



# **Mapping of Danish efforts to include persons with disabilities in development cooperation and humanitarian action.**

FINAL REPORT

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## Abbreviations and acronyms

CISU	Civil Society in Development
CKU	Centre for Church Based Development)
CSO	Civil Society organisation
CRPD	Convention on the Rights of Persons with Disabilities
DPOD	Disabled People's Organisations Denmark
DUF	Danish Youth Council
GLAD	Global Action on Disability
GPE	Global Partnership for Education
MFA	Ministry of Foreign Affairs
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
OPD	Organisation of Persons with Disabilities
UNDIS	UN Disability Inclusion Strategy
UNDP	United National Development Programme
UNICEF	United Nations Childrens Fund
UNWRA	United Nations Work and Reliefs Agency for Palestine Refugees in the Near East

This mapping study was commissioned by Disabled People's Organisations Denmark DPOD. It was carried out between November 2023 and May 2024 by Annika Nilsson, NIDS Development Services.

## Executive summary

Denmark has made several promises towards inclusion of persons with disabilities in development and humanitarian aid, by signing international conventions, charters and global disability summit commitments. The Danish global strategy “The World we Share” makes two specific commitments to persons with disabilities:

- No one must be left behind – there should be particular focus on those whose needs are greatest, including persons with disabilities.
- We will provide a voice for people with disabilities.

This study set out to map how Denmark is implementing its promises and identify examples of good practices and lessons learnt. The aim is to inform and inspire continued and enhanced disability inclusion practices. The study included document review, statistical analyses, e-mail questions to 16 embassies, 16 strategic CSO partners and 4 pooled funds as well as interviews with 8 selected CSO and MFA representatives.

The study found that the disability marker in the statistical system could not yet be used as a tool to monitor disability inclusion. The marker is not systematically used and there are many mistakes in the coding. The definition “disability” and the definition of “significant disability focus” is also not clear. Therefore it is difficult to say how large share of the Danish aid disbursement that have a significant disability focus. It could be between 1 and 5 percent. This is far from the 21 % of disbursements that claim in their descriptions to focus on “the most marginalised/vulnerable groups”, “inclusive services/processes” or “human rights”.

The responses from embassies revealed that only two embassies had interpreted the human rights-based approach and the “Leave no one behind” – commitment to mean a requirement to undertake deliberate measures to include persons with disabilities. Instead, disability inclusion happened most often as result of policies and practices of partners (e.g. World Bank, UN agencies CSOs and governments) that received core or programme support from Denmark. In these cases, no disability marker coding was made. Still, some of these initiatives are great models of good practice.

The responses from CSO partners showed that the interest in disability inclusion is growing. Many organisations had adopted disability inclusion strategies and tools, as part of their efforts to reach the most marginalised or vulnerable people. CSOs that were part of global networks referred to strong policy commitments at the HQ level. However, implementation is still slow. Most of the examples of good practice submitted to this mapping from CSOs describe targeted, service interventions for persons with e.g. leprosy, albinism, mine injuries, hearing loss or psychosocial disabilities - or establishment of care/educational centres for children with disabilities. While this is commendable, the real change maker would be when partners start including persons with disabilities in their large mainstream programmes and introduce disaggregated targets and indicators to monitor this - modelled on the efforts made to include women and girls.

Based on these lessons and the models of good practice solicited in this mapping, the following could be considered in moving forward:

When MFA is reviewing the global strategy for the upcoming period 2025-2028, it would be helpful if it was made clear that HRBA and “Leave no one behind” requires inclusion of persons with disabilities in regular programmes, especially if they claim to be inclusive, target the most marginalised or deliver social/health education services. Interpretations of these basic concepts should not be left to individual opinions. By introducing such clarifications and some simple minimum requirements, Danish aid would be more in line with the commitments made.

There is a need to improve the quality of the use of the OECD/DAC disability marker. MFA should put in place a process to quality assure data reported. This could include, for example, using membership of the Global Action on Disability (GLAD) network and/or close collaboration with the other Nordic donors to collate and share lessons on common errors to avoid. Some key issues to cover in such quality assurance include: a simple definition of “disability”, definition of “significant focus” which should include minimum criteria and explain what mainstreaming would entail and ensuring that evidence behind the scoring is possible to find transparently on open sources.

There is a call from several partners to have practical support in their efforts to become more disability inclusive. DPOD could consider a) supporting CSO colleagues to make their own existing tools simpler and more concrete b) develop a simple generic tool that could serve as a first basic inspiration to move from policy to practice c) inspire and facilitate capacity development of CSO staff and their local partners.

A simple disability inclusion tool that could work for all programmes regardless of size and theme could consist of five key components: 1) Localisation: always invite OPDs to participate in planning and monitoring – if needed support their capacity to contribute meaningfully 2) Concrete realistic targets: set at least one disability disaggregated timebound target with monitoring indicators in the results framework 3) Funding: ensure that there is an explicit budget to pay for the planned inclusion measures and participation 4) Accountability: monitor and report on the commitments and targets in the annual report. Use the disability marker, when reaching its minimum requirements. 5) Diversity: ensure that women and different types of disabilities are considered – including intellectual and psychosocial disabilities – even if it takes some effort.

# 1. Background and Aims

With increasing focus globally on Leaving No One Behind and disability inclusion in international development cooperation and humanitarian action, the need to monitor the progress is becoming increasingly evident. This study will map and analyse disability inclusion in Danish ODA. The study will serve as a learning exercise and a potential baseline for future monitoring of commitments made. Aid disbursements in 2022 will serve as the sample year. The study will include:

- Obtaining an overview of Denmark's policy level ambitions and commitments to disability inclusion in international development cooperation and humanitarian action
- Obtaining an overview of the actual disbursements to programmes that are disability inclusive (according to OECD/DAC marker definitions) and the actual practices of selected Danish partners in terms of disability inclusion in programming.
- Identifying good examples and practices of disability inclusion by Danish development and humanitarian actors under the Danish ODA
- Assessing coherence between policy level commitments and actual ODA programme portfolios and monitoring of disability inclusion by Danish development and humanitarian actors.
- Indicating possible ways forward in terms of providing a framework for expanding good practices.

## 2. Methods and Limitations

### 2.1 DATA COLLECTION

This mapping is based on a desk review of documents available on official websites, e-mail questions to selected Danish embassies and to all strategic partners and interviews with key stakeholders in DPOD, MFA and its strategic partners.

#### *The document review included:*

- the OECD/DAC database of Danish aid
- the Danish Open Aid information
- the strategies, plans and policy document of MFA and its partners available on internet
- documents sent to the consultant by MFA and its partners in a request for examples of good practice.

#### *Interviews with MFA and strategic partner staff – semi-structured*

Interviews have been carried out with 8 respondents. The interviews were semi structured and focussed on the following six questions:

- 1) Are you informed about the Danish and/or global commitments to disability inclusion? Have they influenced your work?
- 2) What tools and guidance do you have on disability inclusion?

- 3) What is your unit/organisation/country programme/sector programme doing to include persons with disabilities and their representative organisations a) as partners in design, implementation and monitoring and b) as target group for the programmes?
- 4) Do you have explicit targets, indicators and budgets for persons with disabilities? Do you report on them?
- 5) Can you share a good example?
- 6) What could be done to enhance disability inclusion in the future?

### ***E-mail questionnaire to all embassies and strategic CSO partners***

E-mail questions were sent to 16 embassies, 16 strategic partners and 4 pooled funds to identify examples of good practices and lessons learnt. Out of 16 embassies 8 responded. Out of the 16 CSO partners, 14 responded. Three out of 4 pooled funds responded. A list of respondents is found in Annex 3. The questions were:

- Does your organisation/country programme support any programmes/processes where persons with disabilities or their representative organisations are engaged as partners in design and monitoring?
- Does your organisation/country programme support any programmes where persons with disabilities or their representative organisations are among the explicit target groups?
- Please send any relevant documentation showing how you work with disability inclusion and any results that you may want to share.

## 2.2 UTILISATION FOCUS

This evaluation is commissioned by the DPOD. It will serve as a learning exercise for DPOD and a potential baseline for future monitoring of commitments made by the Danish MFA and its implementing partners. It is also hoped that the study will inspire dialogue and reflection among stakeholders on how to better fulfil the commitments made. A joint learning seminar with DPOD and other Danish key stakeholders will be organised. The draft report was shared will be shared with DPOD for comments before being finalised.

## 2.3 LIMITATIONS

The study will use a sample of partners and countries to draw conclusions. These may not be totally representative of all countries and programmes. The partners and countries selected for in-depth study have been selected to identify good practices i.e. selecting those that claim to be “inclusive” and focusing on “vulnerable populations” or “human rights” in their project descriptions or strategies.

## 3. Findings

### 3.1 DISABILITY IN DANISH ODA POLICY

Denmark has committed to disability inclusion in various fora, from the ratification of the CRPD and its articles 11 and 32 to recent commitments at the Global Disability Summit in 2022. The global strategy for development cooperation” the World We Share” was adopted in 2021. It states:

*Fighting poverty is a key objective in the Danish International Development Cooperation Act and in Denmark’s strategy for development cooperation” The World We Share”. The Danish government is committed to contributing towards achieving the UN Sustainable Development Goals (SDGs), including SDG 1 on eliminating poverty and SDG 10 on reducing inequality. Furthermore, Denmark has subscribed to the general principle of ‘Leaving no one behind’, which calls for prioritising those countries, groups and persons who are most vulnerable and furthest from having their needs and rights fulfilled. (The World We Share).*

The global strategy makes two commitments to persons with disabilities:

- No one must be left behind – there should be particular focus on those whose needs are greatest, including persons with disabilities.
- We will provide a voice for people with disabilities.

The first annual report on the implementation of the global strategy (2022) does not mention if/how persons with disabilities have been included or if their voice has been enhanced. Neither does the 2023 report.

Denmark has also signed the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. There is no official reporting on this commitment. However, there are two examples of good practice. Firstly, the strategy for UNWRA (Palestine) 2023-2028 is coded as having a significant disability focus, and this is also confirmed by the content of the strategy. It will be very important for MFA to monitor how this is done in practice, considering the recent developments in Gaza. Also, in Ukraine, the MFA is making efforts to include persons with disabilities in their response. In September 2023, DPOD submitted input to the revision of the Strategic Framework: Denmark's Partnership with the Eastern Neighbourhood Countries 2022-2026, which has largely been included in the document. DPOD continues the dialogue with the MFA on how to ensure disability inclusion in the implementation of the strategic framework.

The Global Disability Summit commitments include:

- Denmark will join the Global Action on Disability (GLAD) to support multi-stakeholder coordination and to strengthen the knowledgebase across the Danish MFA and in Danish development cooperation (2022).
- Denmark will work to combat gender-based violence in crises. As the global lead of Call to Action on Protection Against Gender-Based Violence in Emergencies 2021-2022, Denmark is committed to advocating for the inclusion of people with disabilities in efforts against gender-based violence in humanitarian contexts.



- Denmark will support coalition building between OPDs and mainstream organisations to promote leadership of persons with disabilities by facilitating a strategic dialogue between Disabled People’s Organisations Denmark (DPOD) and CSOs that have a strategic partnership agreement with the MFA.
- Denmark will work to provide a voice for people with disabilities as outlined in the strategy for development cooperation, the World We Share. Denmark will place a special focus on strengthening local leadership, including transfer of funds, ownership and decision-making power to local partners through the close partnership with the Disabled People’s Organisations Denmark (DPOD) and through the strategic partnerships with 18 Danish CSOs. The strategic partnerships from 2022-2025 have a strong, increased focus on strengthening local leadership, with a special emphasis on participation for youth, girls and women, and groups in marginalised and vulnerable contexts.

There is no official report on the outcomes of these Disability Summit commitments. However, MFA and DPOD have submitted feedback to the International Disability Alliance. According to this feedback:

- Denmark has joined the GLAD network. It is not yet clear how Denmark intends to use its role in the Network and if/how it will affect Danish aid.
- As the global lead of Call to Action on Protection Against Gender Based-Violence in Emergencies 2021-2022, MFA Denmark advocated for the inclusion of people with disabilities during the Call To Action Annual Partners Meeting in June 2022. This was a once off event, where a representative from Ghana Disability Federation (the OPD umbrella organisation in Ghana) was invited to speak. In addition, a representative from the Finnish MFA mentioned the importance of inclusion of persons with disabilities. DPOD participated in the meeting. There is not yet a report confirming if/how disability is actually included in GBV emergency programmes as a result.
- MFA Denmark reports that the importance of the inclusion of marginalised and vulnerable groups (including persons with disabilities) in development cooperation and humanitarian action is emphasized during yearly consultations with strategic partner organisations. MFA has also stressed the need to promote leadership and meaningful participation of these groups in the development and implementation of programmes. Whether these dialogues have contributed to the willingness of SPAs to include persons with disabilities and to build coalitions with DPOD is too early to say. None of the strategic partners mentioned this as a contributing factor. There are not yet any joint programmes between DPOD and other SPAs. A recent, good example of MFA support to disability inclusion and coalition building is however the facilitation of this mapping study and the encouragement of both embassies and SPAs to participate. There is potential to do more.
- In April 2023, MFA Denmark held a partner dialogue on good practices and future ambitions on localisation and local leadership with participation of actors from civil society, UN agencies, pooled funds, academia, private foundations and the Danish MFA. The aim was to explore best practices and discuss future ambitions on

localisation and local leadership. The partner dialogue also highlighted the importance of inclusive localization as well as meaningful participation and leadership of marginalized groups, including the persons with disabilities. This was a once off meeting where disability inclusion and the importance of giving persons with disabilities a voice was not explicitly on the agenda. It was only mentioned as a side remark from the DPOD representative.

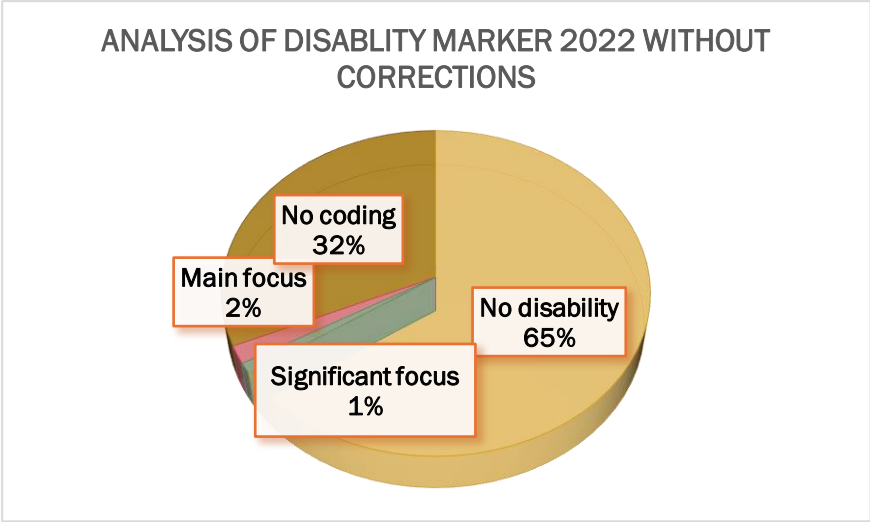
In summary, MFA Denmark has demonstrated good will at the policy level, but the practical implementation has been rather minimalistic. The efforts made to provide guidance and tools to partners on disability inclusion is not seen as effective. It is often overshadowed by the many other considerations and approaches partners must take in their work. It is not clearly communicated that it is a requirement under HRBA and LNOB to include persons with disabilities. A concrete action plan with realistic annual targets and monitoring reports could perhaps be helpful to enhance the visibility and effectiveness of practical implementation of MFA policy commitments?

### 3.2 DISBURSEMENTS TO DISABILITY - THE DISABILITY MARKER

With the use of the OECD/DAC policy marker on disability inclusion from 2018, Denmark has since the 2020 ODA reported financing of interventions with significant and principal objectives of disability inclusion.

An analysis of disability markers in the OECD/DAC database for 2021 and 2022 has been made across all channels and sectors. It shows that the actual disbursements to disability are minimal (around 3%). There are also many mistakes in the coding that makes it difficult to draw conclusions. A complete list of projects with comments can be found in Annex 4. It shows that some projects should not be in the list at all. Two projects have mixed up the coding between principal and significant focus. Some projects that are found through word searches of the data base and e-mail questions to embassies and partners are not coded with the marker, possibly because they are not seen as reaching a sufficient level of “significance”. The figure below represents the actual coding in the system as it stands. An effort to correct the statistics and delete, add and move programmes according to the findings in this mapping did not alter the total %-ages. It did however give 1% to programmes with disability as the main focus and 2% to programmes with significant disability focus.

The %-ages are calculated without taking into account core support to multilaterals. If these were also counted the “no coding would” be more than 50%.



The analysis of the disability marked projects show that there has been some increase from 2021 to 2022. This increase is mainly the result of the large contributions to the Exit programme in Tanzania and the increased disability focus of the two Strategic partners Mission East and Danish Refugee Council. Interestingly the Danish Refugee Council itself does not think that there is a significant disability focus in their operations (yet). Despite this increase in 2022, the share of the total aid remains low.

The word search of the long description texts in the data base, identify a few smaller projects that appear as having a significant disability focus (but not being coded as such):

1. Save the Children -NGO call Lebanon - 2021-2022 - Male and female youth with and without disabilities from refugee and Lebanese host communities have increased

capacity to absorb shock, adapt to financial and psychosocial stressors, and to proactively transform civil society. (1.3 million USD in 2021 and 0.56 million in 2022)

2. Danish Red Cross in Lebanon - The objective of the Project is to improve health care of vulnerable populations in Lebanon by providing services that cover their health needs and increase their access to quality health care, including mental health and psychosocial support. (0.9 million USD 2021)
3. UNICEF's humanitarian response in Ethiopia. Key planned results for 2022 include: 619,482 children admitted for treatment for severe acute malnutrition, 3 million children vaccinated against measles, 3.5 million people accessing a sufficient quantity of safe water, and 187,000 children/caregivers accessing mental health and psychosocial support. (2.8 million 2022)
4. UNFPA's response in Ukraine and Moldova to provide access to basic sexual and reproductive health services including support to safe births, access to voluntary contraception and specialized services for GBV-survivors, including post-rape treatment, mental health and psychosocial support and emergency cash assistance. (3.53 million UDS 2022)
5. East Europe Foundation Ukraine Crisis Appeal 2022. The funds are a contribution to EEFs overall programme that target 524,800 people in Ukraine affected by the Russian invasion representing the most vulnerable groups (disabled, elderly, families with many children, single-headed households, lowest income households). (0.35 million USD 2022)

The following search words were used to discover these projects:

Abilit*	disab*	inclusive	Rehabilitat*
autism	disorder*	mental/mental health	sign language
blind/braille	DPO / OPD	mines + survivors	special education
cerebral	eye/eye health	mine + victims	special needs
CBR	habilitation	mobility	speech
deaf	hearing imp*	physiotherapy	universal design
differently abled	impair*	prosthesis	visual imp

After failing to identify further initiatives that were disability inclusive using the word search, a search for programmes that could potentially be disability inclusive was done as follows:

Search word	Share of disbursements
vulnerable populations	5.85%
inclusive growth	3.50%
inclusive development/inclusive services	3.95%
inclusive peace process	0.34%
inclusive climate change adaptation	0.10%
education	2.46%
human rights	4.55%
<b>Total</b>	<b>20,75%</b>

It seems reasonable to assume that persons with disabilities should at least be included in a substantial manner in projects focussing on “vulnerable populations”, “inclusive services/processes”, “education” and “human rights”. These programmes represent approximately 21% of the Danish aid disbursements across developmental and humanitarian interventions.

The discrepancy between expectations on disability inclusive programming (at least 21%) and actual coding (less than 3%) could be attributed to the following:

- Poor understanding of the requirement to include persons with disabilities among “the vulnerable people” in mainstream programmes. Persons with disabilities often appear in the list of marginalised groups in the context description, but rarely appear in the actual programme design or monitoring indicators.
- Understanding disability as a health or medical issue that is not relevant for other programmes. It is very common to dismiss persons with disabilities as belonging to “social welfare” or “health” programmes only. Sometimes not even that.
- There is sometimes low awareness among MFA staff of what is happening in terms of disability inclusion in supported programmes and partner organisations.
- There is a relaxed adherence to coding instructions and there is no quality assurance in place. The coding instructions are not sufficiently clear on what is required as a minimum, especially for having “significant focus”. For example, a World Bank cash transfer programme where 10% of recipients are persons with disabilities – would it qualify (Ethiopia example)? Or an SRHR programme that reports that 5 % of its participants are youth with disabilities (Marie Stopes)?

In conclusion, the disability marker as it is used currently is rather useless as an analytical tool, unless it is better used and quality assured.

### 3.3 DISABILITY – POLICY AND PRACTICE IN BILATERAL AID

An analysis of the 11 bilateral strategies for Danish partner countries shows that only three of them mention persons with disabilities explicitly: Ethiopia (six times), Tanzania (twice) and Kenya (briefly in a list of vulnerable groups).<sup>1</sup> However almost all of the other strategies commit to a) focus on the most marginalised groups, b) apply a Human Rights Based Approach and c) address the root causes of poverty and exclusion.

This study reached out to 16 embassies to ask for examples of disability inclusive programmes. Eight of them responded. Four of them indicated that the embassy did not support disability inclusive programmes under the bilateral agreements. The other four, Nairobi, Kampala, Addis Ababa and Beirut, all provided examples and reflections (see below). In addition, Tanzania was identified as having disability inclusive programmes, as this was reflected by the use of the disability marker in the statistical system. It is assumed that the other seven embassies do not feel that they have anything of relevance to share.

While bilateral strategies are weak in terms of explicitly including persons with disabilities, there are examples of intentional and non-intentional good practices.

**In Kenya**, the embassy has understood a Human Rights Based Approach to include the discrimination and human rights violations of persons with disabilities. Without explicit commitments in the country strategy, there has been a substantial focus on persons with disabilities. *“I believe it is the HRBA that makes disability inclusion so prominent in our programming. So, it is kind of the internal MFA way of working that is making us do the things the way we do.”* (MFA staff in Nairobi). This interpretation of Danish MFA policy on HRBA, in combination with a strong World Bank and Kenyan government commitment to disability inclusion (including in the constitution) has resulted in several disability inclusive and disability targeted initiatives. Examples of good practice include:

**Partner IDLO** has provided a braille printer for the Milimani Court with a grant from the Danish Embassy. It has helped make the justice system more accessible for people with visually impairment.

The **water and sanitation projects** show our focus on making all facilities supported by Denmark accessible for people with disabilities. E.g. ramps have been built to make it possible for people with walking disabilities to access facilities and there are special designed toilets/latrines constructed for people with disabilities. This enhances their dignity especially in public institutions.

Through our funding to the **World Bank Kenya Accountable Devolution Program (KADP)** we supported participation of persons with disabilities in social accountability and citizen engagement through translation of Kenya’s Public Participation guidelines into braille. Also, through our partner Uraia, we engaged 23 persons with disability as civic educators who inform the public on their rights and responsibilities with a view to influence accountability and local development on disability.

In the **government led water sector projects**, it is a requirement to ensure that the persons with disabilities are represented in all decision-making levels for every project, especially at the community level. Persons with disabilities, women and youths are given a quota in certain types of procurement of goods and services where they bid and compete amongst themselves. This ensures their voices and needs are accommodated in the programmes while giving them an equal opportunity in nation building. The Water Sector Trust Fund strategy on Gender, Equality and Social Inclusion (GESI), outlines how persons with disabilities should be included in design, and implementation of the projects.

We have supported the umbrella **United Disabled Persons of Kenya (UDPK)** between 2021 and 2023 through our partner Uraia. The support included the development of an Accessibility Guide, a project focussing on “Facilitating an Equal Right to Vote and Aspire for Political Positions for Persons with Disabilities”. In 2020 we supported UDPK to do work on “Enhancing participation of persons with disabilities in governance and political processes in Kenya”.

None of these initiatives have been coded with a disability marker, despite that they clearly have a substantial disability focus. Possibly because it was seen as a self-evident part of HRBA.

**In Uganda**, despite no explicit mentioning in the country strategy, disability inclusion is a key theme. It seems that a combination of partner priorities (including the government) and embassy staff interpretation of a HRBA has led to this focus. The key initiatives are summarised below. None of these programmes have been coded with a disability marker.

**SAY (SRHR/GBV) Programme** is disability inclusive. While mainstreaming remains the overarching principle, tailored strategies and more intentional efforts are designed to reach and include persons with disabilities. SAY empowers young people with a disability to demand and access SRHR/SGBV information and services. This entails integrating messages about SRHR for persons with disabilities in all interventions. The programme works closely with the Community Development Officers (CDO) and local groups of persons with disabilities to raise awareness, strengthen social accountability, and create an enabling environment. SAY strengthens the capacity of health care providers to deliver youth responsive SRHR services including those living with a disability. Accessibility is enhanced by providing special delivery beds, adapted IEC materials, reducing waiting time, and improving physical access both in health facilities and during outreaches. SAY has disability disaggregated monitoring data.

**Programme for Accountability, civic engagement and rights** has inclusion of persons with disability is a key theme. The program results framework includes indicators on disability (as well as gender, youth and environment). During the individual grantee proposal review meeting, disability is discussed ensuring the grantees' proposed actions contribute to addressing disability and social inclusion issues. 8 of 17 proposals from organisations are currently addressing disability inclusion explicitly.

**Uganda Trade Project** supports interventions that advance equality by providing opportunities for marginalized groups. For example, gender and disability considerations will be embedded into the establishment of a modern informal market in Elegu, including having representation in the management of the market among others.

The new **Uganda Refuge Resilience Initiative** is under development. It is stated in the Information Note that the programme *"...is inclusive of the needs of vulnerable groups such as people with disabilities and youth"*.

**In Tanzania**, the health component of the exit programme 2021-2024 has a strong focus on persons with disabilities, as shown by the examples below:

**Health Basket Fund (HBF) Mainland** is a pooled funding arrangement created to support health system strengthening and increase equal access to quality primary care services to all Tanzanians. The HBF has a strong ethos of reaching underserved populations and 'Leaving No One Behind'. Persons with disabilities are among the key target groups in the national health strategy. The exit funds set aside for HBF is DKK 60 million.

**The Comprehensive Community Based Rehabilitation (CCBRT)** is the largest provider of disability medical and rehabilitative services in the country. CCBRT also seeks to prevent disability through early identification and strengthening the maternal and new-born health system by transferring skills and capacity to health staff. The exit funds set aside for CCBRT is DKK 20 million.

**Marie Stopes Tanzania (MST)** works to fulfil the rights of Tanzanians to sexual and reproductive health services. MST is the largest private provider of family planning services in Tanzania, providing free services to the poor and underserved population in hard-to-reach areas. Women and men with disabilities is a prioritised target group (making up at least 5% of the people reached). MST works through clinics, mobile outreach, and through public sector support. The exit funds set aside for MST is DKK 20 million.

Unlike the examples from other embassies, the Tanzania Exit programme has been coded with a disability marker.

**In Ethiopia**, the Embassy team initially responded that they did not address persons with disabilities as a primary focus. *“I think the main takeaway would be that the mentioning of PWD’s in our reports is mainly pooled together with- or in continuation of- other vulnerable groups such as women and children, elders, IDP’s and so on” (MFA staff Addis Ababa)*. Still, when analysing the supported programmes, the Danish interventions in Ethiopia seem to have a substantial disability focus, with disability disaggregated targets and results. Examples of good practice include:

**The Productive Safety Net Programme** (a social protection program by the Government of Ethiopia targeting food-insecure households) supported by Denmark has applied affirmative action measures to reach the most vulnerable groups, including persons with disabilities. Out of the total of 1,137,598 clients, data 716,583 of them were disaggregated into elderly (315,065), persons with disabilities (127,502), children (150,424) and persons with chronic illnesses (123,592).

The Danish support to the **Ethiopian Human Rights Commission (directly and via the UNDP Governance and democratic participation programme (GDPP))** focuses on capacity building and leadership development. The support has included consultations with OPDs on the draft Ethiopian Law on the Rights of persons with Disabilities, training of EHRC leaders and staff in disability inclusion, training of staff in investigating and managing human rights violations cases on behalf of persons with disabilities, successful advocacy for improved conditions and treatment of prisoners – especially persons with disabilities. The EHRC has also been supported to develop a partnership strategy, where OPDs will be among the key partners.

The Danish support to the **GDPP** has further contributed to the strengthening of the **Ethiopian Ombudsman (EIO)**. This includes monitoring of the constitutional and human rights of women, children, people with disabilities and the elderly, in order for ensuring the rights are upheld and administrative abuses are tackled. Examples of progress have been the assessment of rehabilitation and basic services in the war thorn areas and promotion of participation in decision making by persons with disabilities.

The Danish support to **UNFPA’s programme on gender-based violence** included capacity building of frontline workers on inclusion of persons with disabilities to ensure inclusive services for women and girls with disabilities in selected sites.

The Danish support to the **Humanitarian Response in Tigray** included special measures to reach and serve persons with disabilities.

The **Ethiopian National Dialogue Commission (ENDC)** focuses on an inclusive process to which Denmark, along with other like-minded donors provide support. They focus on including vulnerable groups in the process, here amongst persons with disabilities. At a policy level, the ENDC has set a clear quota for participation of at least 30 % Women, 20% Youth and 10% PWDs to participate in the dialogues.

None of these programmes have been coded with a disability marker. Probably because they did not seem to have a “significant focus”.



Disability inclusion is limited in the **Support to Syria and Syria’s Neighbourhood (3SN) Programme** covering Syria, Lebanon and Jordan, including in the **European Regional Development and Protection Program for Jordan and Lebanon (RDPP)**. The inclusion of persons with disabilities is “*mainstreamed*” similarly to other vulnerable groups. Sub-partners focused on disability have typically been selected due to their reputation and outreach in a given geographic area rather than due to their specialized focus on disability. OPDs are not engaged as partners in design and monitoring in any projects although a few persons with disabilities were included in UNHCR Lebanon’s annual participatory assessment exercise. Nevertheless, a few examples are mentioned:

A recently signed partnership with Trocaire as the main applicant under RDPP includes as a consortium partner the Lebanese Union for People with Disabilities (LUPD), a grassroots organization founded to advocate for the inclusion, equality and rights of people with disabilities in Lebanon. LUPD brings a specific disability lens to the project, and it is still being explored how this can be incorporated into the targeting, advocacy strategies and inclusive implementation strategies by the consortium members.

Persons with disabilities are directly targeted within two other 3SN projects. In the sub-project **Building Beirut Businesses Back and Better (B5)** under the World Bank managed **Lebanon Financing Facility (LFF)**, 15 businesses that are owned or led by persons with disabilities have received micro-finance loans. Additionally, one of the activities planned under the multi-donor Jordan Health Fund for Refugees (JHFR) is the construction of an Early Disability Diagnostic Center in Irbid.

**In addition to the above examples**, an analysis of six evaluations carried out by MFA that touched on disability inclusion (sent by MFA staff in Copenhagen) also demonstrated examples of good practice in Nepal, Palestine and Ghana and in UNHCR programmes in Kenya. None of these have been coded with the disability marker.

**In other Danish partner countries**, which have not come forward with examples of good practice, it could still be possible that some of the funding provided to multilateral organisations is indeed disability inclusive. For example, the World Bank has adopted ten commitments towards disability inclusion. (hyperlink: [World Bank Group Commitments on Disability-Inclusive Development](#)). One of these commitments is “Three quarters (75%) of Social Protection projects will be disability inclusive by 2025”. It could be assumed therefore that the Danish contributions to the World Bank Social protection schemes are largely disability inclusive (as in Ethiopia).

Like all UN agencies UNDP is committed to the UN Disability Inclusion Strategy (UNDIS)<sup>ii</sup> [Disability Inclusion at UNDP \(sharepoint.com\)](#). It could be assumed that UNDP is undertaking measures to include disability in the partnership programme, supported by Denmark. Similarly, support to programmes of other UN agencies such as UNHCR, UNICEF and WHO could potentially be disability inclusive to various degrees.

## **Concluding analysis of bilateral aid**

Apparently, most embassies did not understand HRBA as a requirement to include persons with disabilities. Interestingly, only Kenya mentioned HRBA as a reason for the focus on disability inclusion. It seems that there is no common systemic agreement within MFA that HRBA includes a commitment to include persons with disabilities. This raises questions on the effectiveness of the tools and guidelines provided by MFA regarding HRBA and the implementation of the recommendations accepted in the management response to the HRBA study made in 2017.<sup>iii</sup>

Furthermore, the understanding of “leaving no one behind” as outlined in the new Strategy “the World We Share” does not seem to explicitly encourage inclusion of persons with disabilities. Such explicit guidance has been provided to the UN agencies in the UNDIS<sup>iv</sup> and to the World Bank<sup>v</sup>.

When disability inclusion is happening in bilateral aid, it is most often because of partner country government and/or development partner policies. Sometimes, embassies are not even aware that the programmes supported are disability inclusive. Several multilateral partners are explicit in their disability inclusion (at least in terms of policy commitments, but increasingly also in practice). This, in combination with priorities of partner governments (as in Kenya and Uganda), may mean that Denmark indirectly is supporting disability inclusion, without this being captured in any reports or by the disability marker.

Danish bilateral aid may be more disability inclusive than what is reflected in the statistical analysis of the disability marker. These interventions could be more effective if they were a systematic part of the HRBA in all countries (as in Kenya), deliberately planned for as a visible part of leaving no-one behind (as in Tanzania health programme), monitored and reported on with disaggregated data (as done by the World Bank cash transfer programme in Ethiopia and by the partner Maries Stope).

There is potential to make disability inclusion more systematic, effective and visible.

### 3.4 DISABILITY INCLUSION IN DANISH CSO'S

Based on an analysis of policy documents available on webpages and e-mail questions sent to most of the strategic CSO partners (list shown in annex 3). The following was found:

Most Danish CSO strategic partners have been very helpful in responding to the e-mail questions. Almost all of them have engaged with persons with disabilities in their programmes, but to a variable extent.

**Adra Denmark's** mission is to alleviate suffering, promote dignity, work for social justice and to develop social capital, fight poverty and support growth and development. There is nothing specific on disability inclusion in their policies. There is however an example of good practice in Tanzania, where Adra supports children with albinism to attend school. At the global level Adra mention children with disabilities as one of the most marginalised groups, especially in the education sector. But there is not guidance or policy provided (at the official website), nor any mentioning in annual reports.

**Care Denmark** is not mentioning anything about disability or rights-based approaches in their overall policies or strategies. The main focus is on women and girls. However, there are some good practices of inclusion of persons with disabilities in a credit and loan project Ethiopia and social inclusion projects in cooperation with Light for the World (Mozambique) and HI (Syria). At the global level, Care mentions that “*true gender equality encompasses intersectional issues such as race and disability that can further disadvantage certain groups of women, yet once achieved also leads to more scalable sustainable prosperity*”. This is however not translated into any specific goals, indicators or guidelines. The global annual report is silent on impact for women and girls with disabilities.

**Dan Church Aid (DCA)** works “*locally, nationally and internationally – on transforming those norms and institutions that perpetuate injustice and inequalities. We support actions that facilitate equal opportunities for the poorest and most vulnerable people, including support to the individuals and associations that work to challenge the unjust institutions, norms and practices that perpetuate inequalities*”. Disability is not explicitly mentioned but is part of DCAs overall gender awareness onboarding session in both country offices and HQ. Examples of good practice nevertheless exist, such as: DCA conducted an integrated gender and disability responsiveness training for DCA South Sudan and EAT staff and partners in June 2023. The 2-day training focused on awareness and analysis of gender and disability issues, and mainstreaming gender and disability considerations in programming. All partners and DCA in South Sudan developed integrated gender and disability inclusion action plans as an outcome of the training. In addition, DCA supports mine victim assistance programmes in Myanmar, Mali and Ukraine.

**Danish Red Cross** (DRC) focus is on people and communities living in fragile contexts in need of assistance, who find themselves in situations of vulnerability or who are marginalized and excluded. Key documents on Disability Inclusion are available within Red Cross Red Crescent (RCRC) Movement, including a [Strategic Framework on Disability Inclusion](#) and IFRC [Minimum Standards for Protection Gender and Inclusion](#) (PGI), among others. DRC has specifically developed and made use of the PGI Framework and is in the process of finalizing a Disability Inclusion Guidance Note.

A small survey submitted to 18 country offices in partner countries show an uneven implementation of disability inclusion practices across supported programs. Out of the 12 responses received, five countries (Nepal, Kenya, Sudan, Afghanistan and Malawi) report that persons with disabilities or their representative organizations are engaged in design and monitoring of programs. Promising practices include inclusion and direct engagement of persons with disability in disaster risk reduction/anticipatory action, assessment of disability inclusion in the workplace, partnership with local DPOs. However, there is room for improvement in standardized data collection, staff training, engagement with persons with disability and collaboration with DPOs. Main cited barriers include lack of resources/funds for staff training; funding/donors' interest; inconsistent data collection methods, capacities and resources; limited engagement with DPOs.

**Danish Refugee Council** (DRC) commits to “*address the power dynamics which result in marginalization and exclusion within our organisation, programmes, and beyond*”. DRC has an Age, Gender and Diversity Policy, with 12 standards (5 organizational and 7 programmatic), that defines DRC's approach and minimum standards. It makes clear reference to its commitment to inclusion of persons with disabilities. The policy also includes operational guidance on how to comply with the standards. In its 2025 Strategy, DRC commits to undertaking an Age, Gender and Diversity Mainstreaming (AGDM) assessment and subsequent action plan to address any gaps identified in its programmes. However, there is not a specific focus on disability inclusion but more broadly on inclusion of marginalized and excluded groups.

Many of DRC operations have conducted training for its staff on disability inclusion and have taken measures to ensure accessibility for persons with disabilities. Some examples of good practice include the programme in Latin America that works together with HI to collect disability data in protection monitoring including both quantitative data (Washington Group Set of Questions) and qualitative data (focus group discussions and KII with persons with disabilities and their caretakers) with refugees and migrants. The findings have been used for programming and advocacy including sharing inputs for the Inter-American Human Rights System. In Tanzania, DRC has mainstreamed disability in the protection programme implemented in refugee camps. In Kenya DRC's protection team has a specific team attending to persons with disabilities and offer tailored assistance. In the Middle East DRC Jordan has developed a comprehensive training package on disability inclusion. In Europe DRC is working with HI and local OPDs. In 2023, DRC HQ conducted a series of 3 online trainings for staff globally on disability inclusion together with OPDs. DRC does however not have a global systematic follow up on how disability inclusion is done in practice in country operations. The main focus areas in DRC are localisation and climate. Still, in the OECD/DAC statistical system the core support to DRC has been coded as having “significant” disability inclusion.

**Dansk Industri (DI)** has on the agenda to expand the diversity work (with focus on the workplace) to include other areas of diversity in the future (e.g. disability). They will need to have more dialogue with the partners whether this will be possible. For now, the focus is on getting the gender diversity tools to work.

**International Media Support** does not have a strong focus on disability inclusion. There are however some examples. In Syria, the partnership with media platform Al Iradah explicitly targets and includes person with disabilities. Al Irada's first special edition (2022) was on the subject of disability and war, including stories, charts and investigations presenting in-depth points of views relevant to disability and war in Syria. The Arab Reporters for Investigative Journalism (ARIJ) organized a workshop for 12 Jordanian journalists with physical, visual and auditory disabilities in 2023. Discussions on digital inclusion for persons with disabilities, provision of sign language interpretation during webinars, and the establishment of an autism inclusion unit at a former partners' media department are some former best practice examples of disability inclusion in journalism.

**Mission East** has "inclusion" as one of its key operational approaches/ strategic enablers. *Aiming to assist the most vulnerable, we try to ensure that no one is left behind on the basis of gender, disability, or other discriminatory factors. In our development programming, we use a rights-based approach and seek attitude change to enable women's and other vulnerable groups' empowerment.* Apart from mainstreaming efforts in all programming, Mission East has specifically targeted to people with disability in: Armenia, Tajikistan and Nepal. Mission East sometimes partners with OPDs in these countries. Mission East is setting up an ERP system that will enable it to collect specific data on the investment made in disability and inclusion. In the OECD/DAC statistical system the core support to Mission East has been coded as having "significant" disability inclusion.

**MS/Action Aid** – There are deliberate efforts by the country programs to target the young people with disabilities and include them, however, they are not an explicit target group. There are partnerships through networks and alliances representing people with disabilities to seek inclusion. The programs have supported capacity building among young people with disabilities and adopted an intersectional approach in working with all groups of marginalized and vulnerable young people. *Our commitment is driven mainly by strong normative standpoint on HRBA, LNOB and power inequality. This is something that is repeatedly noticed and highlighted when we are audited/evaluated etc. However, we need to become much stronger on the disability inclusion, and our angle into that will be the youth guidelines.* [Checklist to ensure the meaningful engagement of young persons with disabilities in humanitarian action \(unfpa.org\)](https://www.unfpa.org). Examples of good practice of inclusion of youth with disabilities in e.g. program design, political participation and dialogue, community-based development work and advocacy are found in Jordan, Lebanon, Liberia, Kenya, Nigeria, Palestine and Uganda.

**Oxfam Denmark** “*is driven by diversity*”. “*Within Oxfam, and in our work with others, we are inspired by people of different sociocultural backgrounds, genders, ages and abilities. Our work is grounded in our commitment to the universality of human rights. We uphold and advocate for the implementation of international human rights instruments*”. The annual report 2022 features one example of good practice, where persons with disabilities have been included in the Nairobi County Integrated Development Plan. Vocational training budgets for people with disability are now anchored in the plan. This was secured by strategic advocacy undertaken by the education coalition convened by the National Taxpayers Association. By the time this report was published, no further details had been provided by Oxfam.

**Plan Barnefonden** mainly focus on the rights of the girl child. Disability inclusion has however been put much more in focus in recent years. Globally, there are now Guidelines on disability inclusion, Guidelines on disaggregating data in humanitarian contexts, Guidelines on consulting with children and youth with disabilities and a [Disability Awareness Toolkit](#). There is a Disability Inclusion technical expert at the Global Hub. Last year a webinar series on disability inclusion was conducted for staff. Plan Denmark feels that this is an area which can be improved. Presently, there are examples to share mainly from Bangladesh where Plan Denmark has supported several inclusive education initiatives for children with disabilities. Also, with Danish support, Plan Jordan has carried out accessibility assessments of the youth centres and non-formal education centres and has rehabilitated the centres to make them more accessible to persons with disabilities.

As part of the Save the Children International (SC), **Red Barnet** has endorsed a disability inclusion policy titled “[Lifting Barriers, Realizing Equality](#)” (Save the Children, 2021). SC also propels the Disability Accelerator initiative, which employs a twin-track approach to enhance capacities and improve the quality of programming on disability inclusion across 63 countries through 250 projects. “*After a week-long interactive training, Save the Children staff work with partner organisations to develop a pilot project to apply their learnings.*”. It is unknown if any of Red Barnet’s programmes have been part of this initiative.

Red Barnet pursues “*a systemic inclusion encompassing the diverse spectrum of children in its interventions*”. From publicly available reports, it is not visible that this spectrum includes children with disabilities. Several examples are however provided by Red Barnet of programmes deliberately and actively including children with disabilities such as, Somalia for education, South Sudan, Bangladesh, and Iraq for nutrition and health, and Bhutan and the Democratic Republic of China for health and play-based activities.

One of Red Barnet's strategic priorities lies in mental health and psychosocial support (MHPSS). Since 2019, SC has advocated for the inclusion of the concept of psychosocial disabilities. This aims to underscore that children experiencing severe distress or adolescents with psychosocial disabilities encounter barriers hindering their enjoyment of rights and access to services, including protection, education, and healthcare, due to discrimination and stigma. The SC [MHPSS technical guidance](#) includes a dedicated section addressing the inclusion of children with psychosocial disabilities in programming and integrating children with disabilities into MHPSS programs. Still, these Red Barnet supported programmes have not been coded with a disability marker in the system.

**Sex og Samfund** has a diversity and inclusion policy. Its partner Family Guidance Association Ethiopia (FGAE) collaborates with a Union that specifically works with youth with disabilities in rural areas and those who are out-of-school. Reach a Hand Uganda (RAHU) has their own sign language interpreter as part of their staff and their young financial controller is deaf. All their projects are designed to accommodate youth with disabilities to make sure that they are included. In Tunisia the local partner cooperates with an OPD. It is not clearly described in annual reports that projects are disability inclusive.

**SOS Children's Villages Denmark** does not have a specific priority to work with organisations representing people with disability. There is however an increasing number of children and youth with disabilities in SOS programmes around the world (due to insufficient community-based care facilities). In Somaliland, Ethiopia and Kenya children with disabilities is part of the selection criteria. SOS Children's Villages recognise all children's right to family life and even if the services are residential care there is emphasis on children's right to stay in touch with their family of origin. As SOS Children Villages increase the focus on integration to more deinstitutionalised and community-based services, there is a risk that children with disability remain in alternative care due to insufficient specialised services in the communities. However, this should not be the case and SOS Children's Villages is committed to support all children's right to family life.

An analysis of the webpages of the **Pooled Funds** demonstrated that there is some focus on disability already, which is not captured by the disability markers, e.g.

**CKU** (Centre for Church Based Development) targets "vulnerable groups, but there are no specific details on persons with disabilities in the strategic framework. However, there are other guidelines and policies that demonstrate a willingness of CKU to recognize persons with disabilities as a marginalized group that should be included. In the recent annual reports, CKU describes support to the Leprosy Mission International in Bangladesh to establish self-help groups for persons that have disabilities due to leprosy. Furthermore, in Nepal, Mission East is supported, in collaboration with the local disability organization HEAD Nepal, to continue their efforts aimed at enabling people with disabilities to obtain rights (registration and social benefits), provide livelihoods and participate in community life. Both projects have been going on for a number of years. According to CKU there are more examples in the project portfolio.

**DUF** (Danish Youth Council) has no information on disability inclusion in its international work and it is not yet part of their toolbox for members. However, the youth sections of several Danish OPDs are among their members and could potentially influence this. According to information available on the website, only one project with disability focus was supported in the period 2022-2023: SUMH – Sammenslutningen af Unge med Handicap received funding for a youth leader exchange programme with Show Abilities Uganda (SAU). In addition, one SRHR project in Rwanda provided information for hearing impaired persons.

**CISU** (Civil Society in Development) mentions persons with disabilities in their Strategic framework in a list of vulnerable groups (context description). Apart from that there is no specific focus on disability, as “*this is the mandate of DPOD*”. CISUs pool of funds are based on a HRBA approach covering all 17 SDGs. This mean that there are examples of projects targeting rights of persons with disabilities to some extent, including capacity development support to OPDs. Examples include:

In Kenya, CISU partners supported Kenya Association for the Physically Disabled for them to develop their advocacy strategy and to mobilise and facilitate voting for persons with disabilities in the 2022 election. In Tanzania partners supported the Tanzania National Association of the Deaf (CHAVITA) head office and local branches to increase their capacity to advocate and campaign for the rights of the deaf community. In Somaliland the partner intervention facilitated coordination of activities among 30 member organizations of Somaliland National Disability Forum. 20 trained activists created a strong voice advocating for the rights of persons with disabilities during elections and provided practical support to persons with disabilities during registration and voting process. In Palestine, partner interventions raised awareness about the rights, protection, and inclusion of persons with intellectual disabilities among themselves, their families and other stakeholders, through support to a local parent organisation. In Sierra Leone, CISU’s partners mobilised 25 organisations who wished to participate in the establishment of a national Sport Federation for persons with disabilities. The project eventually contributed to 120 young men with physical disabilities being actively engaged in Flying Stars Amputees Football Club Freetown. Also, in Sierra Leone, vocational training and higher education for persons with disabilities was supported, reaching almost 200 students.

### **Concluding analysis of aid channelled through CSOs**

Out of the above 17 organisations/pooled funds, eight (47%) have explicit policies and/or guidelines on disability inclusion. Five of these have been developed by the respective global level HQs (Plan, Save, Red Cross, Oxfam and MS/Action Aid). The practical application of these global policies and guidelines by the Danish member CSOs is reported to be uneven.

Out of the 17 organisations/pooled funds, 14 (82%) mention that they have supported projects that target persons with disabilities specifically. The examples provided are usually service providing projects that have a limited local reach (e.g. in areas such as livelihoods, health, education, savings & credit). Often the focus is on a particular disability group or health condition. Five of the 17 organisations (30%) provide examples of including persons with disabilities in some of their mainstream programmes. Six organisations report that they have carried out staff training on disability inclusion. Three organisations report that they implement their disability related programmes in partnership with local OPDs. Only one organisation deliberately supports efforts to bring about systemic change by supporting OPD advocacy and/or capacity strengthening of duty bearers on disability inclusion. Additionally, some of CISU’s partners seem to be focussing on such capacity development of OPDs.

The MFA annual grants for 2022 to Mission East and Danish Refugee Council have been coded with a disability marker in the statistical system. It is unclear on what basis the coding was done, especially the Danish Refugee Council. They were surprised to learn about the coding. None of the CSOs mention dialogue or guidance from MFA (or DPOD) as a reason for



focussing on disability. Mostly they mention the global trends of “leaving no one behind”, HRBA or “localisation”.

While it is encouraging to see that so many CSO partners make efforts to include persons with disabilities, most programmes described as models of good practice are targeted, service interventions for persons with e.g. leprosy, albinism, mine injuries, hearing loss or psychosocial disabilities - or establishment of care/educational centres for children with disabilities. While this is commendable, disability inclusion is also (or even more) about adjusting ordinary, mainstream programmes. Such a twin track approach would require introducing disaggregated goals, targets and indicators in every mainstream programme and combine this with targeted empowerment efforts - modelled on the efforts made to include women.

## 4. Conclusions and lessons

**The disability marker does not give reliable information about disability inclusion in Danish aid.** There is no quality assurance of the coding, and it is not clear what is required to make a programme reach the level of “significant focus”. For example, cash transfer programmes that report that 10% of recipients are persons with disabilities and SRHR programmes that report that 5% of participants are persons with disabilities, must have taken a lot of affirmative action measures to reach this group and to develop disaggregated monitoring indicators. This might qualify as “significant” despite a rather low number of participants. At the same time, a partner may develop policies and trainings on disability inclusion without implementing this in practice. It looks good on paper. But is not implemented (yet). Some of the coding seem to assume that policy level commitments will materialise. Mental health/psychosocial programmes are generally not coded as disability related. A more concrete definition of disability is needed to ensure proper coding.

**When Danish aid is disability inclusive, it is mostly because development partners or partner governments have inclusive policies and practices.** Interestingly, some embassies said that they did not have a focus on disability, while in fact they provided core support to several mainstream programmes that had indeed a strong disability inclusive focus, e.g. the World Bank and Marie Stopes.

**Only one Embassy of those approached (Kenya) has proactively interpreted HRBA to mean disability inclusive programming.** This means that personal championship seems to be more important than institutional guidance from MFA. Other embassies may be supporting substantial disability inclusive programmes without recognising this. There is potential for MFA to clarify concretely what HRBA means in terms of disability inclusion and encourage disaggregated reporting on disability inclusion.

**It is not clear how the strategy “The World We Share” has operationalised the concept of “leaving no one behind” and the commitments made to include persons with disabilities and enhancing their voices.** This study did not find any examples of proactive measures taken to influence partner programming or funding requirements. Persons with disabilities is often the last group to be considered among the “vulnerable” or “marginalised” groups - if at all. There is potential for MFA to be more explicit and to adjust to the growing global agenda on disability inclusion. Many multi-lateral (and national government) partners of Danish MFA have advanced disability inclusion policies – and increasingly also practices. Denmark would benefit from having a concrete plan of action for its implementation of disability inclusion.

Most of the examples of good practice submitted to this mapping from CSOs describe targeted, service interventions for persons with e.g. leprosy, albinism, mine injuries, hearing loss or psychosocial disabilities - or establishment of care/educational centres for children with disabilities. While this is commendable, the real change maker would be when the general, large mainstream programmes automatically think of inclusion persons with disabilities and introduce disaggregated targets and indicators to monitor this - modelled on the efforts made to include women. **Defining disability inclusion as “specialised services” for persons with disabilities leads to missed opportunities, when small adjustments of mainstream**

**programmes could have made huge difference** – not only for persons with disabilities but also other marginalised groups.

**There are still too few examples on systematic disability inclusion in regular programmes of partners.** This has been recognised as an area of improvement by a number of CSO partners, while a few still interpret disability as a separate issue that is not part of the present priorities. So far, only Mission East and DRC have reached a level considered sufficient by MFA to be coded with the disability marker. DRC itself is not quite confident with this classification. Several CSO partners would appreciate a support and joint efforts in Denmark to help them develop and implement more disability inclusive practices – and to be able to fulfil the Leave No One Behind promise. There is already a wealth of tools and guidance that could be used as a basis. For example, global level offices of Plan and Red Barnet have developed quite advanced guidelines and support packages. Partners that are working in humanitarian contexts also mention having access to global toolboxes on disability inclusion that could be used as a basis for review of programming practices and monitoring tools.

## 5. Way forward

When MFA is reviewing the global strategy for the upcoming period 2025-2028, it would be helpful if it was made clear that HRBA and “Leave no one behind” requires inclusion of persons with disabilities in regular programmes, especially if they claim to be inclusive, target the most marginalised or deliver social/health education services. Interpretations of these basic concepts should not be left to individual opinions. By introducing such clarifications and some simple minimum requirements, Danish aid would more in line with the commitments made. A plan of action for the concrete implementation of the many commitments towards disability inclusion could be very helpful guidance to staff in both MFA and Strategic CSO Partners.

There is a need to improve the quality of the OECD/DAC disability marker. MFA should put in place a process to quality assure data reported. This could include, for example, using membership of the Global Action on Disability (GLAD) network and/or close collaboration with the other Nordic donors to collate and share lessons on common errors to avoid. Some key issues to cover in such quality assurance include: a simple definition of “disability”, definition of “significant focus” which should include minimum criteria and explain what mainstreaming would entail and ensuring that evidence behind the scoring is possible to find transparently on open sources.

There is a call from several partners to have practical support in their efforts to become more disability inclusive. DPOD could consider a) supporting CSO colleagues to make their own existing tools simpler and more concrete b) develop a simple generic tool that could serve as a first basic inspiration to move from policy to practice c) inspire and facilitate capacity development of CSO staff and their local partners.

A simple disability inclusion tool that could work for all programmes regardless of size and theme could consist of five key components: 1) Localisation: always invite OPDs to participate in planning and monitoring – if needed support their capacity to contribute meaningfully 2) Concrete realistic targets: set at least one disability disaggregated, timebound target with monitoring indicators in the results framework 3) Funding: ensure that there is an explicit budget to pay for the planned inclusion measures and participation 4) Accountability: monitor and report on the commitments and targets in the annual report. Use the disability marker, when reaching its minimum requirements. 5) Diversity: ensure that women and different types of disabilities are considered – including intellectual and psychosocial disabilities – even if it takes some effort

## **Annex 1 – List of documents reviewed**

OECD/DAC database 2021 and 2022 long and short descriptions of programmes listed

Open Aid Denmark

Country strategies of all 11 partner countries – see Annex 2

Strategies, guidelines and annual reports of the CSO partners

Selected project documents submitted by CSO partners

Mini survey conducted by Danish Red Cross

Results Report on disability inclusion collated by the Embassy in Addis Ababa

The World We Share and other Danish global policy documents and commitments

Webpages of the CSOs and the pool funds

Webpages of World Bank, UNDP and GPE, their policies and annual reports

DPOD internal reports on disability inclusion in Danish ODA

## Annex 2 – List of country strategies reviewed

Country	Strategic objectives	Mentioning disability
Bangladesh	1. Contribute to inclusive and sustainable growth 2. Enhance resilience of selected vulnerable and marginalised groups, including Rohingya refugees and affected host communities as well as groups prone to irregular migration 3. Promote shared values in terms of democracy, good governance, human rights and gender equality 4. Expand and diversify economic and commercial relations between Denmark and Bangladesh	No, but states that "Denmark will pursue the above strategic objectives through a comprehensive partnership and rights-based approach"
Burkina Faso	1. ENHANCE SECURITY, RULE OF LAW, HUMAN RIGHTS AND EFFECTIVENESS OF NATIONAL INSTITUTION 2. PROMOTE LOCAL COMMUNITY RESILIENCE AND NATIONAL ECONOMIC RESILIENCE 3. SUPPORT TO CLIMATE CHANGE ADAPTATION	No, but it acknowledges that "the targeting of social protection expenditures is not sufficiently aligned with poverty across the country's regions nor with vulnerability across the life cycle. There is, an opportunity to better utilize the resources for more effective safety nets to help the population face the acute hardships in the difficult security situation, and to provide a transition from humanitarian assistance to national systems"
Ethiopia	1. Modernization of the agricultural sector through commercialization of smallholder farmers; 2. Promote food security and resilience including for displaced people and host communities; 3. Support climate resilient forest livelihoods; and 4. Support governance and human rights, including free media. 5 The cooperation further aims to promote women and youth empowerment, gender equality and to protect women and girls from violence, ensuring their participation in the development process and enabling them to benefit equally from the outcomes of development.	Yes, 6 times. The following commitment is made: The Governance and Human Rights Programme: The programme will include efforts in engage with women, people with disabilities and other disadvantaged groups (this is particularly relevant to the work of the EHRC and UN Women), including in the regions.

Kenya	<p>1. Green, sustainable and inclusive growth: Promote green, sustainable and inclusive economic growth and decent jobs with an emphasis on youth as well as market opportunities for Danish companies and investors with relevant solutions. 2. Democratic governance, human rights and equitable access to services. Strengthen democratic participation and citizen engagement, protection of human rights, including sexual and reproductive health and rights (SRHR), access to justice as well as delivery of equitable public services through the implementation of the Constitution and devolution. 3. Resilience, peace and stability: Promote resilience, peace and stability in Kenya by curbing violent extremism, preventing man-made and natural crises, and strengthening Kenya’s pro-active role in regional peace and security and as a host-community for refugees</p>	<p>Yes, 1 time in the context description in a list of the most vulnerable groups. No commitments.</p>
Mali	<p>1. Promotion of peaceful coexistence and increased stability and security 2. Strengthened democratic and inclusive governance 3. Increased inclusive and sustainable economic growth.</p>	<p>No, but the following commitment is made. Denmark remains committed to human rights and gender equality in all its dimensions. Working with like-minded partners, Denmark will assert political influence to ensure that human rights and especially girls and women’s rights are protected and promoted. In order to address the root-causes of Mali’s crisis in a holistic manner, <b>Denmark will apply the Human Rights-based Approach, using non-discrimination, participation and inclusion, transparency and accountability as guiding standards</b> from initial analysis to final evaluation</p>
Myanmar	<p>1. Peace, democratization, human rights and reforms promoted 2. Access to and quality of primary education improved 3. Inclusive and sustainable economic growth enhanced, including livelihoods for marginalized and ethnic populations</p>	<p>No, not even under education. But the following commitment is made: Denmark is committed to a human rights-based approach to assist in creating inclusive and sustainable economic growth and <b>address the root causes of poverty and exclusion.</b></p>

Niger	<p>1. Strengthen stability, prevent conflicts, displacement, and irregular migration with the aim of promoting peacebuilding and handling structural causes for changed migration patterns, including forced displacement and irregular migration. 2. Adaptation to climate change and strengthening resilience with the objective of reducing poverty and preventing conflict drivers by adapting to climate change and supporting increased and equitable access to water resources, green economic growth, and job opportunities. 3. Promote good governance, human rights, and gender equality to strengthen democracy and promote civic space, accountable public institutions, and human rights, including gender equality and SRHR, in order to fight the root causes of inequality, exclusion, discrimination, and conflict</p>	<p>No, but the following policy declaration is made: Three strategic objectives are envisaged to support our vision with cross-cutting priorities to support the promotion of an effective, democratic, and responsible state as well as the inclusion of women, youth, and <b>marginalised groups</b></p>
Palestine	<p>1. Human rights and democratic accountability. A particular focus will be on enhancing state-citizen interaction as well as empowering rights holders to claim their human rights, and duty bearers to fulfil their human rights obligations. 2. Creation of green, sustainable, inclusive economic growth and decent jobs with a particular focus on women and youth. 3. Resilience, peace and stability. Strengthen resilience of the most vulnerable groups in Palestine to contribute to peace and stability and enable them to uphold a life in dignity where their home is and with the hope for a better future. In this context, women and youth are agents of change in increasing resilience and stability</p>	<p>No, but the following commitment is made : Danish crosscutting priorities, such as gender equality, women’s rights, youth, and the <b>inclusion of marginalised groups</b>, are underpinned by and integrated across the strategic objectives.</p>
Somalia	<p>1. Promote stability, security, state-building and strengthen the respect for human rights, focusing in particular on the rights of women, youth and the protection of children. 2. Strengthen resilience and support Somalia’s handling of internally displaced and returned citizens to prevent refugee flows and irregular migration, and to promote constructive cooperation on the return of Somali citizens. 3. Contribute to poverty reduction through inclusive and sustainable, private sector-driven economic</p>	<p>No</p>



	development and job creation with a special emphasis on women and youth.	
Tanzania	1. To reduce poverty and inequality and to ensure equitable access to quality social services, especially within the health sector; 2. To promote inclusive green growth and employment; 3. To strengthen democracy, good governance, rule of law and respect for all human rights	Yes, persons with disabilities are mentioned 2 times - as a target group under objective 1 (access to health and social services) and objective 2 (employment). The Danish support will explicitly contribute to "Creating employment, especially for women, youth and people with disabilities"
Uganda	1. Contribute to poverty reduction through inclusive and sustainable economic development. 2. Promote democracy, good governance and human rights. 3. Support Uganda's stabilising role in the region. Gender equality will also continue to be an important Danish priority in Uganda. In addition, Denmark will prioritise initiatives targeting young people as almost half of Uganda's population is between 10 and 30 years old.	No, but Denmark is committed to "continue its human rights-based approach to development in Uganda".

## Annex 3 - List of respondents

<b>CSO</b>	<b>Respondent</b>
SOS Børnebyer	Lene Godiksen - SOS Børnebyerne
Rode Kors	Gaia Armenes
Plan Barnefonden	Aracely Jimenez Andersen
Danish Refugee Council	Joakim Klas Per Daun
Danish Church Aid	Lene Rasmussen
MissionEast	Alex Ramos-Peña
Dansk Industri	Jesper Friis
Mediasupport	Thora Gehl
MS/Action Aid	Kirsten Hjørnholm
Adra	Jon Kristiansen
Red Barnet	Rasmus Stokkendal Jørgensen
Sex og Samfund	Kristine Mærkedahl Jensen
Care	Richard Hamilton
Oxfam	Annemette Danielsen (did not meet deadline for commenting)
Danish Institute for HR	Raji Gezahegn Gebre
CKU pooled fund	Annika Bach
CISU pooled Fund	Jeef Bech
DUF pooled fund	Katrine Christiansen

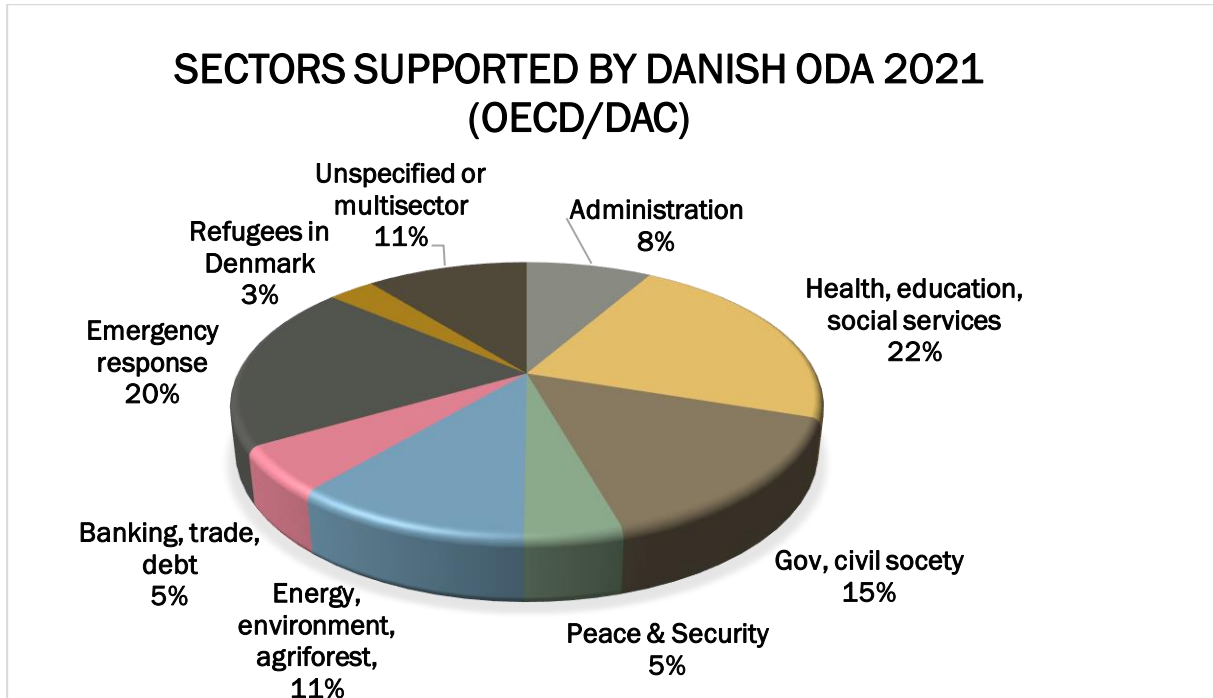
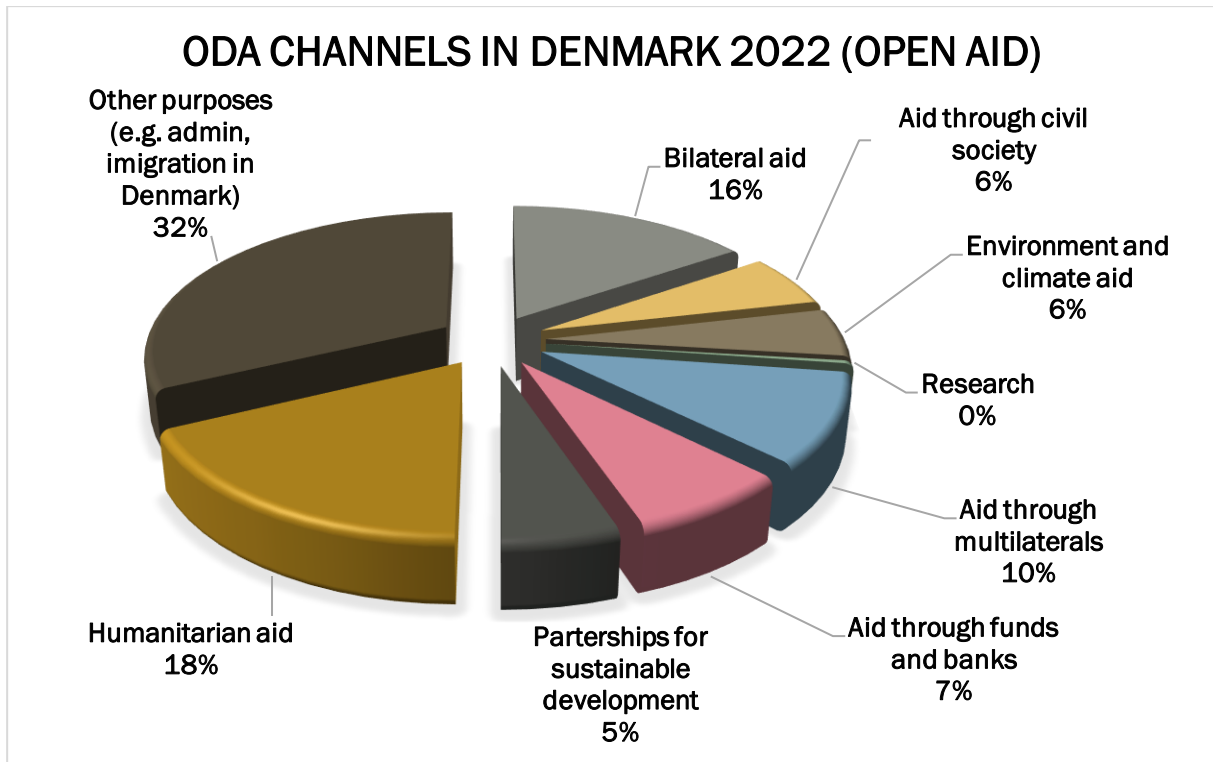
<b>MFA</b>	<b>Respondent</b>
Embassy in Beirut	Anna-Sofia Olesen Yurtaslan
Embassy in Kampala	Adam Sparre Spliid
Embassy in Nairobi	Jens Christian Gaard Fredriksen
Embassy in Addis Ababa	Siv Behrendt and Johanna Troldborg
Embassy in Cairo	Linnea Kjølstad Larsen
Embassy in Bamako	Vibeke Mortensen
HQ Copenhagen	Anne Sofie Skov Faber
HQ Copenhagen	Peter Jul Hansen

## Annex 4 – List of projects with disability marker 2021 and 2022

Programme	Disbursement million USD 2021	Disbursement million USD 2022
<b>Significant focus</b>	<b>13.595661</b>	<b>24.41417</b>
CORE FUNDING TO MARIE STOPES INTERNATIONAL (MSI) 2018-2022, focussing on SRHR. The latest annual report confirms that 5% of people served were persons with disabilities. This would have required substantial investments in disability inclusion. <b>MFA did not code this as disability focussed in 2022. I added the coding.</b>	3.975764	3.533319
DANISH SUPPORT TO ESMAP 2020-2024. There is no evidence that this programme has a substantial disability focus. It must be wrongly coded. Until we know for sure it will remain in the table.	3.578187	6.359975
EMPOWERING INDIVIDUALS IN INDIA TO CREATE A BRIGHTER FUTURE (LITTLEBIGHELP COVID-19 EMERGENCY POOL) The centre for special education is a school for 180 children and adolescents from tribal villages near Bankura who would not otherwise be able to attend school or receive care. <b>This project should have been coded as having persons with disabilities as the MAIN focus.</b>	0.112789	-
FORMULATION OF A DANISH ORGANISATIONAL STRATEGY FOR UNRWA (2023-2028) Mainstreaming disability one of the key pillars of the strategy.	0.01192	0.024719
SUPPORT FOR GLOBAL WATER SECURITY AND SANITATION PARTNERSHIP MULTI DONOR TRUST FUND 2019-22 In FY23, 54 percent of projects with water and sanitation components addressed disability inclusion (of 13 projects with water supply, sanitation, and hygiene components, 7 included actions for people with disabilities). The Water GP had the highest rate of disability-inclusive operations among all Bank GPs. One of these operations is the Tanzania Sustainable Rural Water Supply and Sanitation Program, which supports disability-accessible facilities in 1,500 schools and 2,500 health care centres.	2.783035	2.473323
SUPPORT TO EUROPEAN ENDOWMENT FOR DEMOCRACY (EED) PHASE III. This includes funding for Ukraine, which presumably also includes persons with disabilities. Documentation is unclear.	0.541768	0.918663
TANZANIA 2021 CP BRIDGING FUNDS – HEALTH 2021 and Tanzania Phasing Out Programme 2022. This programme has three components, all of them are disability inclusive to various degrees (see below).	2.385458	5.653312
UNDP CIRCULAR ECONOMY STRATEGY IN INDONESIA, The strategy includes accessible IT tools for persons with disabilities.	0.20674	-
Danish Refugee Council - Strategic Partnership 2022-2025. Interview response: <i>DRC has a diversity and inclusion strategy - including persons with disabilities. There is no follow up on how disability inclusion is done in practice. There is a programme in Latin America that works (together with HI) to collect disability data using the Washington Group Set of Questions. There are some initiatives in East Africa (Uganda) and Europe where DRC is working with HI and local OPDs. DRC has conducted training for staff in disability inclusion - facilitated by DPOD. <b>The main focus areas in DRC are localisation and climate. Disability has a lower priority. It is not mentioned in the Strategic plan for the organisation.</b></i>	-	4.09865

Front Line Defenders: Protection Support for Women Human Right Defenders. The Strategic plan 2023-27 commits to disability inclusion: <i>HRDs with disability: We will build our knowledge of the risks faced by HRDs with disability and those working on disability rights, acknowledging their specific needs and the barriers to accessing support. We will track and grow the support that we provide. We will ensure HRDs with disabilities have access to all of our programmes. We will develop our knowledge of assistive technologies, ensuring information about our programmes is in accessible formats and ensure that HRDs with disability can meaningfully participate in all of our programmes. We will build our knowledge through partnerships with disability-focused organisations</i>	-	0.565331
Mission East - Strategic Partnership 2022-2025 E-mail response: <i>We do not have yet (we are setting up our ERP system at the moment) specific data collection on our investment in disability and inclusion. Also, it will not be that easy to measure given that Mission East has 'inclusion' as a key 'operational approach', hence inclusion of the most vulnerable population in all our operations is our focus. Mission East does have programming specifically targeted to people with disability in: Armenia, Tajikistan and Nepal.</i>	-	0.747793
Rethinking Stabilisation (seminar on Ukraine)	-	0.00135
Review of CKU and DH 2022	-	0.037735
<b>Main focus</b>	<b>21.99383</b>	<b>36.252974</b>
DPOD - POOL GRANT, The Grant is 100% disability focussed	8.905711	4.663981
OMBUDSMAN DK-RI AND DHF: EXCHANGE OF EXPERIENCE ON ACCESSIBILITY AND INCLUSION OF PERSONS WITH DISABILITIES - Indonesia	0.047614	0.00112
Tanzania Phasing Out Programme (see comment below in example of good practice)	-	14.133276
UNICEF AGREEMENT 2018-2022. <b>This programme should have been coded as having significant disability focus – not main focus. Children with disabilities are only mentioned briefly in the UNICEF agreement.</b>	13.040505	15.546605
#TogetherWeCanEndTorture IRCT 2022-24 - Torture Survivors receive support to rebuild their lives and make their voices heard.		1.907992
<b>Total</b>	<b>35.589491</b>	<b>60.667144</b>

## Annex 5 - ODA channels and sectors in Denmark



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<sup>i</sup> Refer to Annex 2

<sup>ii</sup> [Strengthening the inclusion of the rights of persons with disabilities in the United Nations - UNDIS | OHCHR](#)

<sup>iii</sup> [Lessons Learned on the Danish Human Rights-Based Approach](#)

<sup>iv</sup> [Strengthening the inclusion of the rights of persons with disabilities in the United Nations - UNDIS | OHCHR](#)

<sup>v</sup> [World Bank Group Commitments on Disability-Inclusive Development](#)