

Disability Inclusion Helpdesk, September 2021

Evidence digest focus issue: Engaging with Organisations of People with Disabilities

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Guest blog: Rupsa Mallik (CREA) and Patience Ogolo-Dickson (AWWDI) discuss inclusion and collaboration in and across women's movements and disability movements.

To introduce this special edition on engaging with Organisations of People with Disabilities (OPDs), Rupsa Mallik, Director of Programmes and Innovation at [Creating Resources for Empowerment in Action](#) (CREA) and Patience Ogolo-Dickson, Founder and National Coordinator of [Advocacy for Women with Disabilities Initiative](#) (AWWDI) discuss the need for women's movements and disability movements to be inclusive and work together.

For over two decades CREA has worked at the intersection of disability, gender, sexuality and rights, and prioritised cross-movement alliance-building between feminist and women's rights organisations and disability rights organisations. AWWDI advances the rights of women and girls with disabilities in Nigeria. Patience Ogolo-Dickson participated in recent a recent [situation assessment on the effects of the COVID-19 pandemic on OPDs in Bangladesh, Nigeria and Zimbabwe](#) (in Bangla [here](#) and Easy Read [here](#) and [here](#)), which was carried out by the Disability Inclusion Helpdesk as part of the Disability-Inclusive Development Programme. A video of this conversation is available on [LinkedIn](#) with subtitles.

Rupsa: Welcome, Patience. My first question is linked to one of the findings that came out of the study you recently participated in about the effects of the COVID-19 pandemic on OPDs. My question is about how women's rights movements and organisations could be better allies to the disability rights movement and to disability rights organisations.

Patience: We need to have acceptance – accept women with disabilities into the movement, to recognise that women with disabilities are women too, even if they have impairments. They are sisters within the women's movement that have impairments. They should be accepted as women, as sisters, not seen as women who are not complete or not normal. Another thing is we need to trust ourselves as sisters, that these women with disabilities have the capacity and intelligence just like other women. They must be included in the agenda of the women's movement, and women with disabilities should be considered for positions within the movement. The third and the last point is working together is key for further advancement of all women, including women with disabilities, by speaking with the same voice, changing mindsets together, and this means that we may also need to change our language from “them” to “us”, connoting working together.



Sizan sits with his mother Shahanaj as she takes the blood pressure of patient Sufia. ADD International. December 2020.

Rupsa: You're so right. I think these issues of inclusion and accessibility are key in the way that women's rights movements need to start imagining the work that they do with disability rights organisations and movements. Of course, if we want to foster this kind of cross-movement collaboration, resources are a key part of that. Currently you see a lot of the funding comes in silos: it goes to the women's rights organisations, or disability-specific grants. How can funders re-imagine the way that they do their funding so that we can really advance this cross-movement collaboration, particularly in countries in the Global South?

Patience: I agree with you. It's a serious problem with funding, particularly for organisations of women with disabilities. It would be good if we had specific funding for women with disabilities, either within the women's movement or within the disability movement. Because, as you all know, funding is shrinking, and organisations are struggling. Organisations of women with disabilities struggle with the women's organisations who are highly competitive, or disability organisations who are highly competitive, to actually have funding for their projects, for their activities, for progress for women with disabilities. You know that women with disabilities are not a small community, but they are left behind. The WHO World Report on Disability indicates that **19.2% of the global female population are women and girls with disabilities**, while 12% of males have disabilities. So, there is a need for women with disabilities and their organisations to have specific funding either within women's movements or within disability movements, that way we don't leave them behind in the development space.

Rupsa: Absolutely, Patience. We really must as feminist and women's rights organisations make space. For example, at CREA we often talk about the fact that it's not just a question of inclusion; it's also a question of 'how is it that we create space that we've held for so long'? 'How is it that we create space for women with disabilities to come into leadership positions and decision-making positions, not just within the disability movement but within the women's rights movement?' Because, as you know, there is serious under-representation of women with disabilities within the women's rights movement.

One of the issues that the [Helpdesk OPD and COVID] study looked at was the exponential increase in gender-based violence (GBV) during the COVID-19 pandemic, to the extent that we're describing it as the "dual" or "shadow" pandemic. For gender-based violence service providers and women's rights organisations who have a long history of working on GBV, how could they respond in the context where women and girls with disabilities are disproportionately facing this violence?

Patience: It's a big issue for women with disabilities within the population, because we already face lots of barriers as women with disabilities – so it's not easy at all now to face the pandemic of COVID-19. I think working together is the key – for all women's movements to be aware of gender-based violence against women with disabilities and be among those who can push forward the affairs of women with disabilities around COVID-19 and gender-based violence. That way, we are working together using the human rights approach to achieve the SDGs Agenda 2030 for all.

Rupsa: Thank you so much Patience for your contribution to the situation report itself. I encourage everybody to please read the situation report, it has very important findings that have relevance for all of us.

The findings of the situation report are summarised in the evidence digest below. You can also read the report in English [here](#), in Bangla [here](#), and in Easy Read [here](#) and [here](#). Guidance on how and why donors and other actors can fund the rights of women with disabilities is available [here](#) from Disability Rights Fund (DRF).

The latest evidence and guidance on engaging with Organisations of People with Disabilities (OPDs)

The impacts of COVID-19 on OPDs

The Disability Inclusion Helpdesk published a [situation report on how the COVID-19 pandemic has affected OPDs in Bangladesh, Nigeria and Zimbabwe](#) (also in in Bangla [here](#), and in Easy Read [here](#) and [here](#)). The qualitative research focused on the experiences of organisations of women with disabilities and organisations of under-represented groups of people with disabilities.

The research found that people with disabilities and OPDs were largely excluded from disaster planning and response mechanisms. Nonetheless, OPDs played a critical role responding to the repercussions of the exclusion of people with disabilities from pandemic planning and responses. For example, when governments and other actors failed to provide accessible information, inclusive social protection, inclusive gender-based violence services, mental health and psychosocial services, and inclusive education, OPDs stepped in to advocate for, or to provide these services, often with severely limited resources. Many OPDs experienced dramatic reductions in funding and operational capacity, and access to sustainable funding continues to be a critical priority. OPDs reflected on the need to improve their co-operation with other OPDs, governments, and other civil society actors and social movements.

The Inclusive Futures Programme has published a learning paper about [four lessons learned about including people with disabilities in the response to COVID-19](#).

Programme partners learned that close engagement with people with disabilities and OPDs made their responses to the pandemic more relevant to local needs and priorities and more responsive to the specific challenges and barriers to services experienced by people with disabilities. The Programme found that collaboration with OPDs during the pandemic opened opportunities to address long-term systemic barriers to inclusion. For example, in Nigeria OPDs involved in the programme conducted accessibility audits of health facilities to improve inclusive health systems during the pandemic and into the future.

Under the Inclusive Futures Programme IDS published a policy brief on [Taking a Disability-Inclusive Approach to Pandemic Responses](#). It highlights that the needs and experiences of people with disabilities have largely been ignored during the Covid-19 pandemic, despite

Article 11 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) stating that governments must ensure the protection and safety of persons with disabilities. Governments and other agencies need to develop disability-inclusive policies and actions for emergencies and include people with disabilities in planning, decision-making and qualitative research that informs emergency responses. Further evidence collated by the Inclusive Futures programme on the impact of Covid-19 on people with disabilities is available [here](#).

Qualitative research by the Stakeholder Group of Persons with Disabilities in May 2020 with 106 people in 54 countries, including 65 people with disabilities, found that **the only commonly reported positive effect of the pandemic was that the role of OPDs had significantly changed**. OPDs adapted to the new reality and provided vital support to members, including checking on their members, disseminating information about the pandemic in accessible formats, distributing food, and securing social benefits for members. OPDs had an important role in supporting communities, particularly in response to the lack of support and information from governments.

Inclusion International published mixed methods research on **ensuring people with intellectual disabilities and families are included in a post-COVID world**. The report highlights the experiences of people with intellectual disabilities and their families who have lacked access to essential services and support; who have not had access to information about the pandemic; and who are being excluded from education, social protection and health services during the pandemic. It also highlights the challenges of OPDs operating at reduced capacity while trying to respond to the growing needs for direct support from families who did not have access to government services. The report provides eight recommendations to governments for better outreach to people with intellectual disabilities and their families in the response to, and recovery from, the pandemic.

Guidelines and toolkits for engaging with OPDs

Leonard Cheshire published its **Effective engagement toolkit: How to ensure meaningful participation of people with disabilities in your work** in May 2021. This practical 'living' resource developed by Leonard Cheshire's OPD engagement working group is for organisations and individuals committed to ensuring the voices of people with disabilities are front and centre of their influencing work. It provides step-by-step guidance on influencing approaches and OPD entry points, quick guides on the disability movement context, and concise good practice guidelines with links to in-depth information for further learning.

Leonard Cheshire has also published a **Disability and COVID-19 Influencer Pack**. The pack is a tool produced in collaboration with OPDs from the Innovation to Inclusion Programme (i2i) to provide guidance on influencing changes in attitudes, behaviours and policies to make the COVID-19 response and recovery efforts more disability-inclusive.

A core part of ADD International's work is capacity building with disability activists as individuals, organisations, and within movements. A learning paper outlines **ADD International's approach to capacity building with OPDs**, including the history of their approach; the steps they take (including assessment and planning, accompanying and

coaching activists, providing technical inputs and strategic funding, and brokering links between individuals and organisations); case studies of their experiences; and the challenges involved.

ELRHA has published [practical guidelines for co-researching with people with disabilities](#). Research is not always conducted in a way that prioritises the meaningful participation of people with disabilities in all stages and processes of research. These guidelines describe Arbeiter-Samariter-Bund's experiences of conducting participatory research with people with disabilities and provide guidelines, using examples of their practices.

The Leave No One Behind Knowledge Exchange Programme published a blog about [why OPDs must be engaged in data collection, analysis, and use](#) for evidence-based advocacy to influence policy and decision-makers. The blog highlights that people with disabilities largely remain invisible in statistics, particularly during the COVID-19 pandemic, which makes it even more challenging to address barriers to disability inclusion. It also emphasises the importance of collecting qualitative data and conducting participatory research with people with disabilities and OPDs, which can fill gaps in official statistics. The Stakeholder Group of Persons with Disabilities, the International Disability Alliance, Disabled Peoples International, and CBM Global Disability Inclusion have a [disability data advocacy toolkit](#) that outlines how to engage OPDs in data collection, analysis and use.

Partnerships and funding for OPDs

Centre for Inclusive Policy (CIP), CBM Australia and International Disability Alliance (IDA) has published a manual for OPDs on [getting governments to spend \(more and better\) for \(inclusion\) of all persons with disabilities](#). The manual highlights that budget allocations for people with disabilities in many low- and middle-income countries (LMICs) are less than 0.5% of Gross Domestic Product; and that understanding how governments budget for people with disabilities is one of the most effective ways of tracking implementation of the UNCRPD. It provides a roadmap for OPDs in LMICs to engage further with governments and civil society on budgeting for an inclusive recovery from COVID-19.

Mobility International USA (MIUSA), an organisation focused on disability rights, and MADRE, an organisation focused on women's rights, published a practice note on [supporting disability-inclusive women's rights work through innovative partnerships](#). This practice note outlines what has been learned from a two-year partnership between the organisations and provides recommendations for making women's rights work more disability inclusive. As a result of the partnership with MIUSA, MADRE has made changes to its operations, human resources procedures, communications, monitoring, learning and evaluations to be more disability-inclusive, and it has expanded its partnerships and grants to organisations of women with disabilities and OPDs.

The latest evidence and guidance on disability inclusion: Other topics

The impacts of COVID-19

Women and girls with disabilities: UNFPA and Women Enabled International published a global assessment and case studies from Malawi, the UK, Chile and Fiji on **the impact of COVID-19 on women and girls with disabilities**, with a particular focus on sexual and reproductive health and rights (SRHR), GBV and related rights. It found that barriers to accessing SRH information, goods, and services increased during the pandemic. For example, some women and girls with disabilities who require assistance of interpreters or assistants to access SRH were no longer allowed to be accompanied and supported because of social distancing rules. Risk factors for GBV as well as barriers to GBV services and support mechanisms were also exacerbated during the pandemic. For example, caregivers who were new to caregiving responsibilities or did not have respite from these responsibilities sometimes withheld assistance or abused women and girls with disabilities; GBV services were even more difficult to access due to lockdowns and police were often re-deployed away from investigating cases of GBV.

South Asia: Disability and the Global South's special issue on COVID-19 in South Asia includes articles about South Asian governments' responses to the pandemic for people with disabilities; women, older people, LGBTIQ+ and Indigenous peoples with disabilities' experiences of the pandemic in South Asia; and mental health during the pandemic in South Asia.

Bangladesh: Qualitative interviews with 24 people with disabilities from March to April 2021 found that health facilities were not adequately prepared to respond to the needs of people with disabilities. Additionally, the report found that the government has not specifically monitored COVID-19 amongst people with disabilities; nor has it given persons with disabilities priority access to vaccines. During the pandemic, people with disabilities who are entrepreneurs or who became unemployed have not received adequate or timely financial assistance from government during; and existing barriers for people with disabilities have been made worse by limited information about, and lack of access to, health care, employment, social protection and education.

Nigeria: Mixed methods research with 58 people with disabilities in February to April 2021 found that none (0%) of the respondents had received COVID-19-related cash benefits from government, 10% had received food donations, 41% were aware of vaccines, and no respondents (0%) had information on how to access the vaccine. 76% of respondents said they could not afford smart phones or internet services and could, in consequence, not access websites. People with disabilities said they believed that healthcare systems would not value their lives equally (in comparison to people without disabilities) and that they would not be given access to life-saving healthcare on an equal basis.

Digital Inclusion

A survey of 9676 people with disabilities in eight low- and middle-income countries in 2019 found that **people with disabilities had significantly lower levels of mobile ownership compared to people without disabilities**. In Bangladesh, people with disabilities are 47%

less likely to own a mobile phone than people without disabilities and they use mobile internet 87% less than people without disabilities. According to people with disabilities in the eight countries, limited literacy and digital skills are the primary barriers to owning a mobile, as well as affordability and the perceived irrelevance of mobiles.

Using the same survey data from seven countries, another report on the **digital exclusion of women with disabilities** found that women with disabilities have among the lowest rates of mobile and smartphone ownership. Compared to women and men without disabilities, as well as men with disabilities, women with disabilities are the least likely to perceive the benefits of mobile ownership, the least aware of mobile internet, and the least likely to use mobile internet. In Bangladesh, India, Pakistan and Uganda, the most commonly reported barriers to mobile ownership amongst women with disabilities were the perceived irrelevance of mobile ownership, limited literacy and skills, and risks to safety and security..

GSMA has also published research on **how refugees and Kenyans with visual and hearing impairments in Nairobi use mobile technology**, and the potential opportunities that mobile technologies could provide. It includes insights on the key barriers to use of mobile technology in daily life and as a means to access health and financial services. The research provides advice for mobile network operators, technology providers, OPDs and humanitarian organisations on how they might work to make technology and services more inclusive.

Economic empowerment

An analysis of the question ‘**What progress has been made to operationalise the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to promote inclusive employment?**’ outlined four major challenges related to this topic. (1) While domestic laws related to inclusive employment in many settings are inspired by the UNCRPD, they do not fully reflect the its key principles. (2) Relevant employment policies are poorly conceived, with a lack of participation of people with disabilities in policy-making and policy dialogue. (3) The implementation of policy and legal frameworks for employment of people with disabilities often lack coordination between stakeholders and have inadequate guidelines. (4) A lack of monitoring and evaluation strategies limits the assessment of the success of disability-inclusive policies.

The Inclusive Futures Programme has updated its labour market assessments for **Bangladesh, Kenya, Nigeria and Uganda**. The assessments use a Markets for Poor (M4P) approach to mapping labour supply and demand as well as relevant supporting functions and regulatory frameworks. The perspectives of jobseekers, employers and OPDs are included in the analyses. Each assessment provides recommendations on how to adapt and improve economic empowerment programming to be more disability inclusive.

Inclusive education

Mixed methods research with 134 young people with disabilities in Andhra Pradesh and Telangana in India found that gender, poverty, and the nature and severity of

impairments compounded the exclusion of young people with disabilities from education and employment. Less than half of the research participants with disabilities had completed secondary education, compared to three quarters of people with disabilities by age 15. At age 22, 50% of women with disabilities had completed secondary education compared to 67% of men with disabilities. People with disabilities in salaried employment on average earned 37% less than people without disabilities.

A literature review for a USAID evaluation in Cambodia, Malawi and Nepal on **what works to support children with disabilities to read** found that all three countries have insufficient screening and referral mechanisms to identify children with disabilities; all countries have made significant gains in training special education teachers, but demand may still exceed supply; negative attitudes towards children with disabilities is a major barrier to effective inclusive education efforts; evidence on the experiences of children with specific impairments is limited; additional classroom support for learners with disabilities is inconsistent and limited; and female learners with disabilities are particularly at risk of dropping out of school.

Stigma, discrimination, abuse and violence

UN Women and Women Enabled International (WEI) published a COVID-19, gender, and disability checklist for **preventing and addressing gender-based violence against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic**. Focused on the context of the COVID-19 and related challenges for persons with disabilities, it provides guidance on: GBV prevention; addressing the root causes GBV against people with disabilities; ensuring access to GBV services for people with disabilities; and preventing and addressing GBV against people with disabilities during the recovery from the pandemic. UN Women and WEI also produced a **guide for women, girls, and gender non-conforming people with disabilities (affected by GBV) to understand their rights** when accessing support and advocating with governments.

A desk-based evidence review on the question ‘**How do we support women and girls with disabilities to overcome stigma against them?**’ found major gaps in the research on this topic and outlined the major challenges to addressing stigma against women and girls with disabilities. Evidence suggests that stigma is a complicated phenomenon, and there are many different intersectional drivers of stigma against people with disabilities. At the same time, existing stigma reduction interventions are found to be too narrow in focus, often targeting a single level or source of stigma. Evidence suggests that implementing the UN Convention on the Rights of Persons with Disabilities (UNCRPD) would support empowerment and stigma reduction.

Qualitative research conducted in 2018 with **mothers of children with albinism in Malawi** found that mothers experienced emotional pain initially, but also love and acceptance of their children, despite negative reactions of others. The research found that mothers and their children experienced stigmatisation and threats from others to harm their children. It also found that mothers often had a lack of knowledge and understanding of albinism.

A survey of 2003 women with disabilities in the UK in October 2020 found that seven in ten women with disabilities say they have been sexually harassed at work, compared to 52% of all women. The proportion increases to almost eight in ten among women with disabilities aged 18 to 34. One in 25 women with disabilities reported that they had experienced a serious sexual assault or rape at work. Two thirds of women with disabilities who had experienced harassment did not report it to their manager, with 39% saying that they did not believe they would be taken seriously. Of those who did report the most recent instance of sexual harassment, 53% said it was not dealt with satisfactorily. Women with disabilities in the UK are 32.6% more likely to be unemployed compared to men without disabilities, and they earn 36% less than men without disabilities.

Finance for disability inclusion

An analysis of **budgets for disability inclusion in five different counties of Kenya** found that in all counties there is a critical gap in disability funding, there are few budget lines specifically to support people with disabilities, and disability inclusion has not been consistently allocated funding. Vihiga county had the highest proportion of its budget dedicated to disability inclusion at 0.1%, while the lowest was Bungoma, at 0.02%, demonstrating the low level of investment in disability inclusion at county level.

Programme learning on engaging with OPDs

OPDs in the COVID-19 response: In the Inclusive Futures programme, OPD partners took on multiple roles to create a disability inclusive COVID-19 response. For example, in Kenya, the programme worked with OPDs to understand how people with disabilities were affected by the pandemic and what their immediate requirements were. These partnerships had been established under Inclusive Futures prior to the pandemic. The national OPD in Kenya, the United Disabled Persons of Kenya, led the selection of more than 40 community OPD partners. These OPD partners supported data collection to identify people with a range of disabilities, including people with deafblindness. They also helped mentor micro-entrepreneurs with disabilities to adapt their business models during the pandemic. OPDs took a central role in highlighting the gaps in government data, prioritising support and distribution, which risked leaving behind some populations. They also monitored the success of the relief packages that were provided.

When working with OPDs, the consortium found that setting up a Memorandum of Understanding and Standard Operating Procedures with OPDs at the beginning of each project took longer than expected and delayed some initial activities. However, this time investment was critical to establish a clear working relationship with well defined roles for OPDs as equal partners. They also learned that it was a vital priority to support OPDs to work virtually, given local restrictions on movement and safety concerns. This was addressed through training sessions on device and platform use, as well as specific budget allocation for portable hotspots and data packages, particularly for deaf people for whom phone credit was not sufficient. The experience also highlighted the importance of working

with people with disabilities and their representative organisations to identify and resource essential requirements for meaningful engagement of people with disabilities, and to build long-term partnerships that last beyond the life-cycle of a programme.

A coalition for GBV against women with disabilities in Rwanda: While anecdotally, women and girls with disabilities in Rwanda experience higher rates of GBV and greater barriers to accessing justice and other services, until recently data on the prevalence of GBV and accessibility barriers did not exist. Leading efforts to change this is one of the very few Rwandan organisations of women with disabilities: Umuryango Nyarwanda w'Abagore Bafite Ubumuga (UNABU). **Disability Rights Fund (DRF)** became UNABU's first funder in 2015. With funding and technical assistance from DRF, UNABU developed and ran a survey that found that more than 40% of respondent women and girls with disabilities had experienced GBV, yet could not access legal or support services at the government's Isange One Stop Centers (IOSCs). Moreover, 90% of the IOSCs audited by UNABU had only some or no facilities that complied with accessibility standards. In part due to UNABU raising awareness on this data, the Rwandan government made a commitment at the Global Disability Summit of 2018 to make the IOSCs accessible. To support the government's commitment, UNABU developed a coalition with organisations with expertise in access to justice for women: Haguruka (a national women's rights NGO) and Legal Aid Forum (a network of 38 organisations that provides free services to marginalised groups).



An investigator talking about GBV after listening to women and girls with disabilities. UNABU, 2021.

With ongoing funding and assistance for COVID-safe advocacy from DRF, the coalition carried on work during the pandemic to address these gaps. Achievements as of June 2021 have been significant: the Coalition has conducted accessibility audits at 39 IOSCs throughout the country and supported self-assessments at dozens more, sensitised nearly 400 stakeholders on GBV against girls and women with disabilities, trained 35 volunteers on

the use of smartphones for reporting GBV, and provided coaching to nearly 4,900 girls and women with disabilities from UNABU's 35 self-advocacy groups at village levels. Initial data indicates that these efforts have led to substantially increased access to justice and services for survivors as dozens of new GBV cases have been reported by women and girls with disabilities with the help of UNABU's community mobilizers. This has demonstrated that DRF's funding practices, which include coalition funding (encouraging partnerships across movements), multi-year financial and technical support to OPDs, and financial flexibility during crises to sustain operations and pivot activities, are critical. Since DRF made the very first grant to UNABU, UNABU's donors and staff have grown tenfold. UNABU's Director underlines that this investment has increased their networks and visibility and led to national and international recognition of their efforts to address the rights of girls and women with disabilities who are GBV survivors. With the right supports and partner, UNABU has been able to have a leading voice in addressing barriers and building back better.

OPD collaboration for evidence-based advocacy: As part of the Innovation to Inclusion Programme (i2i), CBM, Centre for Disability and Development (CDD) and Association for the Physically Disabled in Kenya (APDK) have worked closely with Leonard Cheshire, European Disability Forum and Equal Measures 2030 to facilitate workshops with OPDs (10 in Kenya and 10 in Bangladesh) on evidence-based advocacy focused on CRPD articles 27 (work and employment) and 28 (adequate standard of living and social protection). Following collection and analysis of evidence on the implementation of the two articles in Kenya and Bangladesh, OPDs in each country worked to identify strategic themes for advocacy and to agree on key messages, target audiences and activities. Since the workshops in early 2021, OPDs have been collaborating on a range of advocacy activities that include: organising events for international days; development of policy briefs; printing of posters and stickers; meeting with local and national government stakeholders; and round table discussions. OPDs reported that they felt they had been meaningfully engaged and that they felt more confident they were able to promote a more genuine understanding of the wider situation through presenting reliable and consistent disability-disaggregated data. They made further recommendations calling for dedicated longer term funding to ensure capacity building and sustainability of OPDs. They called for a change in practice of NGOs and different levels of authority, with obligations to come from donor agencies to hold stakeholders to account for change. They further raised that current funding mechanisms were inaccessible to them, and that inaccessible infrastructure, processes and communications continued to block access to wider information and systems.

Disability inclusion policy news

IDA has launched its second [Global Survey on the participation of OPDs in policies and programmes](#). Disability activists and advocates from OPDs are encouraged to participate in the survey. The survey is a tool to assess the quality, depth, scope and relevance of OPD participation in programmes and policies. It offers recommendations for governments, UN system and funding agencies to implement their commitments to the CRPD. Results of the first survey can be found [here](#).

The **Tokyo 2020 Paralympic Games** have concluded. The **WeThe15 Campaign** launched during the Paralympic Games, which brought together the biggest coalition ever of international organisations from sport, human rights, policy, communications, business, arts and entertainment to campaign for disability visibility, inclusion and accessibility.

About the Disability Inclusion Helpdesk:

The Disability Inclusion Helpdesk provides pre-paid rapid research and technical assistance on disability inclusion to the UK Foreign, Commonwealth, and Development Office as part of the Disability Inclusive Development Programme. All our published reports are available on [our website](#).

Examples of recently published work:

Our last Evidence Digest was focusing on **Disability-inclusive Education**.

Disability Inclusion Helpdesk **Report No: 60**, Family Planning for Women and Girls with Disabilities.

Evidence Digest on the impacts on and risks to people with disabilities from the COVID-19, **November 2020-March 2021** and **July-November 2020**.

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