area of Norway’s international SDG commitment.

The Atlas Alliance is also engaged in advocacy for disability inclusive humanitarian interventions and contributed to the 2016 “Charter on Inclusion of Persons with Disabilities in Humanitarian Action”. Through NAD, the Atlas Alliance participated in the DSPD/DESA (Division for Social Policy and Development/Department of Economic and Social Affairs) Forum on Disability-Inclusive Humanitarian Action during the World Humanitarian Summit in Istanbul. Norway adopted the Charter, which, in the words of former UN Secretary General Ban Ki-Moon, places persons with disabilities at the center of humanitarian decision making (concluding remarks, World Humanitarian Summit 2016).<sup>9</sup> The Humanitarian Disability Charter was highlighted by the Norwegian UN Mission in New York during the conference of state parties in June 2016 and it is now widely used as an advocacy tool for the global disability movement including the Atlas partners.

Data and statistics are essential for monitoring disability rights and SDG implementation. The Atlas Alliance is engaged in advocacy for disability relevant SDG indicators and improved methods for data collection. In 2016, the Atlas Alliance cooperated with the Ministry of Foreign Affairs on organising a session on disability statistics at the 2016 Oslo Conference “Leaving Noone Behind in Education”, and facilitated participation by a representative from SAFOD and the Washington Group. These partners presented and discussed the Washington Group/UNICEF method for measuring disability functioning.

<sup>7</sup> Saebones et al, *Towards A Disability Inclusive Education*, 2015 [https://www.usaid.gov/sites/default/files/documents/1865/Oslo\\_Ed\\_Summit\\_DisabilityInclusive\\_Ed.pdf](https://www.usaid.gov/sites/default/files/documents/1865/Oslo_Ed_Summit_DisabilityInclusive_Ed.pdf)

<sup>8</sup> Education Commission, *The Learning Generation – Investing in Education for a Changing World*, 2016 and IDDC, “#Costing Equity - The case for disability-responsive education financing”, IDDC, 2016

<sup>9</sup> Humanitarian Disability Charter: <http://humanitariandisabilitycharter.org/> 2016



**Mussa Chiwaula from SAFOD and Mitch Loeb from the Washington Group discussing data collection methods during the Oslo conference “Noone Left Behind in Education” in June 2016.** PHOTO: SINTEF

The living condition studies conducted by SINTEF greatly contributes to providing reliable and comprehensive national data on persons with disabilities. Since 2003, SINTEF has produced eight living condition studies with the support of the Atlas Alliance: in Namibia (2003), Zambia (2006), Malawi (2004), Zimbabwe (2003), Mozambique (2009), Swaziland (2011), Lesotho (2010), Nepal (2016) and Botswana (2016).

Traces of Atlas Alliance advocacy for increased attention to disability in Norway’s development cooperation is also found in Parliament documents and White Papers. The Parliament’s recommendations to the Government for the 2017 overseas development aid (ODA) budget, is coherently advising the Government to ensure disability is included in Norway’s education support to the World Bank and other multilateral institutions<sup>10</sup>.

### **Wider impact of coherent global advocacy and networks**

A long term impact of the Atlas Alliance’s advocacy work is the ability of DPO partners to engage in human rights monitoring due to the International Disability Alliance’s (IDA) CRPD monitoring training in Geneva. The Atlas Alliance has financially supported IDA in organising the TOTAL (now BRIDGE) project providing CRPD monitoring training to several DPOs in the global south, in regional trainings, as well as in Geneva. This training has strengthened DPO capacity and reinforced the capacity building in the DPO partnerships within the Atlas Alliance. The coherent advocacy from grassroots level, via regional, national and global initiatives has documented effects as many states now develop disability inclusive programs and recognise the voices of the global disability movement. New research has also documented that six core UN Treaty bodies increasingly are addressing disability with a dramatic increase in the incidence of disability rights being referenced.<sup>11</sup>

<sup>10</sup> The budget recommendations for the annual fiscal budget on development aid 2017 from the Standing Committee on Foreign Affairs.

<sup>11</sup> Skarstein and Stein, *Mainstreaming disability in the United Nations treaty bodies*, 2017

# Communication

The main objective of the secretariat’s communication activities is to build knowledge and support about the rights of persons with disabilities in poor countries among the Norwegian public, the authorities and development actors, and among staff and members of the Atlas organisations. In 2016, the secretariat’s communication work was financed 50 % by the secretariat’s budget through Norad’s Support to Civil Society, and 50 % by Norad’s Communication Support.

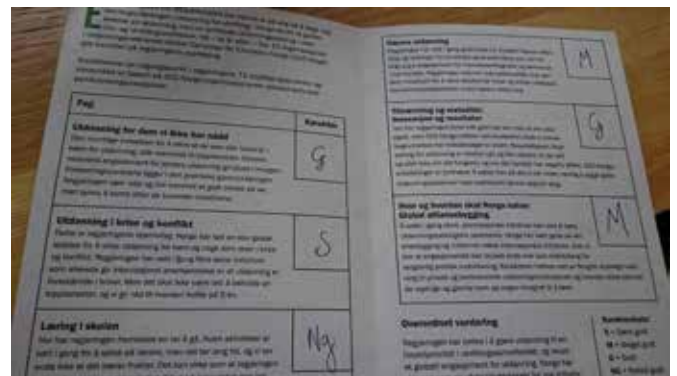
The main topics of the communication activities in 2016 were the situation of refugees with disabilities and disability inclusion in education and employment programs by the authorities and aid recipients in Norway. The Atlas Alliance used different platforms to spread this information:

- Norwegian newspapers published 14 letters to the editor and two newspaper articles with contributions from the Atlas Alliance. NRK P1 did a radio interview with the Chairman of the board about the situation for persons with disabilities in poor countries.
- In total 52 articles were published on the Atlas Alliance website. These communication and advocacy efforts contributed to Norway adopting the Humanitarian Disability Charter.
- Facebook was the main channel of communication. The followers of the Atlas Alliance Facebook page increased by some 200 new followers to 1195 in 2016. The Atlas Alliance had 260 postings, covering both the Alliance’s own news and sharing of relevant news from others. Two boosted Facebook postings obtained an audience of 12 500, whereas the average posting reached 300-1000 people.
- The Atlas Alliance used Twitter for sharing international and national news, for communicating important matters to media, politicians and state bodies, and during conferences for spreading news, information and quotes. The number of followers increased from 594 in 2015 to 690 in 2016.

## Two key results:

*Oslo Education Week – Conference: Leaving no one behind in education, June 16th 2016*

The Atlas Alliance contributed to a gradebook developed by GCE Norway (Global Campaign for Education) for the implementation of the Government’s white papers on Education, and handed this over to the government during the Oslo Education Week.



## Internal communication

In 2016, the secretariat launched a new intranet where the Atlas organisations can access relevant information such as meeting documents, calendar, internal news and thematic guidelines. The secretariat also issued a monthly internal newsletter.

## EXAMPLE

The letter to the editor titled “Snåsamenn i Afrika” was published in Dagbladet. The letter received an award in January 2017 from the Norwegian Forum for Global Health Research for the promotion of mental health in poor countries.





# Research and documentation

The Atlas Alliance has a strong focus on research and documentation. The aim is to provide empirical evidence on challenges and opportunities for persons with disabilities in relevant thematic areas and inform programming as well as advocacy. Part of this work is done by the Atlas Alliance secretariat, and part is done by the Atlas organisations.

To be able to deliver high quality reports, an informal network of researchers and advisers from the Atlas organisations was established. The aim of the network is to identify research gaps on disability and development, and to engage in informal knowledge sharing of relevant research on this topic. The network held two meetings in 2016 with participants from the Norwegian Center for Human Rights (NCHR), Høgskolen i Oslo og Akershus (HIOA), SINTEF and other interested participants. As a result of this network, FAFO delivered report to the seminar on the International Day of Persons with Disabilities, focusing on disability inclusive employment in the private sector. Also, SINTEF, together with University of Malawi, carried out a study on disability and education in Malawi, commissioned by FFO.<sup>12</sup>

Further, the Atlas Alliance was invited by the Cambridge University, Faculty of Education, in 2016, to a research workshop in the UK under the in the Overseas Development Research (ODR) and REAL: Research for Equitable Access and Learning<sup>13</sup> project at Cambridge University. The aim of the workshop was to share experiences on use of disability research in advocacy for policy change. The Faculty of Education at Cambridge University invited the Atlas Alliance to share its own experiences on how we utilise disability and development research to influence policy change. Follow-up discussions with ODR and REAL showed that the input was useful to their development research.

The secretariat was also instrumental in sharing the knowledge from ongoing research and documentation

<sup>12</sup> Braathen, S.H. and Munthali, A.C. 2016, 'Disability and education: Qualitative case studies from Malawi (Summary of results)', SINTEF Report A27470, ISBN 978-82-14-05999-1, SINTEF Technology and Society, Oslo, Norway.

<https://www.sintef.no/publikasjoner/publikasjon/?pubid=SINTEF+A27470>

<sup>13</sup> <https://www.educ.cam.ac.uk/centres/real/>



**Launch of Living Condition Study in Nepal.** PHOTO: FFO

done by others. The SINTEF study on living conditions for persons with disabilities in Nepal was shared with all Atlas Alliance stakeholders, as well as used by the Inclusion Network and in publications and presentations more broadly. Sharing of updated knowledge on disability rights in partner countries through internal information enables the organisations to base their work on accessible and relevant knowledge available.

Since 2010, NAD has cooperated with the Norwegian School of Economics (NHH) to ensure evidence-based results in their economic empowerment programme. From 2013 to 2016, NHH performed a study on the economic empowerment programme in Uganda, iSAVE. The study evaluated the impact of iSAVE, focusing on savings and credit groups. The preliminary results indicated strong evidence that the iSAVE programme has a positive effect on group members. For instance, 37 % of persons with disabilities that were targeted reported that their incomes were now higher than three years earlier, when the figure was 27 %. A total of 34 % of the targeted persons with disabilities reported a higher level of wellbeing compared to 24 % from before the iSAVE programme was implemented. The research indicated that iSAVE had led to an increase in income, happiness and optimism.

# Internal coordination and quality assurance

The Atlas Alliance secretariat organises trainings and thematic meetings to support competence building of the Atlas organisations. In 2016, the secretariat organised internal trainings on the CRPD (in cooperation with Plan Norway), Agenda 2030, and on advocacy, reporting and accounting.

The Atlas Alliance secretariat represents the Atlas organisations in a number of networks and groups in Oslo, such as the Nepal Network, the NGO Gender Network, the reference groups for quality in education, the NGO anti-corruption group and the Global Campaign for Education (GCE) Norway. Through GCE Norway, the Alliance helped organise the conference “No one left behind – inclusive education” in June 2016. The secretariat also participates in annual meetings with the other Nordic disability umbrella organisations. The meeting in 2016 focused on common advocacy efforts, results management, and monitoring and evaluation. These meetings are important forums for exchanging experiences and ideas, and for learning from other likeminded organisations. The Alliance’s results management and focus on anti-corruption improved as a direct result of these meetings.

The secretariat also holds individual meetings with all the Atlas organisations, geographic groups (Malawi, Zambia, Nepal and Uganda), and thematic meetings for common processes (such as developing and finalising the results framework).

The secretariat provides support to individual organisations on topics such as the Atlas Organisational Capacity Assessment (OCA), results framework, reporting and project management, based on the organisations’ expressed needs and observations made by the secretariat. The secretariat programme team visited projects in Malawi (Signo, NABP and NAD), South Africa (FFO), Angola (NABP) and Zambia (NDA, NAD, NFU and Signo) during which the secretariat conducted financial checks of the local partners.

Coordination and information exchange between the Atlas organisations improved with the establishment of an Intranet in April 2016, where the Board, secretariat and organisations share documents and information. Documents related to the technical advisory committee (Bistandsfaglig utvalg) and board meetings are published here, as are key documents concerning the project cycle and Atlas Alliance principles and guidelines. The secretariat also publish internal news, together with a calendar showing events, planned project visits and deadlines.

Common policies on thematic areas and cross-cutting issues are not developed, but are part of a strategic approach to enhance the internal coordination by 2018. The Atlas Alliance financial manual and checklist are tools to guide the anti-corruption work. These are used by most of the Atlas organisations (some have their own internal tools) and found to be very useful. A systematic approach and updated checklist will be in place by April 2017.

In order to improve the quality of the data collection, documentation of results, and learning outcomes, the secretariat developed and established a digital reporting tool named “Petrus”, through which the organisations submit plans, budgets, reports, and accounts. Digni and FOKUS have used the system for some years, and the Atlas Alliance benefitted greatly from Digni’s experience with the tool. The tool is based on the results framework, as well as both internal and external requirements pertaining to reporting formats and accounting. 2016 was the first year the Atlas organisations reported via Petrus. It makes it possible to aggregate data from all projects and organisations, as well as by country and thematic area, and is an efficient and time saving tool. Petrus is a secure way to register and save information over time, and makes it easy to backtrack information regarding results, follow-up on organisations, etc. The Atlas Alliance will evaluate the tool in 2017.

# Monitoring and evaluation

The Atlas Alliance finalised a new Evaluation Strategy in 2016. The strategy includes division of responsibility and involvement for various types of evaluations (project, programme and joint thematic and geographic evaluations), criteria for which type of evaluations shall be given priority, development of terms of reference, how to choose external consultants, follow-up on evaluations and recommendations, publications of results, and how to finance evaluations.

The evaluation strategy states that the Atlas Alliance shall have a real-time evaluation for at least two of the four thematic areas in the period 2016-2019. This work started in 2016, and the progress report for 2017 will inform more of this project.

The establishment of Petrus will also greatly contribute to improve project monitoring and learning.



# Added value

The Atlas Alliance consists of organisations with up to one hundred years' of experience in promoting the rights of persons with disabilities in Norway, and up to 40 years of involvement in international development. Many of the past and current challenges in Norway are similar to those experienced by the partner organisations, providing a unique foundation for cooperation, sharing and mutual learning.

By supporting like-minded partners, the Atlas organisations share their experiences from Norway, particularly when it comes to ensuring that persons with disabilities have a voice in matters that concern them. The Atlas Alliance understands the situation of the partners, and has extra motivation in the work of reaching disabled persons. There has been a shift from a charity approach to a rights based approach, and partners are encouraged to fight for the right to be included in the society on an equal basis as persons without disabilities.

Persons with disabilities are often excluded from development programs. Therefore, it is important to support DPOs who truly represent their target group. The Alliance also supports its partners for a long time frame, giving them the time and opportunity to establish strong organisations that can fight for the rights of their members.

The Atlas Alliance and local partners are active contributors to the international disability movement, and the Alliance ensures that the partners also benefit from its large network.

Concrete examples of value added:

- The Atlas organisations facilitate South-South cooperation. For example, NABP's partner in Uganda,



**Braille machine repair in Angola.** PHOTO: THE ATLAS ALLIANCE

UNAB, held a training on braille machines repair for NABP's partner in Angola, ANCAA.

- The Atlas organisations have over many years built their competence on complex and severe disabilities, which partners in developing countries often lack. For example, Signo has worked with deafblindness for more than 100 years and education for more than 50 years. The competence and experience is utilized to establish a university degree to educate teachers for deafblind children in Malawi.
- The fact that the Atlas Alliance mainly consists of DPOs, lends the alliance a unique credibility. For example, when the manager of RHF, an adult with spina bifida herself, visits their local partners, she is an inspiring role model for children and youth. She is also a beacon of hope for the parents, serving as a living proof that children with spina bifida can grow up to become healthy, independent, educated and working individuals.
- In December, two disabled members of NAD's youth wing visited FEDOMA's youth wing in Malawi to discuss disability rights in a global perspective. The meeting led to the establishment of an international working group in NAD's youth wing, which has managed to mobilise resources to invite youth from Malawi to Norway in 2017. The group also initiated discussions with the Norwegian Peace Corps and is looking into the possibility of a permanent North-South exchange between youth from the two organisations.
- The development advisors in Norway are used to working with persons with disabilities, giving the Atlas organisations a better understanding of the challenges, possibilities, needs and barriers than that of mainstream organisations.
- FFO shared its experiences with coordinating shadow reports on CRPD in Norway with SAFOD, so they could play a similar role in southern Africa.
- NAD's CAN project in Africa produces information



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

on CBID and makes it available through publications, websites, Facebook and e-mail-lists. This is a unique source of information for CBID stakeholders worldwide.

- NAD assisted LNFOD in designing monitoring tools which LNFOD utilised throughout the implementation of the project. LNFOD is currently evaluating if the trainings are useful for police officers, nurses, disability focal persons and community councilors, and if the projects have yielded the desired results so that appropriate modifications can be done.
- An implementation manual for the economic empowerment programme (iSAVE) was finally developed in 2016 by NAD and NUDIPU, with assistance from consultants. The manual is a resource for others interested in implementing inclusive economic empowerment programmes. NAD follows up the testing of the manual and shares it within development networks in the region once reviewed.
- NAD's Programme Advisor (Oslo-based) and Technical Advisor (Uganda-based) contributed significantly to launching the iSAVE Economic Empowerment model in Malawi. Before 2016, FEDOMA had limited experience with income generation and micro finance, so NAD has been closely involved in everything from recruiting staff, purchasing project material, implementing concrete activities and setting up systems for monitoring, evaluation and reporting

– all based on lessons learned from the programme in Uganda.

The Atlas organisations and Norwegian members have also benefitted from the cooperations and perspectives from the South. For example, NDA organised a concert in Jakobs kirke, Oslo, focusing on youth with diabetes in Zambia and spreading information about diabetes worldwide. This gave NDA members a better understanding and in-depth knowledge about the disease.

**EXAMPLE ORGANISATIONAL CAPACITY ASSESSMENT TOOL (OCAT)**

The Atlas Alliance has an internal capacity assessment tool (developed in 2014), the Organisational Capacity Assessment Tool (OCAT). This is a self-assessment tool which enables organisations to identify strengths and weaknesses, and helps them target organisational capacity building accordingly. In 2016, ten organisations conducted an OCA: Laos Association of the Blind, Diabetes Association Zambia, Angola Association of the Blind, African Union of the Blind (in four of the six Lusophone project countries), Malawi Union of the Blind, Lesotho National League of the Visually Impaired persons, The Lake Clinic (Impact Norway's partner in Cambodia), Southern Africa Federation of Disabled (FFO's partner in Southern Africa), Chisombezi (Signo's partner in Malawi), and the Atlas Alliance secretariat.

# Anti-corruption

The Atlas Alliance has a strong focus on anti-corruption and anti-corruption incentives, and measures are included in all projects. The Atlas organisations are required to have satisfactory internal controls, and the Alliance has developed anti-corruption guidelines, as well as a financial manual and checklist, for sound financial management. The Atlas organisations and their local partners are required to adhere to these guidelines and use the checklist regularly. In addition, all Atlas organisations have their own anti-corruption routines and policies. Tight procurement and signatory routines are common measures, as well as good internal control and external auditing.

The financial manual and checklist were revised by KPMG in 2016 before being shared and discussed with the organisations. As a result of the revision and discussions, KPMG also suggested a system for social audit that will be tested out in Nepal in 2017.

Examples on anti-corruption measures in 2016:

- **FFO** introduced the checklist to its partner in southern Africa, SAFOD, and the local auditor was in communication with the FFO auditor. A partnership agreement binds the local partner to transparency, and all FFO funds are transferred to a separate bank account. An audit is conducted once per year.
- In Malawi, **Signo** conducted an organisational review of its partner organisation, which developed an anti-corruption policy as a result of this review. Financial reports are audited according to international standards, and Signo staff participated in anti-corruption trainings held by the Atlas Alliance.
- **NAD** has anti-corruption measures in place in all of their six project countries. In Lesotho, training was conducted on anti-corruption and whistle blowing in 2015 and in 2016 further training was undergone by finance staff. In Malawi, staff undergo financial training, and strict procurement policies are followed. MACOHA employed an internal auditor to oversee its financial practices. In addition, from 2016 central government auditors based in MACOHA's main office visit the field to carry out independent financial and organisational audits, and submit a report to MACOHA's Executive Director following the audits. Additionally, in two NAD partner offices there is a report box for staff to inform of any corruption and mismanagement.
- **RHF** ensures that all partners sign a budget contract, which includes an agreement to comply with their anti-corruption and financial policy. Financial reports are received twice during the year, as well as audited records.
- The widespread occurrence of corruption in Nepal is acknowledged by **FFO**, which is why the organisation has implemented tight control measures. FFO and its partner NFDN cooperated closely, and the finance staff in Nepal meets with the FFO auditor during audits. All funds from FFO are transferred to a separate account and a mid-project audit is required in order to release the remaining project funds. In other words, two audits are conducted per year. As lack of knowledge can be a contributor to bad financial practices, there has also been a focus on building competence within NFDN.
- **NDA** did not introduce any new measures in 2016, but its partner in Zambia, DAZ, tightened its finance and human resources routines. The project follows accountable and transparent accounting and procurement guidelines, and financial records are audited by a reputable audit firm.
- **NFU's** partner in Malawi, PODCAM, renewed its financial management software system, making record keeping more traceable. In Nepal, anti-corruption training was provided to staff and board members, while in Tanzania NFU's partner conducts annual audits and follows strict procurement and signatory procedures.



**14. FINANCIAL MANAGEMENT AND INTERNAL CONTROL CHECKLIST**

Project:	
Organisation:	
Atlas review carried out by:	
Date:	

Area	Findings
<b>1. Oversight and governance</b>	
Is there a Board or similar body that is legally responsible for the organisation?	
How active is the governing body in monitoring the organisation's performance?	
How are strategic and annual plans and budgets authorised?	
Please show where the agreement between the local and the Norwegian organisation is kept.	
<b>2. Organisation and human factors</b>	
To what extent do finance manager/staff give input to strategy and plans for the whole organisation?	
Is there a document which allocates responsibilities between staff? Are the job descriptions clear and reflecting actual tasks and responsibilities?	
Is the delegation of authority and responsibility clearly defined? Do all staff members know their areas of responsibility?	
How are financial duties divided within the organisation? Is this considered to be adequate?	
Are the accountant and staff in the finance department suitably qualified?	
Is there a need for courses/training?	
<b>3. Policies and authorisation</b>	
How are procedures and routines documented? Please show examples.	
What is the date of the last update of the finance and equivalent manuals?	
Who authorised the last updated manuals?	
Are the main topics in this checklist included in the written policies, routines and guidelines?	
How well-acquainted are staff to authorisation procedures?	
All expenditure should be authorised by the director/secretary general. Is this done? If not, who has been delegated this authority?	
What financial limits are placed on the amount the different level of staff can authorise? Do these limits seem reasonable?	
Are contracts and the financial documents safely kept? Where?	

reviews. Among the recommendations from the review was establishing routines reducing the risk of fraud, something that was pledged to be implemented. In both Angola and Mozambique, project accounts were prepared by partner and checked by a local auditor before being sent for reviewing by to an accountant office in Nairobi. The accounts are then reviewed by Norwegian auditors. In Lesotho, LNLVIP held a two day workshop on anti-corruption, presented by the director of the Lesotho Directorate on Corruption and Economical Offences. 65 persons from the board, secretariat and all district branches participated in the workshop. Strict procurement and signatory routines were implemented in Cambodia, while in Lesotho and Uganda an anti-corruption policy is in the making. In Nepal, good financial routines were already in place, together with workshops, internal and external audits, public vacancy notices. All of NABP's projects are financially checked both locally and in Norway.

- NAD's partner in Uganda, CAN, did not have an accountant nor comprehensive financial documentation. This was addressed in 2016, leading to a financial officer being hired and a new filing system implemented. In Palestine, the programme follows anti-corruption regulations and guidelines of Diakonia. An audit is conducted yearly, while the programme is continuously monitored. In order to identify and overcome any financial mismanagement and strengthen anti-corruption measures, a number of mechanisms are in place in Uganda. This includes refresher financial training, internal audits, spot checks, electronic payment systems and whistleblower policies. In Zambia, NAD's partner held a training in financial management for all the supported partners in Lusaka and Livingstone, and there has been focus on trainings, internal audits, due diligence assessments, and mid-year audits.
- NABP's partner in Angola received a visit from the Atlas Alliance secretariat and underwent financial

- In December 2016, the Atlas Alliance secretariat controller visited Nepal where he met with directors, programme staff, and finance and admin staff in all partner organisations. He carried out a financial review with main focus on financial management, budgeting, planning, good documentation, internal control, administrative procedures, procurement, administration, HR, organisations' legal status and follow up of management letters.

**Report on suspicion of financial irregularities in 2016:**

NAD has reported an incident in their programme in Palestine regarding a local DPO that has failed to pay office rent to their landlord. This was taken to court by the landlord, resulting in freezing the DPO's bank account containing USD 7000 programme funding. As a counter measure, the DPO took the case to court. The case is still not settled and the USD 7000 are intact in the frozen bank account. Any potential loss will be covered by NAD and Diakonia (Sweden).

# Women's rights and gender equality

Gender inequality is a common denominator in all the Atlas Alliance project countries. Women with disabilities often experience double or multiple discrimination due to their gender, disability and sometimes other factors such as caste, age, sexual orientation, language, ethnicity, culture and religion.

The Atlas Alliance has a gender policy for the period 2007-2017, and the Atlas organisations are encouraged to use this in their dialogue with their partners. The Atlas Alliance has gender disaggregated data for Human Rights Advocacy and Economic Empowerment, but not for Inclusive Education and Health and Rehabilitation. Some projects do, however, collect such data for internal purposes. The Atlas Alliance will review and update its gender policy in 2017.

The Atlas partners strive to ensure gender equality, and some have made progress with regards to gender policies, recruitment and awareness among staff and members. 33 % of our 35 projects working on Human Rights Advocacy have a gender policy in place, and 50 % of these report that the policy is known and supported by the board, staff, members and volunteers, and that it is guiding decision-making and planning.

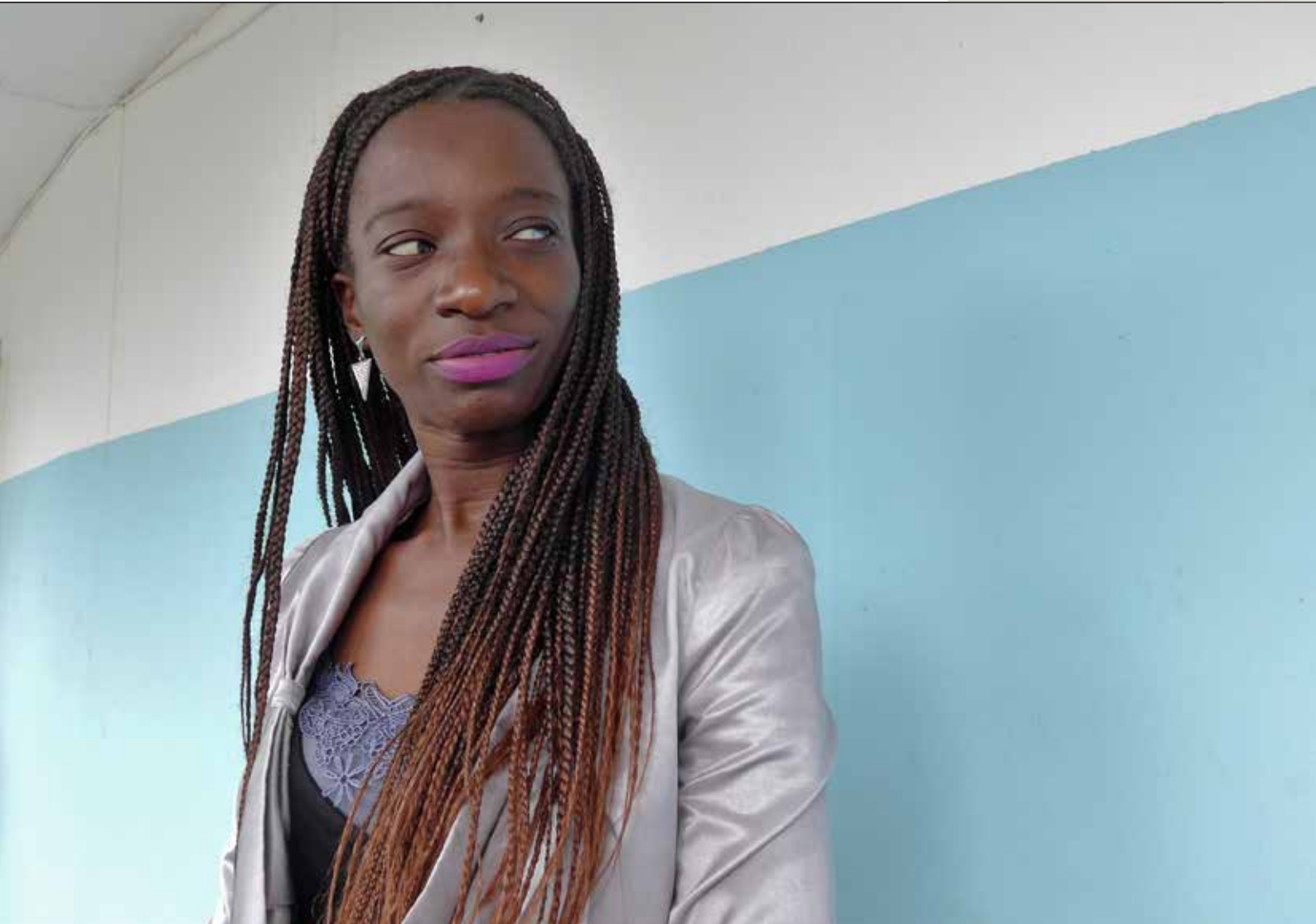
With regards to board representation, the average male/female ratio is 1,62 (an increase from 1,5 in the baseline ratio). There is still a long way to go to ensure equal representation, but the Atlas Alliance and its partners are making a strategic effort to address this. For staff members, the ratio has decreased from the baseline. The ratio in 2016 was 1,67. This is an improvement from 2,09 in the baseline. The Atlas Alliance is aware of the challenge of achieving equal participation, power and influence of women and men. Even where men and women are equally represented in terms of numbers, the power balance, participation, decision making and contribution may not be equal.

In all the projects, women and men have the same access to medical services without discrimination – on paper. However, cultural factors such as time spent away from the family and lack of safety while traveling may lead to fewer women than men accessing services (such as in Mozambique and India). This is addressed by several of our partners by offering services closer to where they live. In other areas, such as in Lesotho, there are more women than men who come for eye care consultations and treatment.

Another challenge is the imbalance between women and men in caring for children, meaning that it is primarily mothers who are involved in activities and support groups. Fathers are being encouraged to be more involved and special activities aim to promote that.

Examples of results on gender equality and women's rights:

- Diabetes affects women and men in different ways and for **NDA's** project in Zambia, **DAZ** consider this gender difference in the guidance they give at their clinics.
- The board of **FFO's** partner in Nepal consists of 40 % women. It is difficult to get more women involved due to men's resistance and local culture. When conducting trainings, it is a policy to invite one man and one woman from the same DPO.
- In Malawi, **NAD's** partners follow specific guidelines when mobilising persons with disabilities, parents and caretakers – such as 50 % participation ratio, encouragement of male participation in meetings and encouragement of female participation in livelihood interventions.



**Evalina Alexandre, board member of ANCAA and top athlete, Angola.** PHOTO: THE ATLAS ALLIANCE

- In Malawi and Zambia, **Signo's** partners held two workshops with focus on culture and gender. Physical contact is crucial to be able to communicate with persons with deafblindness. In some areas in Malawi, parents describe cultural challenges related to physical contact between fathers and daughters above a certain age. Cultural norms prohibits fathers to have physical contact with their daughters, thereby also depriving daughters with deafblindness the possibility to communicate with their fathers. This led to open discussions with families and with community members and community leaders about communication, physical contact, the role of the fathers, the importance of informing all community members about deafblindness, and about the challenges and risk girls with deafblindness face regarding sexual abuse. In the areas where this was discussed, fathers were more positive towards communication and interaction with their daughters.
- For **NFU's** partner Inclusion Africa, the discrimination faced by women with intellectual disabilities is a key area in the 2015-2019 strategic plan, as well as addressing a 50-50 gender parity for all project activities.
- In southern Africa, **FFO's** partner established an election committee to ensure female candidates are proposed during internal elections.
- In Tanzania, **NFU's** project held two gender forums and gender officers were involved in the development of the new education sector plan.
- In the West Bank, a five-day workshop for sixteen staff of **NAD's** partner was conducted on sexual violence against persons with disabilities.





**Mrs. Mandvi from India with the goats she has received through AICB's rehabilitation programme.** PHOTO: NABP

- One of NAD's partners in Zambia held a workshop for the Ministry of Gender's management team, resulting in a proposal to include women with disabilities as beneficiaries in the Ministry's economic empowerment fund.
- In Uganda, the inclusive economic empowerment programme **iSAVE** enforces the principle that women constitute 60 % of the group leadership of savings and credit groups. Furthermore, the savings and credit groups themselves have a target of reaching 50 % women with disabilities.
- For **Signo's** partners in Uganda and Zambia, it is a challenge to hire male teachers and to get in contact with men within the families they work with as child care is not perceived as a male priority. In order to address this, Signo encouraged the whole family to participate in trainings. Signo's partners are working to establish a close dialogue with schools regarding hiring male teachers, but this is still a challenge.
- In Lesotho, **NABP's** partner LNLVIP held two women empowerment workshops to improve the participation of women in LNLVIP's activities.
- In Malawi, **NABP's** partner MUB conducted branch elections in their 34 district branches based on their 50/50 gender policy and ensured a gender balanced branch leadership.

The Atlas Alliance acknowledges that it has not been systematic enough in its work to promote gender equality. The work to improve this started in 2017, and will be part of the 2017 progress report.

# The environment and climate change

Environmental concerns have so far not been a priority for the Atlas Alliance, but has been addressed at project level. This is changing, with 2017 marking the start of increased focus on the environment within the Atlas Alliance. Natural disasters caused by climate change, pollution and environmental degradation severely affects persons with disabilities. This can have major impact on their livelihoods, ability to move freely, and in the most extreme cases present a direct threat to their health and lives.

Some of the Atlas organisations have made environmental considerations, evaluations, and included environmental aspects in their projects. Examples of results:

- In Nepal, **NABP** and their partner NAB have invested in solar cell panels, which serve as the only energy source of its Braille press. NAB provide training in organic farming to protect the soil from insecticides and pesticides. Also, to lessen the extent of plastic waste in the communities, NAB provides training on making paper bags and brooms from broom grass.
- **NFU's** partner PODCAM provide beneficiaries in Malawi with training on climate change, with the result that many have adapted good farming methods and participate in tree planting activities.
- In Mozambique, **NABP** is in dialogue with the local partners of Norges Naturvernforbund in order to explore the possibility of collaborating on making solar technology and environmentally friendly cooking stoves.
- In Malawi, **NAD's** partners encourage persons with disabilities to take part in development activities in their communities, such as land conservation projects and afforestation projects under the Public Works Programs.
- **NAD's** projects in Zambia provide training to local carpenters and volunteers to avoid indiscriminate cutting of trees, while at the same time promoting tree planting to prevent deforestation. Furthermore, in 2016, there were 60 community clubs (facilitated by Response Network) promoting organic vegetable farming, and some of these groups adopted environmental and user friendly activities that included crop rotation, tree conservation, and organic vegetable gardening.
- In 2016, through the regional Disaster Risk Reduction project, **NAD's** partner in Malawi, FEDOMA, began to systematically gather information and case stories on persons with disabilities affected by storms, high temperatures, floods, soil erosion and related hazards. The project stimulated debate in FEDOMA, not only about the impact that climate change has on persons with disabilities and what they can do to protect themselves in this context, but also on how own activities can contribute to destroying the local environment and thus increase the risk of natural hazards.

Air travel to project areas, including field visits from Norwegian headquarters, is a necessity that serves as an environmental concern. In order to improve in this area, most Atlas organisations limited the visits to a minimum, and combined visits when possible with other activities to lessen the frequency of travel by air.

# Deviations from the plan

**FFO SAF 0154:** The Bulawayo property was sold in 2016. The Francistown property is for sale.

**FFO NPL 0156:** The intended formal cooperation with Disabled People's Organisations Denmark (DPOD) was delayed because DPOD carried out an evaluation of the cooperation with NFDN in 2016. The signals are that DPOD will continue the partnership with NFDN. FFO and DPOD will start discussing cooperation in spring 2017.

**RHF SAF 0187:** An unforeseen negative event within (not direct result of) the programme was the decision of the partner hospital in Zambia to stop all neurosurgical activities from 2018 onwards. This decision was made end of 2016 and will greatly impact the number of children treated in the next years. RHF/IF and other international partners in Zambia (CURE International) are talking to other hospitals in Lusaka to take over treatment. By April 2017, the University Teaching Hospital (UTH) will already have increased its efforts in neurosurgery, while the current RHF/IF partner is linking to the Spina Bifida and Hydrocephalus clinic at UTH to ensure follow up rehabilitation continues as well. Discussions with other hospitals in Lusaka and in other regions will be ongoing in 2017.

**NFU TAN 0191:** 1) A study on inclusive vocational training was not completed by the end of the year as expected, due to the many rounds necessary before the consultants were able to finalise the inception report. 2) ZAPDD strategic planning process was also not supported in a satisfactory manner by the consultant, causing delays, and will therefore be completed in 2017.

**NFU SAF 0213:** The General Assembly, combined with a thematic meeting on inclusive education, which was planned to be held in Ethiopia in December 2016 was postponed to February 2017 in South Africa due to unrest in Ethiopia.

**NFU MWI 0225:** PODCAM and NFU changed original plans as NFU decided to phase out all its international

work. The revised work plan for 2016 was fully implemented.

**NFU NPL 0226:** After NFU's decision to end all its international solidarity work, the focus shifted to increase PFPID's sustainability. One unplanned activity was hiring a consultant who identified inefficient working methods within PFPID. The work to improve this will start in 2017.

**NAD LSO 0227:** The local organisation Catholic Relief Services (CRS) sought partnership with LNFOD in implementing the project 'Literacy for Visually impaired Persons' where they had developed and tested the appropriateness of literacy assessment tool for learners with visual disability in grade 1 to 3. This tool was shared with the Ministry of Education and is now used in primary schools to assess the literacy of learners with and without disability. NABP's partner LNLVIP was an implementing partner.

**NABP LSO 0283:** 1) Queen Masenate Bereng Seeiso of Lesotho unexpectedly participated in the 30th Anniversary of Lesotho National League of the Visually Impaired Persons (LNLVIP) where she urged the government to pass the disability equity bill in Parliament. 2) The planned sensitisation of employers on incentives provided for in the Lesotho Disability Equity Bill was not done since the bill is not officially passed. 3) The planned internal evaluation was not done since the previous executive director quit the organisation and she had a central role. 4) A general survey in eight districts was postponed to 2017 due to problems with money transfers from NABP to LNLVIP. 5) LNLVIP awareness raising in 2015 resulted in Lesotho Post Bank installing speech software in cash machines in 2016, enabling visually impaired persons to use them.

**NABP MWI 0284:** Extra costs for unplanned baseline information and conducting an OCA was compensated by a cut in the number of board meetings and some cuts in rehabilitation and education activities. The training of 40 teachers planned for 2016, was postponed to 2017

due to the training manual not being ready in time. The numbers of eye checks and glasses provided was also not reached, perhaps because of too optimistic budgeting. The project will look into cost cutting.

**NABP LAO 0288:** NABP and Laos Association of the Blind (LAB) cooperated for the production of braille books for university students. Also in 2016, they were able to get funding from ICEVI (International Council for Education of people with Visual Impairment) to establish a recourse centre at the University. There they can produce braille and audio books for children in primary and secondary schools.

**NABP LSO 0289:** Due to the instable political situation in the country and lack of access to operation theatres caused by priorities of the Ministry of Health, the Lesotho Eye Health Care Project has not been able to contribute to improving the cataract surgical rate or the rate of prevention of blindness this year. Few operations were conducted, village health workers were not trained in eye care, school children did not access eye check-ups (school survey) and ophthalmic nurses did not get refresher training.

**NABP AGO 0291:** In 2016 the inflation caused a shortage of funding, preventing planned workshops in developing a gender strategy and a gender sensitive advocacy strategy. Despite many meetings and extensive correspondence, Angolan Association of the Blind (ANCAA) has yet to receive the legal papers on the plot of land outside Maputo promised by the Provincial government on which ANCAA plan to build their headquarters.

**NABP NPL 0295:** The planned training of blind and partially sighted women was postponed to 2017. Nepal Association of the Blind (NAB) received NRs. 3 million from the Government of Nepal, and NRs 2.4 million as Direct Aid Programme from the Australian Embassy to Nepal for development of Optical Character Recognizer software. Plan International supported the purchase of Braille display and NAB was able to upgrade the capacity of Braille printers with support of NABP.

**NABP KMH 0305:** Association of the Blind in Cambodia (ABC) held a one day training for 80 village chiefs etc. in four districts raising their awareness on eye care and treatment so that they in turn can advocate towards their communities on the importance of getting eye check-ups and treatment at the eye unit. This training was not originally planned. ABC also held an advocacy campaign that was not planned in collaboration with other DPOs through Handicap International, aimed at making public transport accessible to persons with disabilities.

**NDA ZAM 0336:** 1) Training of health workers was not conducted due to huge costs. The training was intended to be co-funded by the Zambian Ministry of Health, but the support was never given. 2) A youth representative from DAZ was invited to hold a speech on diabetes at WHO on World Health Day. 3) DAZ got free access to two radio stations, two TV stations and the Daily Mail newspaper to advertise activities and inform about diabetes.

**Signo MWI 0348:** 1) Signo raised money in Norway to buy food to the families supported by the project because of the food shortage in Malawi. 2) Children with deafblindness participated in fun activities on World HIV and AIDS day by the Chiradzulu district assembly.

**NAD ZAM 0349:** 1) An unprecedented number of districts started to roll out Social Cash Transfer (which started in southern Zambia in 2003) meant to benefit vulnerable groups, including persons with disabilities. In the 2014/15 period, 50 districts were covered, and this increased to 78 districts in 2016. This development lays the foundation for further expansion of the CBID programme, as dormant community-based workers are activated to roll out the social cash transfer, and once activated they can through capacity building become CBID workers. 2) A total of 9 new district level hospitals and 315 new health posts are operational. Zambia designed a new curriculum to fast-track the training of village based CBID workers and volunteers into Community Health Assistants, to act as the link between community based interventions and health



centres. The CBID programme is actively supporting decentralisation in Zambia, which will benefit the CBID programme substantially. These new developments benefit the programme greatly. 3) Zambia (Livingstone district) was selected as the venue for the forthcoming African CBID Conference to be held in May 2018. A preparatory committee was tasked to begin work on the same. This will help Zambia show-case its growing community of CBID practitioners. 4) The Ministry of Education in Zambia finally released guidelines on the implementation of Inclusive Education and Special Education. This will inform policy and practices.

**NABP AGO 0351:** The NABP ophthalmologist became seriously ill in August 2016, and is scheduled to return to his job in May 2017. Since the Angolan Health Authorities in Uíge was not able to provide the project with a qualified doctor, the project has been inactive since August 2016.

**NABP RAF 0365:** The workshop for women and youth in S. Tome & Principe was cancelled due to shortage of funds caused by inflation and because an OCA was held to gather baseline information.

**NABP AGO 0366:** The renovation of the future rehabilitation centre moved unexpectedly slow. The Directorate of Education has offered classrooms for rehabilitation training until the rehabilitation centre is ready to use.

**NABP MOZ 0367:** The chicken production in Gorongosa stopped temporarily because of political unrest and military skirmishes in 2016. The activity had not restarted by the end of 2016. The chicken production did not yield large profit, and NABP is discussing the future of this activity with ACAMO.

**NABP MOZ 0368:** 1) The ophthalmologist left the project in November 2016, and has been replaced by a new doctor. The Mozambican Health Authorities have been unable or unwilling to provide the counterpart doctor they are responsible to supply according to the agreements with NABP, resulting in operations being postponed from mid November 2016 to May 2017. 2) NABP established a cooperation with Rotary for 2016-2018 that will enable the project to invest in new surgical equipment that is not covered by Norad funding.

**NABP UGA 0370:** 1) The first school unit for blind

children opened in Ajumani in 2016, as a result of the international white cane day celebration. 2) UNAB decided to hold the 2016 white cane day celebration in Moyo, in order to also reach blind and partially sighted refugees from South Sudan. 3) UNAB received 50 extra white canes from Light for the World. 4) Only three blind and partially sighted persons (not 15 as planned) were trained in rehabilitation due to the draught. They also had to reduce staff at the rehabilitation centre. 5) The planned training in leadership for focal persons in governance and leadership skills was cancelled because UNAB prioritised advocacy work and internal trainings and organisational development instead.

**NABP NPL 0371:** 379 (not 40 as planned) persons were trained in primary eye health care. 13 (not 1 as planned) awareness campaigns were held. 145 % more patients than the annual target were treated and examined in the out-patient department. However, only 58 % of the targeted poorest persons received free of costs service after referrals since the government did not cover the costs as NAB wanted them to.

**NABP IND 0374:** All India Confederation of the Blind (AICB) used their own funding (due to the late approval and delayed start of project) for the following: 1) Radios given to 125, and blankets given to 221 blind and partially sighted persons, 2) Blindness certificates provided to 106 blind and partially sighted persons, 3) Railway concession forms and bus passes arranged for 210 blind and partially sighted persons, 4) Government pensions arranged for 48 blind and partially sighted persons, 5) Four toilets constructed within households having a blind person under the relevant Government Scheme, 6) Four blind and partially sighted persons received livelihood/housing support under relevant Government Schemes, 7) Two blind and partially sighted persons in severe distress got medical expenses covered.

**NAD UGA 0400:** 1) Fewer groups were formed than planned, since the mobilisation meetings were mistaken for political campaign allies. The 2016 target was to reach 2030 women and 1660 men, while in the end reaching 1109 women and 1002 men. 2) It remained challenging for the programme to mobilise other disability categories than persons with physical disabilities, due to the weaknesses of some local DPOs. Strategies are now in place to assign representatives of different disabilities at the district union to reach the minority disability

categories. 3) Replication of the programme by other community members and organisations, such as CBM, is positive. However, hasty replications could result in poor planned programs with a weaker model. A copyright agreement between partners will be entered with new partners in order to mitigate the risks of unstructured implementation of a well-proved model.

**NAD SAF 0402:** No research was carried out, although proposals were developed, as none of the proposals were considered to merit the investment required.

**NAD SAF 0412:** Several activities were postponed to 2017 because of staff turn-over. The project focused exclusively on building internal capacity in DiDRR among FEDOMA's members and local branches. On a positive note, NAD and the national authority for technical and vocational training in Malawi secured funding (12 million NOK) from the Norwegian Centre for International Cooperation in Education to develop a formalised and inclusive approach to vocational training of smallholder farmers in Climate Smart Agriculture. FEDOMA and MACOHA contributed to the project as expert advisors on accessibility and disability inclusion.

**NAD MWI 0415:** 1) 2016 was the final year of NAD's secondment of a senior technical advisor to support the development of a National Disability Mainstreaming Strategy and Implementation Plan, a key element in the ongoing effort to promote systematic disability mainstreaming by all government sectors (with funding provided by international donors including the Norwegian Embassy). By the end of 2016, due to insufficient resources, the plan had not yet been launched. 2) The CBID programme worked closely with Save the Children in sensitising communities about the availability of Early Childhood Development Centres (ECDC). The project has revamped 62 old ECDCs and established 58 new ones in three education zones where children with disabilities are enrolled in the centres. More are expected to enroll in the future. This cooperation was not originally planned. 3) The project facilitated the identification of persons with disabilities in Machinga district who were included in training by the Malawi Human Rights Commission. 213 persons with disabilities were trained in human rights.

**NAD MWI 0416:** 1) Strategic planning workshops are postponed to 2017 in some DPOs because FEDOMA estimated that it would be more valuable to first establish capacity gaps and strategic priorities. 2) Economic Empowerment Programme training activities related to governance, leadership and constitution, as well as the planned refresher training for the iSAVE Savings and Credit Group Management Committees were also postponed to 2017.

**Signo UGA 1005:** Some of the vocational training activities were postponed to 2017.





Tony from Zimbabwe, using his wheelchair made by LOREWO Zimbabwe with support from SINTEF. PHOTO: CAPTURED MOMENTS PHOTOGRAPHY