



# VSO Position Paper on Disability Inclusion

2021

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# 1. Introduction

**We recognise that persons with disabilities are excluded from development processes, face challenges in accessing basic services (including health, education and livelihoods) and are denied opportunities to participate in social, civic, economic and cultural life.**

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) explains disability as: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".<sup>1</sup>

Approximately 15% of the world's population – nearly one billion people – lives with some form of disability, of which 2-4% experience significant difficulties in carrying out regular day to day activities according to World Health Organization (WHO) estimates. Around 80% of persons with disabilities live in poor countries. Almost 180 million young people between the ages of 10-24 years live with a disability significant enough to make a difference in their daily lives.<sup>2</sup>

# 2. Purpose of the position paper

VSO sees disability inclusion as a development goal and a human rights issue. This position paper explains why disability inclusion is a priority for VSO and how we intentionally promote disability inclusion through our programmes and across our organisation. Persons with disabilities around the world are too often denied rights and opportunities in all areas of life. The vast majority of persons with disabilities are poor.<sup>3</sup> Too many are unable to access health facilities, start and stay in school, access job and business opportunities, use technology and participate in social, cultural and political life. Persons with disabilities are often treated unfairly, are not listened to, have low self-esteem, and face daily discrimination and marginalisation. Many individuals with disabilities, including women and girls, face double marginalisation leading to even further vulnerability and exclusion.

## Marginalisation

Marginalisation is both a condition and a process that prevents individuals and groups from the full participation in social, economic, and political life enjoyed by the wider society based on factors such as age, caste, colour, citizenship, descent, disability, ethnicity, gender, geographic location, HIV status, language, migrant status, non-binary identity, political or other opinion, race, religion, or sexual orientation. Persons with disabilities face double marginalisation when more than one of these factors apply to them, which effectively multiplies their vulnerability and marginalisation.

## Poverty

Disability is a cause and consequence of poverty. There is a clear link between poverty and disability – people who are poor are more likely to have a disability and people with disability are more likely to be poor.<sup>4</sup> People living in poverty are more likely to face risks and challenges that can lead to disability: higher levels of malnutrition, inadequate access to health care, rehabilitation services, water and sanitation, unsafe working conditions and a lack of understanding of disability itself being some of the factors. Up to 20 million women a year experience long-lasting complication of disability resulting from

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<sup>1</sup> UN General Assembly, 2007

<sup>2</sup> WHO, 2011

<sup>3</sup> Charlton, 1998

<sup>4</sup> WHO, 2011

poor care during pregnancy or childbirth.<sup>5</sup> While poverty impacts disability, the cycle of poverty faced by people with disabilities is significant. Persons with disabilities and caregivers face the additional burden of costs associated with medical treatments, care and transportation. Costs of living with a disability are sizeable. It is estimated that having a moderate disability increases the cost of living by about a third of average income, and having a severe disability increases the cost of living by more than 40 per cent of average income.<sup>6</sup> The poverty-disability-poverty cycle represents a pressing human rights priority.<sup>7</sup>

## Health

Persons with disabilities face a range of barriers to accessing healthcare, compared to persons without disabilities, including costs, limited availability of services, physical barriers to access medical facilities, and inadequate knowledge of health workers to meet their needs.<sup>8</sup> Women and children with disabilities, in particular, have poor access to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services.

Evidence shows that births by mothers with disabilities are less likely to be attended by a skilled health worker than births by mothers without disabilities, and that married women with disabilities are more likely than married women without disabilities to have an unmet need for family planning.<sup>9</sup> In many countries, persons with disabilities, particularly women and girls with disabilities, fear seeking sexual and reproductive health services because of abuse and rights violations including involuntary sterilisation.<sup>10</sup>

## Education

More than half of school-age children in developing countries are out of school – this means more than 33 million children are missing the opportunity to realise their full potential.<sup>11</sup> Children with disabilities are more than twice as likely to have never been to school than children without disabilities.<sup>12</sup>

In many countries, the programmes and services that target young children often fail to meet the developmental needs of children with disabilities, and are often too expensive, not inclusive, and only located in urban areas.<sup>13</sup> Those able to go to school often face negative attitudes, a lack of resources to accommodate them, and education systems unable to ensure a quality education. Young persons with disabilities are greatly underrepresented in higher education. The global literacy rate for adults with disabilities is as low as 5% overall and less than 1% for women with disabilities, compared to the global literacy rate of 86%.<sup>14 15</sup>

## Livelihoods

An estimated 386 million of the world's working-age people have some kind of disability.<sup>16</sup> Persons with disabilities are more likely to be unemployed than persons without disabilities. Unemployment amongst persons with disabilities is as high as 80% in some countries and can be half of that of persons without disabilities. Data on employment in many developing countries is still limited and because a significant proportion of people, especially persons with disabilities, work in the informal economy they do not appear in national data and are not covered by employment law. Persons with intellectual impairments can be three to four times less likely to be employed than persons without disabilities and more likely to have more frequent and longer periods of unemployment.<sup>16</sup> Often employers assume that persons with disabilities are unable to work.<sup>18</sup> But when persons with disabilities do secure employment, significant barriers often limit the types of jobs they can have. Some countries have even identified specific jobs that are 'acceptable' for persons with disabilities. All too often there are environmental and attitudinal barriers in the workplace that exclude persons with disabilities and prevent them from reaching their full potential.

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<sup>5</sup> DFID, 2000

<sup>6</sup> UN, 2018

<sup>7</sup> Eide and Ingstad, 2011

<sup>8</sup> WHO, 2011

<sup>9</sup> UN, 2018

<sup>10</sup> Tilley, McKenzie and Kathard, 2012

<sup>11</sup> UNESCO, 2020

<sup>12</sup> UNESCO, 2020

<sup>13</sup> WHO, 2012

<sup>14</sup> UNESCO, 2018

<sup>15</sup> UNDP, 1998

<sup>16</sup> ILO, 2007

<sup>17</sup> WHO, 2011

<sup>18</sup> ILO, 2007



## Women and girls with disabilities

Women and girls with disabilities face the double disadvantage of discrimination based on gender and disability. They are often marginalised and subjected to violence. Women with disabilities are up to 10 times more likely to experience sexual violence than women without disabilities but most shelters and gender-based violence (GBV) programmes are inaccessible to them. Between 40%-68% of young women with disabilities experience sexual violence before the age of 18 and many women and girls with disabilities are subjected to forced sterilisation, forced abortion, and forced contraception without their consent.<sup>19</sup> In patriarchal societies, women with disabilities, particularly those with mental health challenges, are often hidden from the local community to avoid the stigma associated with their families. Girls with disability are also seen as un-marriageable and therefore are denied their right to be socially engaged in society.<sup>4</sup>

## Disasters and emergencies

Persons with disabilities are more likely to be left behind or abandoned during evacuation in disasters and conflicts and during the outbreak of pandemics due to a lack of preparation and planning, as well as inaccessible facilities, services, communication and transportation systems. Most shelters and refugee camps are not accessible to persons with disabilities and they can even be turned away due to a perception that their needs are too great. During times of disasters and emergencies, disruptions to physical, social, economic, and environmental networks and support systems affect persons with disabilities much more than the general population. Persons with disabilities are more likely to experience tangible losses due to shocks associated with disasters and emergencies and require more intensive support in the recovery phase following a disaster. There is also a potential for discrimination based on disability when resources for emergency response and recovery are scarce. The needs of persons with disabilities continue to be overlooked in long-term recovery and reconstruction efforts, meaning missed opportunities to improve accessibility and quality of services and infrastructure and to build resilient inclusive societies.<sup>20</sup>

<sup>19</sup> Ortoleva, 2020

<sup>20</sup> United Nations, "Disability-Inclusive Disaster Risk Reduction"

<sup>21</sup> World Bank, 2020

<sup>22</sup> UNESCO, 2020

<sup>23</sup> World Bank, 2020

## COVID-19

The COVID-19 pandemic has brought the experience of persons with disabilities into stark reality including increasing their exclusion from key services and opportunities. COVID-19 is a health emergency and a global economic and social crisis that is taking a massive toll especially on persons with disabilities. Many persons with disabilities have additional underlying health needs that make them particularly vulnerable to severe symptoms of COVID-19. Persons with disabilities are also at increased risk of contracting COVID-19 because of inaccessible information about the symptoms and prevention. Information is often not provided in accessible formats such as braille and Sign Language interpretation. People with disabilities using assistive devices and in regular physical contact with carers are also at increased risk. At the peak of the COVID-19 pandemic, 180 countries closed schools temporarily, forcing 85% of learners (around 1.6 billion children) out of school.<sup>21</sup> 40% of disadvantaged learners in low- or lower-middle-income countries received no support.<sup>22</sup> Online and digital learning has further excluded these children, particularly deaf and blind children, many of whom have not been able to access internet, radio and television lessons, especially in low-income countries. Social distancing measures halted the delivery of critical face-to-face services such as physical, speech or behavioural therapy.<sup>23</sup> Women with disabilities are particularly affected by the lack of access to hygiene needs, medication, testing, caregivers and treatment.



**A Deaf boy in Bidibidi Refugee Settlement in Uganda being instructed on how to wash his hands in Sign Language as part of creating awareness on COVID-19.**

### 3. Our position

Disability inclusion is a human rights issue and a development priority. As a development agency working for a fair world for everyone, we work to ensure the rights of persons with disabilities are met and they are not left behind in the global development journey. Our work is in line with the Sustainable Development Goals (SDGs) and the Leave No One Behind agenda. We believe in the rights of persons with disabilities to lead their own lives and to have a voice in the decisions that affect them: “Nothing about us without us”.

#### **We commit to making sure that VSO is an inclusive place to work and volunteer.**

We want to see that persons with disabilities are listened to and can live with respect and dignity. We work to achieve this by ensuring persons with disabilities participate in all development processes and that our programmes and organisation are inclusive of persons with disabilities. We address the barriers to inclusion by challenging harmful social norms that feed negative attitudes and behaviour towards disability, working to remove physical and communication barriers, and enhancing leadership and meaningful participation of persons with disabilities in decision-making. We work directly with persons with disabilities as well as their families and communities to achieve positive change. We strive to collect and use data on disability in a meaningful way so that we can identify and reach those most disadvantaged and measure impact.

In our programmes, we endeavour to ensure that:

- Children with disabilities can go to school and receive a quality education.
- There is better access to sexual and reproductive health and maternal and newborn health as well as rehabilitation information and services for persons with disabilities.
- Skills development, entrepreneurship and other livelihoods interventions are inclusive.
- Women, girls and non-binary persons with disabilities (including LGBTQI+ persons with disabilities) are supported in addressing the challenges they face, especially in terms of gender-based violence.
- Our humanitarian responses are inclusive of persons with disabilities in planning, risk mitigation and response.
- We address stereotypes and negative attitudes in policy and practice to transform unjust systems.
- We influence decision-makers and duty bearers to understand disability, ensure international commitments and national policies translate into practice that empowers persons with disabilities.
- All information is accessible to persons with disabilities to facilitate their participation and enable them to engage with services and opportunities.
- We take measures to harness the potential of technology to ensure persons with disabilities are empowered.



@VSO

**A child with disability participates in a reading event for early grade learners in one of the targeted schools in Abim district – Uganda as part of our inclusive education project.**



## 4. Our approach

- Promote the volunteering for development approach, which puts people and communities at the centre of their own development and enables voluntary action as a catalytic force to inspire change.
- Promote social inclusion, gender equality and advocacy efforts across all our programmes.
- Contribute to the Leave No One Behind Agenda by encouraging innovative ways to continue delivering development to those most excluded.

### Volunteering for Development

Volunteering for Development (VFD) is VSO's operating framework for how we work with poor and marginalised communities and organisations to bring people together globally to find creative solutions for transformative change.

The three key components make the VFD approach work

1. People First Principles
2. Relational Volunteering
3. Core approaches of social inclusion and gender, social accountability and resilience

VFD delivers on:

- A deeper understanding of systems and communities.
- Addressing the root causes of inequalities and injustice, and working to transform norms.
- Increased skills, experience, knowledge, and agency for all people.
- Diverse perspectives that generate new insights, and innovation.
- Improved confidence and capabilities of individuals, communities and governments to bring about change and transform power relations.
- Wider ownership and sustainability of the development process.

VFD's Impact:

- Public services are inclusive of the most marginalised groups and harmful social norms are addressed.
- Decision-makers are held to account, and better able to respond to primary actors' needs and rights.
- Individuals, communities and governments can manage vulnerability, conflict and disaster.
- Changes in policy and practice to better tackle poverty and exclusion.



**National Volunteer teaching braille to blind children as part of the ENGAGE project in Nepal.**

## People First Principles

The People First Principles are at the centre of our VFD approach. They enable us to build trust and participation of primary actors at all stages of the development process, to design appropriate and effective programmes and nurture a culture of reflection and collaboration.

People First Principle	Description
<b>People-Centred</b>	We use participatory practice to engage and listen to the primary actors and a range of stakeholders at different levels to ensure our work is pro-poor and we are contributing to positive social change.
<b>Evidence-Based</b>	We design interventions based upon quality research and evidence, and seek to understand the complex dimensions of poverty and power. This informs decisions and enables us to monitor how we are contributing to change.
<b>Effective and Appropriate</b>	We provide adequate and appropriate resources to ensure that the right people are in the right place at the right time, investing in our Volunteering for Development approach as a powerful and practical way to tackle poverty and inequality.
<b>Reflective Practice</b>	We invest in and nurture a culture of learning, create space and time for reflective practice, and respond and act upon our learning to constantly improve our programmes.
<b>Collaboration and Knowledge Sharing</b>	We create opportunities for collaboration and knowledge sharing to promote good practice across VSO and improve our approaches to programming.
<b>Accountability</b>	Our decisions are driven by the voices and evidence from primary actors to whom we are accountable.

## Relational volunteering

The relational volunteering model is how we mobilise and manage diverse communities of volunteers effectively across the whole system to develop effective and trusting relationships within and across communities and institutions and inspire and mentor individuals and organisations to be a part of the change.

It is built on empirical evidence about how diverse volunteers working alongside communities, contribute to change across five important, interrelated areas of inclusion, innovation, ownership, participation and inspiration.

In sourcing and placing volunteers, we will particularly encourage volunteers from vulnerable and excluded groups to engage in programmes and policy, as we believe that they have a lived experience of exclusion and discrimination and are therefore better able to bring about change by reaching out to and working alongside marginalised people in communities. We will also commit to ensuring that any adjustments and

additional support needed to facilitate an impactful volunteering placement are facilitated.

## Core approaches

The core approaches enable us in all our work to identify and address the systemic issues of poverty and exclusion, through a focus on resilience, social accountability and social inclusion and gender equality.

In the delivery of our social inclusion and gender aspirations, we commit to understanding and working on the intersections between social inclusion and gender and the other two core approaches of resilience and social accountability through interventions that will:

- Address existing power imbalance
- Enhance foundational assets of primary actors across the five asset capitals (Human, Social, Economic, Environment and Technological)
- Support rights awareness especially of those most marginalised and capacities to claim rights among many other interventions



[Click here for more information on VSO's Volunteering for Development framework](#)

### **Twin-track approach**

We take a twin-track approach to disability inclusion by ensuring that all of our programmes are inclusive of persons with disabilities as primary actors, partners, volunteers and staff, while delivering specific interventions targeting persons with disabilities.

### **Co-creation in programme design**

We are committed to engaging with persons with disabilities as key stakeholders in programme design. This includes stakeholder consultations, community meetings and surveys as required. We will endeavour to speak to women with disabilities as a priority and assess needs and requirements, including understanding barriers they face based on their firsthand experience of living with disability, stakeholder mapping, identifying solutions to problems and planning.

- Our education programme in Rwanda ensures all aspects of teacher training and planning in mainstream schools address disability inclusion, whilst also implementing specific interventions for the identification, assessment and support for learners with disabilities.
- In Kenya, the International Citizens Service (ICS) programme promoted inclusion of young persons with disabilities whilst also having specific activities carried out by Deaf ICS volunteers to bring about a wider awareness and integration of sign language in the community and government administration.

### **Collecting and promoting disaggregated data**

VSO is committed to gathering quality data on persons with disabilities to inform our programmes and advocacy. VSO has made using the Washington Group Questions on Disability Data (WGQ) compulsory in our programmes and across our organisation to better shape our work and measure our impact. Learning from our initial work using the WGQ has shown us that the WGQ help identify persons with disabilities to be included as part of our programmes and projects and to develop a better understanding of our teams. Using the WGQ will help us to ensure we achieve our target of 5% of persons with disabilities from our total reach and to become a more inclusive employer. Addressing the data gap on persons with disabilities

### **Inclusion**

Volunteering extends the reach of public services to the poorest and most marginalised by working on power dynamics

### **Innovation**

Volunteering generates new ideas and creates new forms of collaboration that lead to social innovation through a mix of inside/outside perspectives

### **Ownership**

Volunteering enhances trust and strengthens local ownership of development processes

### **Participation**

Volunteering creates a pathway to people's participation, active citizenship and social action

### **Inspiration**

Volunteering exposes communities to different cultural norms and ideas

and promoting the WGQ are also key advocacy areas for VSO.

- In Nepal, through using WGQ we have identified 6% of the target group are girls with disabilities in our girls' education programme and interventions were designed to meet the needs of those girls.
- In Rwanda, we used the WGQ to produce a snapshot of children with disabilities in schools in order to design our inclusive education interventions. We identified 9% prevalence rate of physical, visual and hearing difficulties in the schools surveyed.
- In Myanmar VSO provided technical support to the Department of Population and Rehabilitation to embed the WGQ in the mid-term population census. The data was collected in all 14 provinces in Myanmar, covering 4,316 households. The prevalence of disability was reported at 13%.

**Through our interventions in the year 2020 - 21, we reached 12.9 million people, 2.1% of which included persons with disabilities.**

## Enhancing voice and accountability

VSO is committed to 'social accountability' – ensuring people have a voice in the decisions that affect them and that those in power are directly accountable to communities for the decisions that are made. Social accountability is one important way of ensuring decision-makers and service providers create an enabling environment and deliver quality services for persons with disabilities. VSO is committed to ensuring people with disabilities can actively participate in and lead social accountability processes. This means providing accessible information on rights and entitlements including international commitments and national policies as well as promoting accessible tools and approaches to enable persons with disabilities to engage with service providers. We build the capabilities of persons with disabilities so that they have a voice and are able to demand their rights. We also help improve understanding of disability amongst decision-makers and other community members so that the voice of persons with disabilities is heard and valued.

- In Ethiopia youth with disabilities were trained on Citizen Lead Monitoring (CLM) to assess the quality of services during the COVID response from the government. They alerted government agencies to the fact that quarantine centres were not accessible to persons with disabilities.
- In Rwanda, Deaf youth used community theatre and community scorecards to identify key challenges faced by Deaf people and formed a joint committee with service providers and local leaders to put in place improvements.

## Recognising diversity and intersectionality

VSO recognises different forms of exclusion based on age, caste, colour, citizenship, descent, disability, ethnicity, geographic location, gender, HIV status, language, migrant status, non-binary identity, political opinion, race, religion, sexual orientation and other status. It is apparent from the development paradigm that disability is ignored in many development interventions addressing these various groups, therefore disability needs to be prioritised and understood within all marginalised groups.

The intersection of gender and disability is a key focus for VSO. The women's movement has failed to address issues of women with disabilities as they have historically excluded voices of women with disabilities in their campaigns and struggles. Similarly, the disability movement has not adequately highlighted issues and challenges faced by women with disabilities.

GBV is a priority issue that cuts across all of VSO's core programme areas and affects women, girls and non-binary persons with disabilities disproportionately. GBV is based on several factors, most prominently on social norms and power dynamics. Women, girls and non-binary persons with disabilities in any context are at increased danger of experiencing violence. The issue of GBV and disability also appears in the context of SRMNCAH regarding teenage pregnancy and HIV/AIDS. This is especially relevant to women and girls with disabilities because of, for example, myths around their sexuality and their overall high risk of experiencing sexual violence combined with discriminatory attitudes of health personnel.

We are conscious that the intersectionality of disability and GBV, as well as other key disability and gender intersectionalities including disability and sexuality, need to be explored in the design, delivery, monitoring and evaluation of our programmes.

**Through the 'Living with Dignity' initiative in Rwanda we are seeing changes in attitudes and behaviour in families, greater acceptance of women with disabilities and increased access to support and services. 20 community volunteers have reached over 800 women with disabilities and their families addressing issues of GBV.**

## Policy influencing

VSO believes that to achieve transformative change we must work to ensure national and international policies are in the interests of all citizens and communities especially the most disadvantaged including persons with disabilities. We believe governments have a responsibility to protect and promote the rights of the most vulnerable and marginalised. While many governments have initiatives geared towards persons with disabilities, in practice, they are rarely reached. We will align and partner with movements, campaigns, organisations and networks to bolster advocacy efforts. We will support local and national initiatives and interventions to take up issues of policy influencing and advocacy efforts in favour of persons with disabilities. We will carry out research and analysis to ensure our policy influencing is based on strong evidence of challenges and potential solutions. We are guided by the principles and articles set out in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) as part of our policy influencing and advocacy. Most importantly we will engage directly with persons with disabilities in our policy influencing and uphold the philosophy of “nothing about us without us”.

- In Pakistan, VSO and partners worked with Parliamentarians to inform Rights of Persons with Disability Act 2020.
- In Nepal, as a result of policy influencing, the Government of Nepal has endorsed the Equity Strategy Implementation Plan (ESIP). VSO is implementing the plan at the district level and has established a database to track out of school children, girls, children with disabilities and marginalised children.

## Working in partnership with persons with disabilities

We believe that to achieve systemic change, persons with disabilities and disabled people’s organisations (DPOs) must be at the forefront. We are committed to working with DPOs to strengthen their agency, rights and participation in development processes.

## Harnessing technology for inclusion

We are aware that technology can be an enabler for persons with disabilities. Technology can unlock education and skills development for children and adults with disabilities, bridge the information gap for young persons with disabilities trying to access sexual health services, and provide lifesaving communication for women and girls with disabilities facing GBV.

We are committed to using the growing range of accessible and innovative devices and social media platforms to enhance our programmes, as well as promoting home-grown innovations in the countries where we work, engaging in policy advocacy around increased investment in technology as a route to disability inclusion in development. We will ensure the continued use of the advances made in accessible and augmentative technology during the COVID-19 pandemic to strengthen inclusion for persons with disabilities.

Specifically, we are committed to meeting internationally recognised standards for web accessibility and continuing to design new IT solutions within the organisation that are fully accessible.<sup>24</sup> We will strive to use accessible technology, which is specific to the needs of persons with disabilities, in our programming and ensure we use, for instance, accessible online platforms for virtual meetings and calls. We will work towards creating a barrier-free digital space for the people we work with.

- In Nepal and Nigeria, VSO produced information in audio format for blind people on COVID-19.
- In Rwanda and Kenya, VSO with local partners produced COVID-19 information in sign language shared on social media.
- In Rwanda a VSO Deaf national volunteer created a social media network to help Deaf youth receive and share information on SRMNCAH services during the COVID-19 lockdown.

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<sup>24</sup> Web Content Accessibility Guidelines 2.1 Level AA from the World Wide Web Consortium will improve web accessibility across all the domains managed centrally by VSO.



## Advocating for access to assistive devices and rehabilitation services

A fundamental challenge for persons with disabilities is lack of access to rehabilitation and assistive devices. This creates barriers to independence and participation in all aspects of life, making it a key factor in VSO's approach to disability inclusion across all our programmes.

**It is evident from all our programme interventions in education, health, livelihoods and humanitarian response that rehabilitation and assistive devices are key to achieving true inclusion.**

For instance, VSO may train teachers on inclusion but if learners with disabilities are not able to reach school or to learn due to lack of assistive devices, such as crutches, white canes, braille slates, or hearing aids, then the intervention becomes questionable. Similarly,

VSO's support for early identification of disability in many instances demands rehabilitation services and yet in many locations, this support is not provided.

We recognise that provision of assistive devices and rehabilitation services is the responsibility of the state. We realise that it is not sustainable for us to directly work on the provision of assistive devices or rehabilitation services, but for our programmes to have the greatest impact, we are committed to addressing this critical challenge. We will work with stakeholders, campaigns and governments to highlight the importance of assistive devices and rehabilitation services for persons with disabilities and our policy influencing efforts will be towards creating opportunities, policies and services in favour of persons with disabilities. We will also promote the principles of community-based inclusive development which focuses on local solutions and community ownership of services and interventions for persons with disabilities.



Children with disabilities engaging in our inclusive education program (AQET) in Kenya.

## 5. Our priority areas

### Education

We will continue our efforts to promote the education of learners with disabilities mainly through outreach drives, enrolment, retention, needs assessment, and specific trainings through a systemic approach of building the ecosystem for inclusion.

We will continue our work in the development and implementation of comprehensive pre-service and in-service inclusive teacher training programmes, as in Myanmar, Kenya, Malawi, Nepal and Rwanda. These are specific projects designed to reach out to learners with disabilities, and the training of teachers is a key component. We have established partnerships with the governments of Rwanda, Nepal, Kenya, Myanmar and Malawi to strengthen the capacity of the systems and teachers training. This training aims to improve teachers' knowledge, skills, expertise and attitudes to conduct assessments of learners with disabilities. We will continue to design and develop curriculum in accessible formats and support institutes of curriculum development to do the same, as in self-learning Sign Language videos in Nepal and Nigeria. We will continue to work with governments to influence education policies in favour of persons with disabilities, for instance, in the development of inclusive education and equity policy guidelines and plans in Nepal, and revision of the pre-service teacher training programme in support of the Early Childhood Care and Development (ECCD) policy in Myanmar.

### Health

Our SRMNCAH programmes will have greater emphasis to reach out to women and children with disabilities. We will continue to ensure community-level sensitisation on the importance of SRMNCAH including the importance of immunisations, safe and appropriate family planning practices (including the use of contraceptives), safe pre-delivery and post-natal practices, safe motherhood, healthy menstrual hygiene management and inclusive comprehensive sexuality education.

Our volunteers will continue to work with local partners to equip communities, especially adolescents and youth, with the skills, knowledge, opportunities and services they need to lead productive lives, focusing on helping young people gain confidence and receive information about SRMNCAH and rights to reduce the risk of early marriages, early sexual debut, teenage pregnancy, HIV and sexually transmitted

infections (STIs). Our volunteers in many parts of the world have worked to build capacities of local doctors and frontline workers on prenatal and neonatal care, resulting in the prevention of disability.

### Livelihoods

We prioritise disability inclusion as part of the livelihoods pathway and endeavour to take up initiatives to reach out to persons with disabilities. We recognise the challenges faced by persons with disabilities in the supply and demand chain, promote inclusive approaches in technical and vocational education and training (TVET), self-employment and entrepreneurship. We will strive to develop appropriate partnerships to be nurtured in specific areas of decent work, employment, food security and agriculture. We will align with interventions that promote or ensure social safety nets, social capital and market resilience. We will look at and participate in broader campaigns for policy advocacy and engagement, for instance in the food security lobby partnering with disabled peoples' organisations working on livelihoods. We will take a collective approach towards building the capabilities of persons with disabilities.

We encourage persons with disabilities to participate in training on entrepreneurship and employability, business management, vocational training, and to be registered on the employment portal. We will continue to empower persons with disabilities to establish linkages to national and local initiatives to be able to access and start income-generating activities and social protection.

- In our Bangladesh programme there is evidence of promoting inclusion of youth with disabilities into an agriculturally based value chain for the secured and sustainable livelihoods initiative. The project engaged 275 poor youth with disability in agro-based farming interventions in income generating activities. Youth with disabilities were trained on various aspects of cropping and agriculture package of practices including production, quality inputs, production management, post-harvest management and market linkage in the Farmer Centre along with provision of capital funds for starting income generating activities related to agriculture.
- Small grants have been provided for persons with disabilities or their guardians for business start-ups in Ethiopia, Kenya and Zambia.

## Disasters and emergencies/safe, peaceful and resilient communities

While there have been efforts to address the needs of persons with different disabilities in emergency response and recovery, fewer initiatives aim to learn from past experiences to improve long-term disaster and climate risk management at a systemic level. We will seek to change this including ensuring people with disabilities are central to resilience building and action planning. We will continue to build capacity for communities to prepare, respond and mitigate the shocks they confront, with a focus on disaster risk reduction, climate change and conflict. We will promote preparedness planning and risk mitigation to these shocks and ensure our programmes reach and engage with persons with disabilities as part of any interventions. We will take into consideration the intersectionalities and the different layers of marginalisation of individuals and engage with them to ensure their needs and access requirements are met.

In the past two years, 15 teams have been trained in disability-inclusive humanitarian responses and disaster risk reduction programming. We have undertaken risk assessments and resilience action plans in 15 countries - Bangladesh, Cambodia, Ethiopia, Kenya, Malawi, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Philippines, Sierra Leone, Tanzania, Uganda and Zimbabwe. Within the risk assessments and action plans, we have ensured that persons with disability are represented and their priorities and needs are identified.

In April 2019, VSO supported an emergency response to Typhoon Idai in Mozambique. The team worked with local authorities to identify the most at-risk communities. The teams distributed 180 tonnes of food, serving 13,448 individuals in 17 localities of Sussundenga and Macate within Manica province. The team worked with the Provincial Department of Gender and Social Action to ensure 24% of the disaster-impacted recipients of support had additional vulnerabilities including persons with disability, elderly persons, orphans and widows.

In August 2019, two project offices in Myanmar and Sierra Leone participated in the delivery of humanitarian interventions during flood emergencies.

In Sierra Leone, VSO advocated for the identification and inclusion of the most vulnerable, including persons with disabilities, during the post-disaster needs assessment and registration, as well as ensuring that the cash and food distribution process was accessible to the most vulnerable, including women, elderly persons, female- or child-headed households, and persons with disabilities.

## COVID-19

Due to the onset of COVID-19 and our responses we have learned that persons with disabilities are disproportionately affected at the onset of any pandemic. We realise that they require information in accessible formats, support and counselling services, and protection against gender-based violence. As part of the COVID-19 response, our programmes have mainly targeted:

- Information flow to persons with disabilities in accessible formats in braille, audio, and Sign Language.
- Counselling services by volunteers, and in specific, engaging volunteers with disabilities as peer educators and support service.
- Building capacity of communities and persons with disabilities on the effects of gender-based violence, how to address it, creating support systems, signposting and seeking justice.
- Community-level behavioural change fostering a greater response to issues of gender-based violence through community action as in Rwanda and Ethiopia.
- Psychological counselling and support (peer educators) for enhancing mental health and wellbeing through community volunteers and referrals as in Zambia.
- Providing digital classes for learners with disabilities, as in our Kenya programme.

Many of our project offices implemented humanitarian interventions which supported persons with disabilities. Adaptive programming enabled VSO to respond to the specific challenges posed due to the pandemic to ensure reach to marginalised primary actors. In specific, messaging on disability and gender inclusion and design of awareness materials in accessible formats for persons with disabilities - e.g., in braille and audio formats (Ethiopia and Nepal),



Sign Language interpretation across (Ethiopia, Kenya, Malawi, Nigeria and Rwanda).

In addition, radio and television broadcasts were used for sensitising the general population on disability and linkage with COVID-19, along with basic information on protection and prevention. Posters and social media were also used across our programmes. We had specific interventions in Rwanda reaching out to women with disabilities with information on gender-based violence and disability, and there were incidences of women with disabilities taking up cases against the perpetrators.

We will give more emphasis to creating safety nets, social capital and market linkages.

### **A disability-inclusive place to work and volunteer**

We are committed to being an inclusive employer. This is reflected in our policies and practice, and we are committed to making our recruitment processes fully accessible and inclusive. We make reasonable adjustments for applicants throughout the interview process. We are aware of the challenges in some countries where we work in providing accessible working environments and are working to improve this.

We have taken strides to set examples of our offices being physically accessible for persons with disabilities, for instance in London and Kenya. We are committed to raising awareness and understanding of disability and issues of social inclusion with our own staff and volunteers. We are committed to training all staff and volunteers on the key concepts of discrimination, inequality, injustice and exclusion.

We will continue to promote a zero-tolerance approach to any kind of discrimination based on disability and also endeavour to have inclusive human resources policies at the country level. We have a global social inclusion and diversity policy that highlights the importance of disability inclusion and we will continue to train and orient all staff and volunteers on disability inclusion.

We have also started to collect disability-specific data of employees and volunteers.

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## **6. Monitoring and evaluating our progress**

We will establish a disability inclusion community of practice and over time create minimum standards of disability inclusion for our project offices, including barrier-free environments, physical space and communication. Reviewing the progress on these commitments will be continuous and form part of the quarterly reporting exercise.

We will identify a group of persons with disabilities as staff and volunteers who will form an advisory committee that will act as a watchdog to protect and enhance the provisions laid out in this position paper.

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# Abbreviations

AIDS	Acquired immunodeficiency syndrome
AQET	Access to Inclusive Quality Education and Transition
CLM	Citizen Lead Monitoring
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled People's Organization
DRR	Disaster risk reduction
ECCD	Early Childhood Care and Development
ENGAGE	Empowering a New Generation of Adolescent Girls with Education
ESIP	Equity Strategy Implementation Plan
GBV	Gender-based violence
HIV	Human immunodeficiency virus
ICS	International Citizen Service
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MNH	Maternal and Newborn Health
SDGs	Sustainable Development Goals
SRMNCAH	Sexual, reproductive, maternal, newborn, child and adolescent health
STI	Sexually transmitted infection
TVET	Technical Vocational Education and Training
VFD	Volunteering for Development
WGQ	Washington Group Questions
WHO	World Health Organization









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