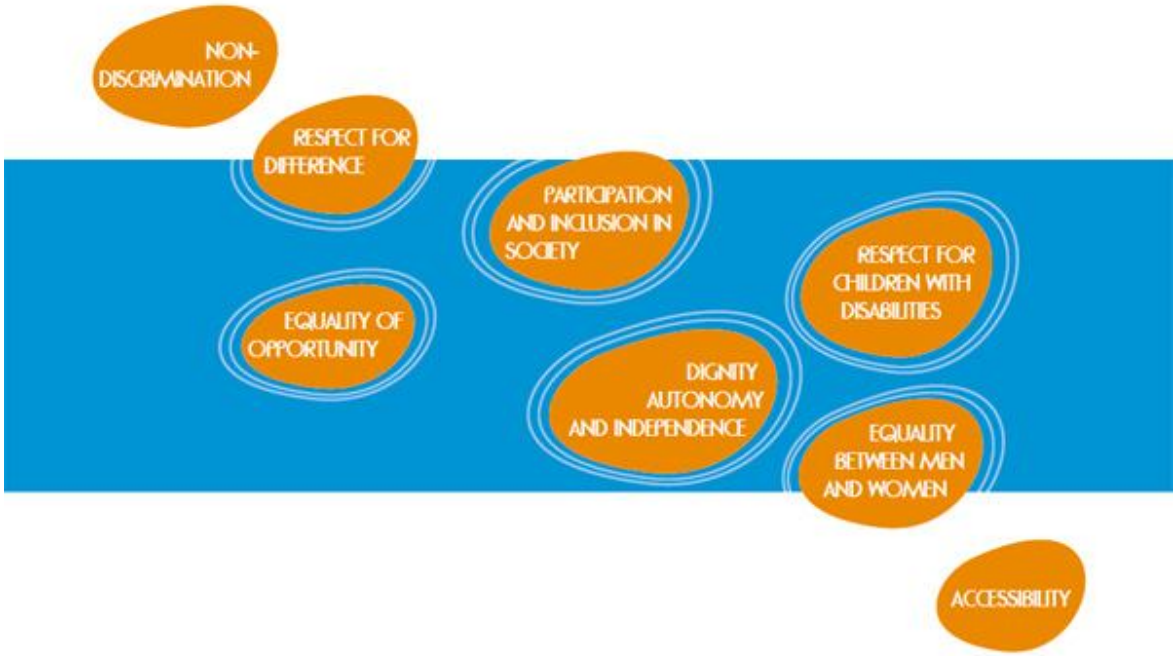
DISABILITY, INTERNATIONAL COOPERATION AND DEVELOPMENT

The Experience of the Italian Cooperation 2000-2008



VOLUME 2 – Disability

June 2010

Cooperazione Italiana allo Sviluppo
Ministero Affari Esteri

THE WORLD BANK

DISABILITY, INTERNATIONAL COOPERATION AND DEVELOPMENT: THE EXPERIENCE OF THE ITALIAN COOPERATION 2000-2008

Prepared by

Mina Lomuscio, Maria Chiara Venier and Maura Viezzoli

June 2010

This Report was prepared by Mina Lomuscio and Maria Chiara Venier, General Directorate for Development Cooperation, Central Technical Unit – Italian Ministry of Foreign Affairs, and Maura Viezzoli, consultant.

TABLE OF CONTENTS

BOXES:

FIGURES:

TABLES

FOREWORD

Elisabetta Belloni
Director General of the Italian Cooperation - Italian Ministry of Foreign Affairs

Persons with disabilities account for 10-12 percent of the world's population. According to estimates, most of persons with disabilities live in developing countries.

Therefore, persons with disabilities account for a significant part of the population and are more likely to live in poverty than their able-bodied peers. In many cases a disability can be the cause of poverty since it jeopardizes these persons' ability to fully participate in the economic and social life of the community they live in, especially if no adequate infrastructures and facilities are available.

At the international level, the United Nations *Convention on the Rights of Persons with Disabilities*, adopted on December 13, 2006 by the General Assembly introduced a new international legal and cultural standard and is an important tool in promoting human rights and equal opportunities.

The Convention does not recognize "new" rights to persons with disabilities, but redefines existing principles within the human rights framework. The mandate of the Italian Cooperation has always been to fight against social exclusion and the mandate it was given by the Convention (Art. 32) strengthened its role:

> *"States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities"*.

Between 2000 and 2008 Italian Cooperation launched initiatives to promote the rights of persons with disabilities in 25 countries (Albania, Angola, Bosnia Herzegovina, Cameroun, China, Cuba, Ecuador, El Salvador, Ethiopia, Jordan, Italy, Kenya, Kosovo, Lebanon, Libya, Morocco, Montenegro, Republic of Central Africa, Serbia, Sudan, Palestinian Territories, Tunisia, Vietnam, Yemen, and Zambia)

This publication is the first step towards the implementation of the principles set forth in the Convention and offers an overview of the initiatives funded by the Italian Cooperation to promote and protect the rights of persons with disabilities.

This Report is intended to form the documentary basis for a constructive debate on the Italian Cooperation's future commitment to reshape its procedures, fostering the inclusion of persons with disabilities in development projects and a collaborative process by exchanging and sharing information and experience.

ACKNOWLEDGEMENTS

Many people contributed to this report. First and foremost, this report would not have been possible without those who helped collect data and information, and filled and reviewed the data collection forms on projects funded by the Italian General Directorate for Development Cooperation (DGCS) to promote and protect the rights of persons with disabilities:

General Directorate for Development Cooperation

Domenico Bruzzone, Paola Campostrini, Maurizio Canfora, Manfredo Capozza, Luciano Carrino, Carlo Cibò, Raimondo Cocco, Chiara Coletti, Antonello De Riu, Stefania Fantuz, Massimo Ghirelli, Mauro Ghirotti, Guglielmo Giordano, Flavio Lovisolo, Francesco Maraghini, Fabio Melloni, Fabrizio Nava, Sergio Palladini, Giancarlo Palma, Maria Grazia Piazzolla, Alessandra Piermattei, Gianandrea Sandri, and Andrea Senatori

DGCS local technical units (LTUs)

LTU Bosnia and Herzegovina (Stefania Fantuz), LTU Bolivia (Marco Gaspari), LTU Lebanon (Chiara Coletti, Elena Zambelli, Giorgia Depaoli), LTU Morocco (Fabio Minniti), LTU Mozambique (Roberta Pegoraro), LTU Palestinian Territories (Maurizio Barbieri), LTU Tunisia (Pietro Sampieri), and LTU Vietnam (Iride Boffardi)

DGCS external consultants for disability programs

Paola Baumgartner, Fabrizio Brutti, and Estella Guerrera

Implementing agencies that carried out DGCS-funded programs on disability

Italian National Institute of Health (ISS) (Alice Fauci, Ranieri Guerra), **NGO ACRA** (Angela Melodia, Giorgia Carloni), **NGO AIFO** (Cinzia Cullice, Francesca Ortali, Pierdomenico Lorenzo), **NGO AISPO** (Giuliano Brumat, Renato Corrado), **NGO AVSI** (Chiara Spampinato), **NGO CCM** (Marilena Bestini), **NGO CFI** (Francesca Petroni, Rodolpho Da Silva, Vittorio Bossa), **NGO CIca** (Antonio Scrivo, Bepina Sima, Riccardo Sollini), **NGO CICSENE** (Gianfranco Cattai, Paola Giani), **NGO CMT** (Claudio Grassi, Letizia Ragonesi), **NGO COOPI** (Ennio Miccoli), **NGO COSV** (Katia Oppo). **NGO CTM** (Alberto De Nicola, Enrico Azzone, Pasquale Sabatino), **NGO CUAMM** (Don Luigi Mazzuccato, Elena Ostanel, Fabio Manenti, Massimo Maroli), **NGO DISVI** (Anna Ferrero, Vincenzo D'Amore), **NGO DOKITA** (Mario Grieco), **NGO EDUCAID** (Giacomo Anastasi), **NGO GVC** (Dina Taddia, Donatella Oldrini, Erika Beuzer, Silvia Angemi), **NGO INTERSOS** (Andrea Mussi, Stefano Cordella, Valentina Stivanello), **NGO L'AFRICA CHIAMA** (Raffaella Nannini), **NGO MAGIS** (Giuseppe Mazzini), **NGO MONSERRATE** (Delia Oliveto), **NGO MOVIMONDO** (Pietro Del Sette), **NGO OVCI** (Cristina Paro, Mauro Borin, William Strango), **NGO RC** (Arturo Parolini, Ciro D'Acunzo, Emira Sghaier), **NGO RTM** (Mario Pelloni), **NGO TDH** (Leonor Crisostomo, Anna Nava, Piera Redaelli), **Regione Emilia Romagna (Region of Emilia Romagna)** (Gisella Brkovic, Luca De Pietri, Rossana Preus), **Progetto Sviluppo Liguria** (Roberto Caristi), and **Tor Vergata University** (Cartesio Favalli).

Report Review Working Group

Romolo de Camillis, Ministry of Labor and Social Policies, Manager, Cabinet Office; **Giampiero Griffo**, Member of the World Executive Body Disabled Peoples' International-DPI; **Isabella**

Menichini, Director General of the Social Affairs Institute; **Marco Nicoli**, the World Bank Disability and Development Team Specialist; **Antonio Organtini**, Expert in Social Legislation and **Maura Viezzoli**, World Bank and DGCS Consultants.

Valentina Agosta, Jacopo Branchesi, Chiara Brunetti, Antonella Cimino, Anna Condemi, Gabriele Confaloni, Enza Minniti, and **Francesca Poverini** (Interns - Central Technical Unit of DGCS) collected the data and produced the graphs, while **Estella Guerrera** did the graphic formatting.

Minister Plenipotentiary **Filippo Scammacca del Murgo e dell'Agnone**, Head of the Financial Cooperation Office of DGCS and Minister Plenipotentiary **Pier Francesco Zazo**, Head of the Central Technical Unit Office of DGCS provided guidance to the team and strongly supported the preparation of this Report.

Aleksandra Posarac, Lead Human Development Economist and Disability & Development Team Leader and **Marco Nicoli**, Senior Knowledge Management Officer from the World Bank provided valuable suggestions and useful advice. Professor **Angelo Miglietta** of the Foundation Cassa di Risparmio of Turin, **Ricardo Rocha Silveira** of the World Bank, and **Deepti Samant** of the Global Partnership for Disability and Development were the peer reviewers.

ACRONYMS AND ABBREVIATIONS

ACP	Africa-Caribbean-Pacific
APPI	Anti-Poverty Partnership Initiative
CBR	Community-Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
CTU	Central Technical Unit
DAC	Development Aid Committee
DGCS	General Directorate for Development Cooperation
DHS	Person with Disabilities and/or in Handicapping Situations
DPO	Disabled Persons' Organization
ECOSOC	United Nations Economic and Social Council
EU	European Union
FAMSI	Foundation for the Advancement of Mesoamerican Studies
FAO	Food and Agriculture Organization
GPDD	Global Partnership for Disability and Development
ICD	International Classification of Disease
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairment, Disabilities, and Handicaps
ILO	International Labour Organization
IOM	International Organization for Migration
IsIAO	Istituto Italiano per l'Africa e l'Oriente (Italian Institute for Africa and the East)
ITC	Information, Technology and Communication
LTU	Local Technical Unit
MFA	Ministry of Foreign Affairs
MDG	Millennium Development Goal
NDAP	National Disability Action Plan
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
OHCHR	Office of the High Commissioner for Human Rights
OSCE	Organization for Security and Cooperation in Europe
PDHL	Human Development Program at Local evel
SIC	Sistema Informatico Centrale (Central Information System)
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNICRI	United Nations Interregional Crime and Justice Research Institute
UNIDO	United Nations Industrial Development Organizations
UNIFEM	United Nations Development Fund for Women
UN-HABITAT	United Nations Human Settlements Programme
USAID	United States Agency for International Development
WHO	World Health Organization

SUMMARY

This Report (i) reviews the extent and characteristics of the investment of the Italian Cooperation in disability from 2000 to 2008; (ii) presents the projects that were implemented; and (iii) identifies good practice and lessons learned to be used for mainstreaming disability[1] within the Italian Cooperation.

The review shows that the initiatives funded by the Italian Cooperation either directly address disability issues, or involve a number of sectors where the disability is addressed in a cross-sectoral way and, in certain cases, is mainstreamed in the activities.

The projects that were examined pertain to five areas: (i) health and rehabilitation, (ii) accessibility, (iii) promotion of rights, participation, and empowerment of persons with disabilities and their associations, (iv) cultural change, and (v) cross-sectoral issues, including legislative-institutional impact, social integration, and training and education.

The Report highlights the continuing commitment of the Italian Cooperation to promoting the rights of persons with disabilities and reflects Italy's strong tradition in promoting initiatives that encourage and support participation. This participatory approach emerges from the involvement of civil society organizations, national institutions, municipalities, public agencies, universities and religious institutions and associations in projects.

The Italian Cooperation is committed to continue strengthening what is known as "System Italy" through horizontal, decentralized cooperation, trade associations, and the importance that the Italian Cooperation attributes to building inter-institutional partnerships. The latter proved essential in ensuring sustainability of long-term development aid initiatives.

[1] For the purposes of this document, the term *mainstreaming* means: integrating the disability perspective in each phase of the policies and practices of development – design, implementation, monitoring and assessment – to promote equal opportunities for persons with disabilities in all aspects of social, economic and cultural life. See European Commission 2003.

PART A: THE CONTEXT

CHAPTER 1: DISABILITY[2] ON THE INTERNATIONAL SCENE

1.1 . Whom are we talking about when we talk about persons with disabilities?[3]

Reaching international consensus and finding reliable information on the number of persons with disabilities in the world is not a simple task. An international definition of disability, a set of standard indicators, and a standard system for data collection s yet to be established. The current estimate is that about 10 percent of the world population has some form of disability[4].

In May 2001, the World Health Organization (WHO) published the *International Classification of Functioning, Health and Disability* (ICF).[5] The ICF is recognized by 191 countries as a new instrument to describe and measure health and disability among populations. The ICF classification revolutionized the definition, and consequently the perception, of health and disability. The new principles highlighted the importance of an integrated approach to disability which takes into account and systematically classifies environmental factors. The ICF acknowledges that every human being may have a health problem and clarifies the fundamental role of the environment in determining disability. Disability is an experience that every human being may encounter during his or her life.

It has long been established that perceptions and definitions of disability vary depending on the social and cultural context.[6] The preamble of the *Convention on the Rights of Persons with Disabilities* (CRPD) notes that disability is an evolving concept, resulting from the interaction between people with functional limitations and the cultural and environmental barriers which prevent their full and effective participation in society on an equal level with others. This also explains difficulties in establishing an unambiguous definition of disability.

The WHO[7] points out that disability prevalence is changing because of complex and multiple factors which include illnesses, natural disasters, environmental degradation, and conflicts.[8] Even positive factors, like the longer life expectancy and/ or progress in medicine, that contribute to the growth of the world population, can have an impact on the increase in the number of disability cases.

There are several approaches to disability:

The Medical Approach. Prevalent until the 1960s, it treats disability in purely medical terms. According to this model, a person with disabilities is seen as a patient who should be put in a position

---

[2] See http://www.un.org/disabilities

[3] Disability terminology is still debated internationally. This Report uses both "disabled persons" and "persons with disabilities". On the use of these terms see "Le buone prassi nell'uso delle parole: le parole sono pietre" in Le idee vincenti. Esempi di buone prassi nello sviluppo della cultura imprenditoriale e dell'accoglienza. Pesaro, project *Equal* Albergo Via dei matti numero zero, 2005**.**

[4] This is a widely cited statistic of overall prevalence originating in an unpublished 1976 WHO report (No. A29/INF. DOC/1). While some experts believe this underestimates the real magnitude of the problem, others have arrived at lower figures by applying a narrower definition of disability. Also see WHO 1981 and Despouy 1993.

[5] See http://www.who.int/classifications/icf/en/

[6] See World Bank 2007.

[7] See http://www.who.int/disabilities/publications/dar_action_plan_2006to2011.pdf

[8] In some countries, up to a quarter of disabilities are a consequence of injuries and violence. See WHO 2009.

to overcome his or her impairments because the physical impairment is the cause of his or her social exclusion. This approach mainly focuses on the individual as a recipient of care and assistance; on treatment, rehabilitation, assistive devices and technology. This model includes separate institutions for the care of persons with disabilities, such as special schools or facilities.

The Charity-Based Approach looks at a person with disabilities as a victim of his or her own physical state, and as a person who is in need of care and protection. At its core is the sense of compassion that people with impairments inspire in people and charitable institutions. This approach focuses on the needs of persons with disabilities and the benevolence of those who meet those needs. Traditionally, policies based on this model provide for special institutions dedicated to the persons with disabilities (such as special institutes or schools). This model has been at the core of the early social policies for persons with disabilities, highly integrated with privately funded charitable initiatives.

The Social Approach emerged in the late 1980s early 1990s and focused on the response that society offers to persons with disabilities. This approach looks at disability as the product of a social environment that is not willing to adapt to the potential of individuals. The objective of initiatives based on this model is social inclusion, placing the persons with disabilities in the midst of society through schooling, work, and personal growth. This social model asks society to adapt to the diversity of persons with disabilities, recognizing that the disadvantages faced by these persons depend on the discrimination to which they are subjected.

Discrimination may assume many forms. Legislative and institutional discrimination occurs whenever the law does not provide for including persons with disabilities in schools; physical discrimination occurs when public facilities are inaccessible due to physical and sensory barriers; and cultural discrimination occurs because of stigma and prejudice.

The Human Rights-Based Approach was established in the late 1990s and is rooted in the international standards on human rights. It considers persons with disabilities as holders of rights and duties. The focus of this approach is growth and integration of persons with disabilities so that they may fully participate in all aspects of social, economical, political and cultural life, within a society that accepts and respects their differences. This approach to disability engages persons with disabilities and their families, and emphasizes the role of associations of persons with disabilities in developing polices whose objective is their full social participation.

The Capability-Based Approach[9] was established as a conceptual framework in the year 2000 and focuses on giving persons with disabilities the opportunity to exercise their capability to choose their life and develop their potential. This model is centered on the individual's aspirations and potential, not on his/ her impairments. The capability-based approach considers wellbeing, participation and freedom as instrumental in pursuing economic and social objectives.

The ensuing social policies for persons with disabilities will not only provide services to compensate for disadvantages but will also support their capability to make their own choices. These choices are linked to basic human rights such as health, education, nutrition, and also to the freedom to exercise their right to have a social, community, economic and emotional life.[10] The human rights-based and the capability-based approaches are often linked.

[9] See http://www.capabilityapproach.com
[10] See Sen 2000.

These approaches summarize the different ways of thinking regarding disability and persons with disabilities from the 1950s to date. Commenting on approaches to disability in India, Kishor Bhanushali, an Indian scholar,[11] has said:

> *"The policies and schemes of government are guided by medical model rather than human rights model. Major efforts on the part of government are limited to physical rehabilitation in the form of preventive action, provision for aids and appliances etc. Efforts in the direction of human rights model remain on paper (...)"*
>
> *"..The attitudes and perspectives of non-disabled people toward people with disabilities can, and do, have a profound impact on our daily lives. Even for a disabled person who has never before heard the phrase "moral model" or "human rights model," the descriptions of the real-world attitudes upon which these phrases are based are intimately familiar and highly relevant to our lives. They are familiar because we confront them, for better or for worse, in the people we meet –including in our families. And they are relevant because when certain attitudes are pervasive throughout all society, they directly and pragmatically affect what services or human rights are –or are not – available to us."*
>
> *"Whether or not you knew it, you are already operating from the perspectives and attitudes described in at least one of the existing "disability models".*

This indicates that defining the conceptual framework is critical because it affects the establishment of policies for disability and related actions.

1.2. Mainstreaming disability in the development agenda

Understanding what mainstreaming of disability means and what tools can be used to implement it is critical for government and intergovernmental institutions that aimto promote the rights of persons with disabilities through policies, strategies and activities of international cooperation.

It is estimated that 80 percent of persons with disabilities live in developing countries, i.e. about 500 million people, many of whom are poor or close to poverty line.[12] Accordingly, the international community has agreed that persons with disabilities should be included in the groups targeted for inclusive development along with other groups that risk exclusion.

Over the past 15 years, a variety of international documents on this subject have highlighted the need to include disability in the debate on development. The Program of Action of the World Summit for Social Development, held in Copenhagen in 1995,[13] identified "mainstreaming disability in the development agenda" as one of the three emerging topics for social development. Mainstreaming disability in the development agenda follows the path that was spearheaded by mainstreaming gender.[14] Just like for gender, it is a matter of promoting a strategy whose ultimate goal is equal opportunities for persons with disabilities. However, the debate is still open as to how to effectively

[11] See Bhanushali 2007.

[12] For further information on the existing data on the poverty-to-disability ratio in developing countries, see Braithwaite and Mont 2008.

[13] In 1995 in Copenhagen, the "World Summit for Social Development" took place which recognized the existence of a worldwide social issue that involves countries in both the South and the North of the World.

[14] See Miller and Albert 2005.

achieve this goal. The past experiences with gender and HIV/AIDS suggest the need to activate processes[15] that are:

- political and institutional where the rights of persons with disabilities are taken into consideration and integrated in planning and enacting of sector policies;
- participatory, fully involving persons with disabilities and disabled persons' organizations (DPOs) in planning policies and services, and in the decision-making process;
- technical, including disability at all levels of planning, and recognizing that persons with disabilities are diverse, with different needs.
- cultural, putting equal rights of persons with disabilities at the core of the agenda and the cultural debate.

Since there are no standard definitions for mainstreaming disabilities, this Report uses the following definition:[16] integrating the disability perspective in all phases of development policies and processes: design, implementation, monitoring and assessment in view of promoting equal opportunities for persons with disabilities in all aspects of life - social, economic and cultural. By developing a participatory approach, the mainstreaming strategy ensures that all players are involved, responsible, connected and integrated. The Italian Cooperation will follow this approach .

1.3. Disability and the Millennium Development Goals (MDGs)

In September 2000, 191 Heads of State and Government from all over the world signed the Millennium Declaration that identified eight MDGs in response to the needs of the poorest and most marginalized populations which are:

1. Eradicate Hunger and Extreme Poverty
2. Achieve Universal Primary Education
3: Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and other diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

MDGs do not explicitly consider disability, even though disability represents an important element in analyzing social exclusion and achieving the objectives.

For example, eradicating hunger and eliminating extreme poverty (MDG1) must be pursued considering that poverty often affects persons with disabilities. Similarly, children with disabilities tend to have lower enrollment rates in education relative to children with no disabilities.[17]

Based on an analysis of 14 household surveys, Deon Filmer[18] has found out that "Analysis of 14 household surveys from 13 developing countries suggests that 1–2 percent of the population have disabilities. Adults with disabilities typically live in poorer than average households: disability is associated with about a 10 percentage point increase in the probability of falling in the two poorest quintiles. Much of the association appears to reflect lower educational attainment among adults with

[15] See ECOSOC 2007.

[16] See European Commission 2003.

[17] See Filmer 2008.

[18] Ibid.

disabilities. People of ages 6–17 with disabilities do not live in systematically wealthier or poorer households than other people of their age, although in all countries studied they are significantly less likely to start school or to be enrolled at the time of the survey. The order of magnitude of the school participation deficit associated with disability - which is as high as 50 percentage points in three of the 13 countries - is often larger than deficits related to other characteristics, such as gender, rural residence, or economic status differentials. The results suggest a worrisome vicious cycle of low schooling attainment and subsequent poverty among persons with disabilities in developing countries."

Other MDGs too are linked to disability. Women with disabilities often suffer double discrimination: based on their gender and on their disability (MDG3). While empirical evidence is limited, anecdotal evidence suggests that they are more vulnerable to and more likely to be victims of violence and abuse, including within their family. In many countries, girls with disabilities are considered and treated as "useless", also because they are not always able to do housework, as their peers are. Moreover, disability has a strong impact in the lives of women without disabilities due to the role women traditionally play in the family and society, especially in developing countries. The presence of a person with disabilities at home puts the role of caring for them on the woman of the household, especially when public institutions provide no support.

In developing countries, child mortality (MDG4) is often the consequence of insufficient or lack of access to medical treatment.[19] For children and adolescents with disabilities, access to medical services is critical.[20]

Maternal health is an essential objective. Every year, millions of women in developing countries, where most of births take place at home and are not attended by a skilled professional, experience a condition of disability and suffer long-term complications as a result of pregnancy and/ or childbirth.[21] Most of the existing maternity services in developing countries are not equipped with specialized units or qualified staff to provide care and assistance in case of these types of complications. A great number of cases of children with disabilities are due to complications sustained during birth (MDG5).[22]

Ensuring environmental sustainability (i.e. access to water and proper hygiene and safety conditions) is critical in preventing many types of disabilities. For example, many types of vision impairment are caused by degenerative illness resulting from contaminated water.

In April 2009, the Secretariat for the CRPD in collaboration with the WHO organized the "Expert Group Meeting on Mainstreaming Disability in MDGs Policies, Processes and Mechanisms: Development for All".[23] The meeting highlighted the following:[24]

- The MDGs cannot be achieved without fully and effectively integrating persons with disabilities and engaging them in all stages of the MDG processes;
- The current MDG framework, the existing tools and mechanisms provide several opportunities to mainstream disability in the MDGs;

[19] See WHO 2005.

[20] See UNICEF 2005.

[21] See http://www.making-prsp-inclusive.org

[22] See DCP2 2008.

[23] See http://www.un.org/disabilities.

[24] See UNDESA 2009.

- The lack of statistics on the situation of persons with disabilities in the context of the MDGs continues to be a major challenge and limitation;
- Initiatives to ensure integration of persons with disabilities can be taken at different levels - global, regional, and national - with a view of short-term, medium-term and long-term results. These initiatives must have an impact on the MDGs Review Session in 2010, and then in 2015 and beyond;
- At the global level, short-term strategic actions were identified in the report of the Secretary-General on the situation of disabled persons (64th session of the UN General Assembly, 2009) and in the 2009 MDGs Report;
- Medium-term strategic actions should include disability in the MDGs reporting guidelines, and disaggregated data on disability in the Handbook containing MDGs indicators;
- Long-term actions should include mainstreaming disability in the processes preparing the next steps after 2015.[25]

The results of the work of the Expert Group Meeting on Mainstreaming Disability provided elements for the compilation of the Report of the Secretariat General, *Realizing the MDGs for Persons with Disabilities through the Implementation of the World Program of Action Concerning Disabled Persons and the CRPD*,[26] that was presented at the UN General Assembly held in September 2009. A resolution was proposed to the General Assembly.[27]

1.4. United Nation Policies and the Convention on the Rights of Persons with Disabilities

The Universal Declaration of Human Rights of 1948 establishes that "all human beings are born free with dignity and rights" (article 1) and that "each individual is entitled to all liberties announced in the Declaration without distinction...of birth or otherwise".[28]

In the first stages of the development of the international law on human rights, there were no specific references to safeguarding the rights of persons with disabilities at the national or international levels. In the 1970s, the perspective changed and brought about a series of international initiatives and the development of new instruments of international law that focused on the recognition of the rights of persons with disabilities. Some of the more significant steps of this journey include: the UN General Assembly adopted the Declaration on Human Rights for Persons with Disabilities[29] in 1975; the UN proclaimed 1981 the International Year for the Disabled; in December 1982, the UN General Assembly adopted the World Action Program for Persons with Disabilities[30], which outlined a strategy to promote equality and the full participation of persons with disabilities. The 1983-1992 decade, was declared a UN Decade for Persons with Disabilities. At the end of that decade, December 3 was set as International Day of Persons with Disabilities.[31] In 1994, the Standard Rules[32] on the Equalization of

[25] See http://www.un.org/disabilities.

[26] UN 2009.

[27] *Inclusion of Persons with Disabilities in Realizing the MDGs* (A/C.3/64/L.5).

[28] See *Universal Declaration on Human Rights*. Accessible at http://www.un.org.

[29] Resolution 34/47 of the UN General Assembly. December 9, 1975.

[30] Resolution 37/52 of the UN General Assembly.

[31] See International Day of Persons with Disabilities - Thursday, December 3, 2009. *Making the MDGs Inclusive: Empowerment of Persons with Disabilities and Their Communities around the World*. Accessible at http://www.un.org/disabilities/default

[32] Resolution 48/96 of the UN General Assembly. December 20, 1993.

Opportunities for Persons with Disabilities were approved and adopted. Although nonbinding, they would become prominent standards when member states had committed to comply with them, and for persons with disabilities they represented a guide for making decisions and taking initiatives. The document established 22 criteria for developing policies and empowering persons with disabilities and their families as active citizens, in charge of their choices. The application of the Standard Regulations was monitored by a *Special Rapporteur* on Disability. From 1994, the Rapporteur filed a series of reports to the UN Commission for Social Development of the Economic and Social Council (ECOSOC).

In 2001, the General Assembly[33] created an Ad Hoc Committee tasked with developing a project for a *Global Convention for the Promotion and Protection of Rights and Dignity of Persons with Disabilities*.[34]

The Ad Hoc Committee first met in New York in August 2002 and negotiations lasted four years until December 13, 2006, when the UN General Assembly approved the CRPD. As of today,[35] the Convention, that took effect May 3, 2007, has been signed by 145 countries and ratified by 87; its related Optional Protocol was signed by 89 countries and ratified by 54.[36] The CRPD is unique in a sense that for the first time in the history of the UN, a convention was negotiated with the active involvement of civil society organizations.

As of November 26, 2009, the CRPD is a law of the European Union (EU). The EU Council ratified the CRPD, mandating the member states to consider the rights sanctioned by it from a factual and legislative standpoint.

The following are the eight principles of the CRPD:

1. Respect for inherent dignity, for individual autonomy – including the freedom to make one's own choices – and for individual independence;
2. Non-discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equal opportunity;
6. Accessibility;
7. Equality between men and women;
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The CRPD points that individuals with disabilities are “holders of rights” and “subjects with rights.” As such, it requires a change in societal attitudes toward persons with disabilities Such cultural change is a prerequisite to full equality of the persons with disabilities. The real value added by the CRPD is its binding nature. Also, it establishes the international standard for the recognition of the rights of persons with disabilities, which can be claimed individually.

---

[33] Resolution 56/168 of the UN General Assembly of December 19, 2001 created an Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

[34] In 1987, during the 42nd UN General Assembly, Italy had raised the issue of the need for a convention on disability.

[35] Data updated as of June 3, 2010

[36] See <http://www.un.org/disabilities>

Human Rights and Human Development

The document *Mainstreaming Disability in the Development Agenda*[37] prepared in 2007 by the Secretariat of the ECOSOC pointed out that, until the Convention, international human rights instruments were implemented separately from those for development.

Human rights and development both focus on the interests of individuals, their dignity, their freedom, and their wellbeing. However, due to the cold war, from the 1950s their respective agendas had followed parallel and often polarized courses of action,[38] both from a practical and a theoretical view point. When human rights and development are directed toward the same objective, one is strengthened by the other: human rights create the environment in which a citizen has the right to claim his/her own freedom; set international standards; establish laws and processes to recognize said rights. Human development enables individuals to take opportunities, acquire capabilities and live a full life.

Today there is a growing international consensus in support of this integration, of which the Convention is a concrete sign.

1.5 The Council of Europe and the policies of the European Union on disability

1.5.1 The Council of Europe's Disability Action Plan 2006-2015

Historically, the European approach to disability has always reflected human rights with full recognition and protection of the rights of persons with disabilities.

Article 13 of the Treaty of Amsterdam is one the pillars of this approach.[39] Back in 1997 it provided the European Community with efficient instruments to fight discrimination. Article 13 responded to the growing need to ensure a coherent and integrated approach to fight discrimination and to ensure the adoption of common political and legal measures. Article 13 also refers to disabilities.

Subsequently, the European Commission adopted Directive 78[40] of 2000, which created a general framework for equal treatment in terms of employment and labor conditions. This directive also refers to persons with disabilities. The Directive 78 is rooted in the previous European Economic Community (EEC) legislation on equality between men and women. Several definitions and legal concepts used in the Directive drew from the legislation on gender equality and/or the jurisprudence of the European Court of Justice. The Directive aims at "establishing a general framework to fight

[37] ECOSOC 2008.

[38] See UNDP 2000. The rhetoric of human rights was reduced to a weapon in the propaganda for geopolitical interests. The West emphasized civil and political rights, pointing the finger at socialist countries for denying these rights. The socialist (and many developing) countries emphasized economic and social rights, criticizing the richest Western countries for their failure to secure these rights for all citizens. In the 1960s this led to two separate covenants, one for civil and political rights, and the other for economic, social and cultural rights.

[39] The European Council adopted the Treaty of Amsterdam in June 1997, which entered into force on May 1, 1999, once ratified by all member states. On the one hand, it reinforces the mechanisms put into place by the Maastricht Treaty and on the other hand, it defines a number of social priorities for the EU, specifically in terms of employment. Article 13: *The other provisions in this treaty and within the competencies it entrusts to the Community notwithstanding, the Council, unanimously deliberating on a proposal made by the Commission and following consultation with the European Parliament, may take the necessary measures to combat any discrimination based on sex, race, or ethnic origin, religion or personal convictions, handicap, age or sexual orientation.*

[40] Directive 2000/78/CE.

discriminations based on religion, personal convictions, disabilities, age or sexual orientations, for employment or labor conditions, so that the principle of equality of treatment is implemented in member states."

In this light, the Directive supports the concept of "reasonable accommodation" which encourages provision of appropriate, effective and practical measures to set up job environment according to the needs of the persons with disabilities; for example, setting up the premises or adjusting the equipment, the timetable, the assignments or providing training and skills development.

Among the many measures that were adopted, it is worth noting some of the steps that the EU undertook in terms of mobility and accessibility:

The European Council Regulation 1107/2006 was adopted to safeguard and assist persons with disabilities and persons with impaired mobility on flights, based on the principle of non discrimination and assistance guarantee. It is the first European legislation that sets persons with disabilities on the same level as able-bodied persons, and obliges airport authorities to provide free assistance and facilities and to guarantee accessibility to persons with disabilities. Similar obligations were mandated for the international railway transportation system.

Just as relevant is the effort of the EU to spread the culture of universal design and – in light of the Lisbon Strategy (and post-Lisbon strategy) – to promote the "e-inclusion", which is a primary objective in the fight against social exclusion, and to reduce the digital divide in the information and knowledge age for the most vulnerable categories.

In 2006, the Council of Europe adopted the 2006-2015 Disability Action Plan.[41] The spirit of the plan was best summarized by the Secretary General of the Council of Europe, Mr. Terry Davis:

> *"In many ways, the degree of disability is not determined by someone's physical condition, but rather by the extent to which the environment is adapted to guarantee equality of opportunity to everyone. It is about freedom of choice, quality of life and active participation in society. This is the underlying philosophy of the Council of Europe Disability Action Plan".*

The Plan is, therefore, consistent with the CRPD human rights-based approach toward disability, and complements it. It is an operational tool for policymakers and planners. It outlines the areas that are most relevant to a person with disabilities, such as healthcare, rehabilitation, participation in political and public life, information and communication, community, education, participation in cultural life, employment, vocational guidance and training, accessibility to buildings and transportation, social protection, legal protection, public awareness, protection against violence and abuse, and research and development. Regarding these areas, the Plan identifies 40 objectives and 160 specific actions that the 46 member states of the Council are asked to enact. The actions make the Plan a useful tool for monitoring the implementation of the CRPD.

1.5.2 The EU policies on disability

In 2000, article 26 of the Charter on Fundamental Rights of the EU[42] recognized the right of persons with disabilities to benefit from measures intended to ensure their autonomy, their social and

[41] See https://wcd.coe.int/ViewDoc.jsp?id=1037431&Site=COE&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=FDC864

[42] See EU 2000/C 364/01. *Charter of Fundamental Rights of the European Union*. Accessible at http://www.europarl.europa.eu/charter/pdf/text_en.pdf

professional inclusion and their participation in community life. The EU identified disability as a fundamental cause of discrimination and social exclusion. It recognized the need and urgency to expand the confines of society, in order to ensure complete access to all citizens, including persons with disabilities.

The EU initiatives in this field are carried out based on an Action Plan[43] which includes monitoring social-economic changes in order to identify strategies to fight prejudice and barriers against persons with disabilities. The Action Plan was inspired by the European Year of Persons with Disabilities 2003, established by the EU Council in 2001 and promoted by Italy. The four pillars of the European strategy on disability are: (i) nondiscrimination, (ii) positive actions and mainstreaming, (iii) overcoming barriers and obstacles, and (iv) engaging organizations of persons with disabilities and specifically the European Disability Forum[44] in the decision-making processes regarding disabled people.

The EU has one of the most advanced and comprehensive legislations on the matter of equality and nondiscrimination in the world. In 2000, the EU enacted two directives on discrimination in the work environment, and in 2005, it launched the Strategy for Nondiscrimination and Equal Opportunities for All. To meet the need for a broader and more compelling strategy on discrimination within the EU, 2007 was designated as the European Year of Equal Opportunities and 2010 is designated as the European Year for Combating Poverty and Social Exclusion.

1.5.3 Disability in the EU international cooperation policies

One of the objectives of international cooperation policies of the EU is poverty reduction. With regards to persons with disabilities, in the 2004 Guidance Note on Disability and Development, issued by the European Commission, it is stated that : "Disabled people, in all parts of the world, experience discrimination and are widely excluded from the social, economic and political life of the community. This exclusion is the basic cause of high rates of poverty among disabled people in the poorest countries."[45] The Guidance Note sets binding rules on including disability in the EU international cooperation policies.

In the international debate on mainstreaming disability in development cooperation, the EU supports a twin-track approach: on the one hand, the EU approaches disability and promotion of human rights of persons with disabilities as a cross-cutting theme; on the other, the EU continues to promote initiatives that directly target persons with disabilities in order to ensure their inclusion in the development process.

The EU developed a process to verify and monitor the projects it funds, in order to ensure that those projects include disability component. It has also developed a system to study the impact of its projects on persons with disabilities and their families. Specifically, the EU delegations must verify the degree at which the country programs respond to the needs of persons with disabilities. This verification should take into account the EU resolutions on persons with disabilities in Africa-Caribbean-Pacific (ACP) countries.[46]

---

[43] See Council of Europe 2003.

[44] See http://www.edf-feph.org/

[45] See European Commission 2004.

[46] *Resolution on the Rights of the Disabled People and Older People in ACP countries.* ACP-EU 3313/01/final. Resolution on Health Issues, Young People, the Elderly and People Living with Disabilities. ACP-EU 3398/02/final.

In January 2006, the European Parliament issued the Resolution on Disability and Development.[47] The resolution is an important step in promoting mainstreaming policies. It points out that issues related to disability must be cross-sectionally reflected in all development policies of the European Commission. Disability components should be included from design to implementation, and monitoring and evaluation of specific programs targeting prevention, treatment, capacity-building, and fight against prejudice. Another important theme is disability in emergency operations.[48]

[47] See http://www.europarl.europa.eu/

[48] The European Parliament included the disability component in Resolution of 9.4.2007 on natural disasters. The Charter of Verona was approved in November 2007 on rescuing persons with disabilities in the case of a disaster. Accessible at http://internazionali.ulss20.verona.it/docs/projects/rdd/veronacharter.pdf

CHAPTER 2: PROMOTING AND PROTECTING HUMAN RIGHTS OF PERSONS WITH DISABILITIES: THE CASE OF THE ITALIAN COOPERATION 2000-2008

2.1. The Italian experience

From a legislative and a policy standpoint, Italy is considered one of the most advanced countries in terms of recognition and safeguarding of the human rights of persons with disabilities. In recognition of its legislative accomplishments in this field, on November 17, 2003, Italy was assigned the International Disability Award by the Franklin and Eleanor Roosevelt Institute.

As of the 1970s, the Italian Parliament enacted a series of laws to support national and regional polices for the integration of persons with disabilities.

Since the early 1990s, Italy's commitment to establishing a set of provisions in support of persons with disabilities has been based on the full recognition of their rights and their dignity. Important legislative and financial instruments were developed which translated into services, mostly at the regional and local levels. Provisions that ensured opportunities and good practice were promoted and developed based on a progressive acquisition of responsibility by relevant government agencies, civil society organizations (CSOs), and private citizens.

The foundation of the current laws is the Framework Law No. 104 of February 5, 1992 for the Assistance, Social Integration, and Rights of Persons with Disabilities (Loi Cadre).[49] This Law sets principles and values, recognizes the rights of persons with disabilities as citizens' rights, identifies interventions, and provides for services that ensure autonomy and social inclusion; it provides for instruments and operative processes supporting the family and the autonomy of persons with disabilities, specifically regarding those with severe disability. This Law drew inspiration from an approach based on promoting human rights. Such an approach would later be the reference point for the CRPD.

This Law gave way to a more modern and fitting culture of inclusion: ever since its enactment, agencies at all levels of government and political decision-makers have embraced the themes regarding disability and opened new opportunities for associations, volunteer organizations, non-governmental organizations (NGOs), cooperation and private citizens supporting the rights and inclusion of persons with disabilities.

Italy's civil society is particularly developed and diverse. NGOs are a critical component of the structure of the Italian welfare system. Such structure is supported by several laws, including Law No. 381 of 1991[50] which instituted social cooperatives. At the time, social cooperatives were an innovation on the international scene: their focus is job placement for disadvantaged persons, including persons with disabilities.

---

[49] *"Framework Law for the Assistance, Social Integration and Rights of Persons with Disabilities"*. Law No. 104 of 5 February 2002, and subsequent modifications.

[50] Law No. 381 of November 8, 1991, *Disciplina delle Cooperative Sociali* (Policy on Social Cooperatives). Published in the Official Gazette of December 3, 1991. Issue 283. Based on this law, social cooperatives fall into three categories:(i) Type A cooperatives – providing social/health and educational services; (ii) Type B cooperatives – involved in job placement of disadvantaged persons; and (iii) Mixed object cooperatives (A+B) – involved in both of the above.

In addition to provisions pertaining to prevention, treatment, rehabilitation and assistance, the framework Law No. 104/92 identifies interventions and services that ensure social integration (for example, placement with people or families, social/ rehabilitation centers and educational day-centers, communities, and family homes). This framework law hinges on the integration of the initiatives and on a holistic approach toward persons with disabilities and their families, ensuring that persons with disabilities are assisted generally and individually.

To enable parents to take care of their children with serious disabilities within the family environment, working parents are granted support, including daily and monthly leave, paid child care leave of up to two years, the possibility to move to a workplace that is closer to their residence and other.

In 1998, Law No. 162/98[51] was passed to amend and integrate Law No. 104. The amendments provided for additional measures to assist persons with significant disability and promote their social integration and include different forms of at home assistance and personal help such as a 24-hour assistance, welcome and emergency services, and funding for pilot projects developed by local organizations and agencies whose purpose is to increase the autonomy and mobility of persons with disabilities and engage them in sports.

The right to education for all persons with disabilities, from elementary school, was confirmed by Law No. 104, which contributed to placing Italy on the cutting edge in developing a fully inclusive school system.

Back in 1977, the Italian Parliament passed Law No. 517/77[52] that guaranteed the right to attend school and regular classes to all children with disabilities, regardless of their psycho-physical condition. Progressively, the methods and the instruments that guarantee such inclusion were defined. These methods and instruments include an evaluation system that translates into educational support; a special needs teacher in the classroom for an adequate number of hours; a ratio of disabled students to non-disabled students between 1/25 and 2/20; tailored education plans for each student with disability, additional educational tools and assistants where necessary; accessible school structures; and transportation to and from school. These elements are part of a system that is implemented at the local level, defined by a set of programmatic agreements, and assigns responsibilities to the local entities including social services in townships, and regional health services. Schools and regions have set up a harmonious network of services to respond to all needs.

Over time, education support systems were extended to high school[53] and university levels. Today, each university has an office that provides educational aid, access to students' quarters, and individual services for students with disabilities. The director of this office reports directly to the university's president. Moreover, with the agreement reached between the national government, the regions and

---

[51] Law No. 162 of May 21, 1998, *Modifiche alla Legge 5 Febbraio 1992, No. 104, Concernenti Misure di Sostegno in Favore di Persone con Handicap Grave* (Amendments to Law No. 104 of February 5, 1992 regarding the support measures for persons with serious disabilities). Official Gazette issue 123, 29 May 1998.

[52] Law No. 517 of August 4, 1977, *Norme sulla valutazione degli alunni e sull'abolizione degli esami di riparazione nonché altre norme di modifica dell'ordinamento scolastico* (Provisions on the evaluation of students and the abolition of make-up exams and other provisions on the school system). Published in Official Gazette issue 224, 18 August 1977. In 1977 Law No. 517 established the principle of inclusion for all disabled elementary and middle school students, from age 6 to 14.

[53] See http://www.edscuola.it. In 1987, the Constitutional Court issued Sentence 2155 recognizing the full and unconditional right of all students with disabilities, including serious disabilities, to attend school, including higher education schools, and imposed on all agencies involved to implement services to support general school integration

local entities in 2008, the system reached its completion as local stakeholders took charge of the professional training and the services related to job placement for students with disabilities.

Before the reform, in the school year 1974-1975, there were 15,000 students with disabilities attending classes or special schools. They were only enrolled in elementary and middle schools, as their chances to pursue high school, let alone universities, were limited. In the school year 2006-2007, there were 187,567 students with disabilities in public and private schools, or 2.1 percent of all students. Of these, 173,692 students (92.6 percent of all students with disabilities) attended public, e.g. government-run schools.[54] Data also show that the number of students with disabilities enrolled in public universities has been increasing. From the school year 2000-2001 to 2006-2007 the number of students with disabilities increased about 2.5 times: from 4,813 to 11,407.[55]

In summary, Italy has ensured the inclusion in regular schools for the majority of students with disabilities. There are still some special classes, but only for specific situations (for example, the Osimo School for the deaf-blind). It should be noted, however, that the number of schools for the deaf and the blind is decreasing, as a growing number of students is included in regular schools. Article 24 of the CRPD (on education) was written taking into account the Italian model as well.

Data on the presence of students with disabilities in the school system are very encouraging, although a few problems still remain in terms of training and continuing education for teachers' aides, full accessibility of buildings, availability and adequacy of IT equipment, and economic resources.

Regarding professional training and job placement, a number of initiatives are currently underway in Italy, partially supported by the EU programs.

The Italian legislation on persons with disabilities significantly evolved when Law No. 68 on Provisions for the Right to Work of persons with disabilities (Norme per il diritto al lavoro dei disabili) was passed in 1999. The scope of this law is to "promote job placement and integration of persons with disabilities in the job world through support services and targeted placement." This law is spearheading European and international efforts. It adequately and innovatively regulates the right to work of persons with disabilities and for the first time it recognizes not only the need for mandatory quotas – which were established by Law No. 486 in 1986 – but the need to bring forth the abilities and the potential of the workers. For this purpose, the Law establishes *targeted placement*, a process that evaluates the workers so as to match them with the best job opportunities. These core values were at the root of the International Classification of Functioning, Disability and Health (ICIDH-2, or in short ICF) that the WHO would later issue (in 2001).

The ICF is the universal instrument used to describe and measure health. The new classification measures health, and thus also disability, but it takes into consideration the person as a whole, within his or her environment. So, in measuring health, the environmental aspects are considered first and foremost, and linked directly to the health status. It follows that disability is defined as a health status in an unfavorable environment. For its nature, the ICF was easily introduced in Italy. In 2003, the first project aimed at introducing and verifying the possibility to use the ICF in labor policies was launched. All central, regional and local institutions – in the social, labor, and health fields – and DPOs collaborated in this project. Subsequently in 2006, a new initiative was launched to test the ICF in the processes of disability assessment.

[54] Source: Information System of the Ministry of Education, University and Research (Sistema Informativo del Ministero dell'Istruzione, dell'Università e della Ricerca, SIMPI), 2006-2007.

[55] Source: Databank of the Ministry of Education, University and Research – InterUniversity consortium (Ministero dell'Istruzione, dell'Università e della Ricerca - Consorzio Interuniversitario, MIUR-CINECA), 2007.

Italy also adopted other legislative provisions that anticipated other principles recognized by the CRPD:

a) in line with the information and communication technology (ICT) development process, in 2004 Parliament passed Law No. 4 to facilitate access of persons with disabilities to IT equipment.[56] This Law was followed by implementation laws that defined rules and processes to guarantee access to information systems to persons with disabilities;

b) the Civil Code was modified by introducing and regulating the role of the "support administrator." This role is a great social achievement, as it changed the legal treatment of persons with disabilities, particularly in the case of mental illness: they are no longer deprived of their legal capacity; instead they maintain the right to exercise their legal rights with the assistance of qualified persons who helps the person with disabilities manage his or her assets and affairs, and consequently their life choices. This guarantees that persons with disabilities have all the opportunities provided for by the Italian Constitution.

This body of laws makes Italy a leader in the inclusive approach. In Italy, children with disabilities attend school together with other children every day and a high percentage of persons with disabilities have been integrated in the workforce.[57]

2.2. Italy and the CRPD

Drawing on its cultural and legislative background, Italy was able to contribute significantly to the development of CRPD. Italy outlined a number of priorities including the role of international cooperation, specific measures for women and children with disabilities, and the role of families in the life of persons with disabilities. The CRPD defines that a person with disabilities is no longer in reference to a "medical" model but rather to a "bio-psycho-social" model, as established by the WHO with the ICF.

Italy was one of the first 50 countries to sign the CRPD. On March 30, 2007, during the ceremony at the UN office in New York, the Italian Minister for Social Solidarity[58] said:

> *"We would not have made it here today, after four years of negotiations, if it had not been for the passionate participation of the civil society and the Italian associations involved in the protection of the rights of the persons with disabilities, during the entire process of drafting the Convention. This Convention is not <u>on</u> the persons with disabilities, but <u>of</u> the persons with disabilities: it is the first document that the international community established with concrete "participation".*
>
> *The slogan "nothing on us without us" captured the driving force behind the negotiation. We demonstrated that, with the profound and constant commitment of all, working together is not only possible but is the only way to achieve the principles of equality, non-discrimination and equal opportunity, independence and autonomy of persons with disabilities, and recognition of diversity: these are the basic principles of this Convention and they must also be the principles of our societies so they may be societies for all."*

With the approval of the CRPD, the Italian Cooperation has a a specific role to play based on the mandate assigned by Art. 32 of the Convention, which reads:

---

[56] Law No. 4 of January 9, 2004. *Regulations to Favor the Access of persons with disabilities to IT systems.* Published in issue 13 of the Official Gazette of January 17, 2004

[57] See Carazzone 2006.

[58] In 2007, the Minister of Social Solidarity was Hon. Paolo Ferrero.

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

(a) Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities;

(b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices;

(c) Facilitating cooperation in research and access to scientific and technical knowledge;

(d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Along with the CRPD, Italy signed the Optional Protocol. With Law No. 18 of March 3, 2009, the Italian Parliament ratified the CRPD,[59] which added an international legislative tool to the body of laws already in force in Italy in support of the integration of persons with disabilities and their families.

The ratification law also established the National Observatory[60] on the Condition of persons with disabilities. Within two years of the ratification, and every four years thereafter, the Observatory will issue a detailed report on the measures that were taken to ensure that the provisions mandated by the Convention are implemented and progress is achieved in related areas.

Moreover, with the objective of setting the stage to progressively implement the principles of the Convention, the Observatory will *"set up a two-year plan of action to promote the rights and the integration of persons with disabilities, in compliance with national and international laws."*[61] The Observatory will also promote the collection of statistics on disability and assign studies aimed at identifying priorities for actions and interventions for the rights of persons with disabilities.

2.3. The Italian Cooperation: an inclusive approach

The Italian Cooperation's commitment to the promotion and protection of the rights of persons with disabilities is deeply rooted in Italy's track record in this field, as presented in the Section 2.1. Inspired by the national legislation, the Italian Cooperation has considered disability in the context of an inclusive approach, much beyond providing special services for persons with disabilities. As outlined in Part B of this Report, over the years DGCS funded a number of initiatives geared toward persons with disabilities in the field of education, health, labor, social welfare and cultural life. Many of the initiatives provide for technical assistance in social and disability related legislation. The Italian

[59] Law No. 18 of March 3, 2009. *Ratification and Execution of the UN Convention on the Rights of Persons with Disability, with Optional Protocol, New York, December 13, 2006 and Creation of the National Observatory on the Condition of Persons with Disability*. Official Gazette issue 61, March 14, 2009.

[60] A consultative body to provide scientific and technical advice on disability matters, composed by 40 members, of which 14 appointed by associations of persons with disabilities, three by the Ministry of Labor and Social Policies, and others from different ministries.

[61] Article 3, Law No. 18 of March 3, 2009.

Cooperation is committed to de-institutionalization, school integration, training, and rehabilitation at the national and local levels. This commitment engages a number of representatives of the government bodies at various levels, academia and civil society.

The Italian Cooperation has always monitored the national and international developments and has acted quickly to adjust its development aid programs to those developments. For instance, in 2008, following the approval of the CRPD, the Italian Cooperation funded a project in Kosovo to draft the National Disability Action Plan (NDAP) in collaboration with the Prime Minister's Office of Good Governance, Human Rights and Equal Opportunities. The project's methodology and the contents of NDAP were discussed and developed considering international standards, and particularly the principles of the CRPD. This project stand out among other disability projects of the Italian Cooperation for several reasons: (a) the NDAP represents a political commitment of two governments; it engages civil society and provides the tools to check on the progress toward set goals; (b) the NDAP drafting was done in cooperation among the central government and de-centralized offices, international and local associations, including DPOs, and international organizations; (c) the direct participation of DPOs represented an essential element as provided for in the CRPD and as is reflected in the European provisions; (d) NDAP was produced in formats that are accessible to persons with sensory disabilities (visual and hearing disabilities); and (e) an effort was made to engage external consultants with disabilities who subsequently were engaged in all phases of the NDAP – planning, implementation and monitoring.

In El Salvador, jointly with the Salvadoran government, the Italian Cooperation and the University of Bologna are developing an Experimental School Compound, a project that will support a social-educational model based on inclusion.

In China, the Italian-Chinese Cooperation decided to strengthen the bilateral exchange in the field of social legislation. The project was developed between 2006 and 2009 and focused on institutional support for laws and regulations that favor social integration of persons with disabilities. The activities, implemented jointly with the Chinese Federation of persons with disabilities, included a review of the 1990 Law on the Rights of persons with disabilities.

In Jordan, the Italian-Jordan Cooperation is involved in strengthening the Department of Rehabilitative Sciences at the University of Jordan with the purpose of improving training offered to persons with disabilities. The project also includes training Jordan students in collaboration with the University of Tor Vergata in Rome and the University of Chieti.

In Tunisia, the Italian Cooperation along with the Tunisian government promotes policies and actions aimed at preventing disability, including the early detection of deafness, school integration, a community-wide approach to rehabilitation, training and job placement and educational and psychological support for the families of persons with disabilities.

The Italian Cooperation also supports strengthening of the international forums committed to mainstreaming disability in development. Italy is a major contributor to the Multi-Donor Trust Fund established jointly with the governments of Finland and Norway at the World Bank to support activities of the *Global Partnership for Disability and Development (GPDD).*[62] GPDD is a global network of governments, DPOs, CSOs, private foundations, universities, and other organizations whose objective is to promote international cooperation for the implementation of the CRPD.

In 2008, the Italian Cooperation approved the document, entitled *The Italian Cooperation for 2009-2011: Guidelines and Program Objectives* ("La Cooperazione Italiana allo Sviluppo nel Triennio

[62] See http://www.gpdd-online.org

2009-2011. Linee Guida e Indirizzi di Programmazione"), which lists priority areas and the following cross-sector themes:[63]

- Empowerment of women and promotion of gender equality, especially in sub-Saharan Africa;
- Protection of the rights of minors, adolescents, and young adults;
- Initiatives to protect and value cultural heritage;
- Initiatives for persons with disabilities.[64]

In terms of initiatives for persons with disabilities, the guidelines state:

> "*With regards to the persons with disabilities, in compliance with the UN Convention of December 13, 2006, the Italian Cooperation will promote initiatives inspired by social inclusion and community-based rehabilitation (CBR). Funding programs on social legislation on disability will continue to be a priority and will guarantee continuity to the Italian commitment.*"

2.4. Guidelines of the Italian Cooperation on disability

On July 18, 2002, the Italian Cooperation of the Ministry of Foreign Affairs (MFA) adopted the Italian Cooperation Guidelines concerning persons with disabilities (annex B). The guidelines are based on a human rights approach where persons with disabilities are recognized "the right to develop their individual capabilities through full integration in their own socio-cultural context."

The guidelines provide for the involvement of DPOs in developing cooperation programs.

The approval of the guidelines represented an important step for the Italian Cooperation in terms of promoting the inclusion of disability in other areas of cooperation. One example is the inclusion of the disability in the 2004 Guidelines of the Italian Cooperation on Children and Adolescents (Linee guida della Cooperazione Italiana sulla tematica minorile).[65]

As provided for in the Guidelines and Program Objectives 2009-2011,[66] DGCS has launched the process to update the guidelines. The process is based on the new international standards that take into account: (a) the emphasis placed by donors on a more effective aid; (b) developments in national and international legislation, including the CRPD; (c) the need for the Italian Cooperation to acquire updated tools, so as to include the disability topic in a cross-sectoral manner in its policies and practices; (d) harmonization of development aid; and (e) respect of the commitments made on the international scene.

[63] See DGCS 2008.

[64] http://www.cooperazioneallosviluppo.esteri.it/pdgcs/italiano/Pubblicazioni/pdf/Programmazione%202009-2011.pdf.

[65] See DGCS 2004.

[66] See DGCS 2008.

PART B: THE EXPERIENCE OF THE ITALIAN COOPERATION

CHAPTER 3: MAPPING OF THE INITIATIVES THAT PROMOTE THE RIGHTS OF PERSONS WITH DISABILITIES, 2000-2008

3.1. Mapping: introduction, origins and justification

The 1987 Law No. 49 on the Italian Development Cooperation provides that the Central Technical Unit (CTU) should conduct studies and research in the field of development cooperation,[67] to support the DGCS.

To this end, the CTU mapped initiatives of the Italian Cooperation aimed at the protection and promotion of the rights of persons with disabilities in 2000-2008 and then analyzed the data. 51 projects – identified by keywords[68] – were identified as relevant projects.

DGCS undertook mapping as part of an in-depth assessment of the inclusion of disability in the Italian Development Agenda. This mapping is designed to provide useful input for an update of the 2002 Italian Cooperation Guidelines Concerning Persons with Disabilities.

The decision to map stems from the need to have a better understanding of the processes the Italian Cooperation uses to implement cooperation policies and practices for persons with disabilities.

The questions that were asked about the project can be summarized as follows:

a. Was the 2000-2008 Italian Cooperation financial investment for disability adequate in terms of Italy's international commitments? Details and trends over the years.
b. What is the structure of investments in disability: implementing agencies and local partners, typology and characteristics of the projects, activities, etc.? What picture does the mapping provide?
c. Are there good practices that have a general impact on persons with disabilities, national legislation, cultural environments, and training models? What lessons can be learned to help include disability issues in all cooperation projects?
d. Are there common elements to several experiences that can be considered in planning and implementing projects? Are there challenges, critical issues that should be considered? Are there aspects that need particular attention? What entities should be involved, what methods should be applied?
e. What type of approach emerges based on the analysis? Can a model[69] be identified that drives the cooperation?

The 51 projects that explicitly refer to disability do not represent all activities of the Italian Cooperation in this field. Several multi-sector initiatives that do not include the above-listed keywords in their titles directly or indirectly promoted the human rights of persons with disabilities. Among the latter, a few of particular interest were chosen, on which qualitative information and

[67] See Law No. 49/1987, Article 12.

[68] Keywords used: non-disabled, accessibility, barriers, vision-impaired, deficit, disabled, education, vulnerable population, exclusion, handicap, inclusion, insertion, integration, leprosy, medullary lesion, mental, mines, disease, motor, mutilation, hearing impaired, deaf, sight impaired, paraplegic, prevention, prosthesis, and psyche.

[69] See chapter 1.1 of this Report.

documentation on respective activities was gathered. These initiatives are summarized and presented in the boxes below. Experience within human development programs funded by DGCS was of particular interest.

Box 1: The Italian Cooperation Human Development Programs and Disability

Multilateral programs concerning human development are an integrated pool of interventions carried out by a number of UN agencies with Governments and institutions in various countries. These programs express the will of participants to pursue the development objectives set as priorities at world summits advocated by the UN and by the Millennium Assembly. The general objective of all these programs is to promote development that responds fairly, peacefully and sustainably to the needs of all the citizens and to counteract poverty and social exclusion and their causes.

Focus is set on decentralized cooperation partnerships among local communities, so that they can develop framework programs for human development in a collaborative manner. These programs create a negotiation platform through the central government, thus decentralizing the decision-making process. The programs focus on governance and socio-economic development, and special attention is given to the more vulnerable groups and to the fight against social exclusion.

In particular, the initiative "Open Services" launched and coordinated by the Mediterranean Centre for Vulnerability Reduction of the WHO in Tunisia and by the international branch of APPI/ UNDP connects and coordinates policies and practices in the fields of social welfare, mental health and fight against social exclusion.

One concrete example is the UNDP APPI/ PDHL program. Under this program, which started in Cuba in 1998, a number of projects were implemented. Many of these projects increased the number, or improved the quality and sustainability of services and a great number were related to disability.

For example, in the town of *Habana Vieja*, the program established a service for the visually impaired (in collaboration with the National Association of Italian Municipalities, ANCI) and a project for job inclusion of persons with disabilities. The "Rubèn Martìnez Villesna" library of *Habana Vieja* was equipped with musical instruments and reading rooms for the visually impaired. The library also hosts a "Space for Light", an initiative that includes monthly meetings on books on CDs. The project is run in collaboration with the Foundation for the Advancement of Mesoamerican Studies (FAMSI) and the city of Cordoba.

The second project was developed by the Emilia-Romagna Committee and built a Workshop for Social and Job Integration for 50 persons with disabilities. The workshop trains them in craftsmanship. It began operating in April 2003 and has created 30 jobs.

A class was developed in the schools of the Guantanamo province to train teachers to foster inclusion of children with disabilities. The project was implemented in cooperation with the UN Children's Fund (UNICEF), which provided schools with new lighting systems, fans, learning materials and restored healthcare systems. Teaching staff were trained in the pedagogy of school inclusion.

In the province of Santiago de Cuba, a project promoting cultural identity of persons with disabilities and their job integration was implemented. At the Antonio Bravo Correoso University, a Department created in 1878 conducts research on history of the province, benefitting 2,597 people in the Municipality of Santiago de Cuba. Funded by FAMSI and the Municipality of Granada (Spain), the project engaged a group of young people with disabilities in the work of the Department.

In the Municipality of Las Tunas, a project to eliminate barriers for persons with impaired vision was implemented. The project involved the Association of the Persons with Impaired Vision of the José Martì Provincial Library in Las Tunas, which has a Braille room and specialized assistants. The project also supplied the library with special computer programs to allow students and teachers to use the computers and print documents in Braille. The participants were trained to use the Jaws and Braille programs. A course was also held to train technical and scientific information assistants. The project beneficiaries are 127 users of the library and 767 persons with impaired vision. Four new jobs were created for women with impaired vision.

3.2. Methodology

The mapping process included four phases:

Phase One

All initiatives and projects deliberated on by the Steering Committee and the Director General of the DGCS between 2000 and 2008 which explicitly referred to protecting and promoting the rights of persons with disabilities were mapped.[70]

The initiatives and the projects were searched for in the databases of the MFA (CTU, SDR software, and the Central Information System (SIC)[71]) by keywords in their titles. In addition, information from DIPCO (a weekly publication of the Italian Cooperation) was used.

Mapping was limited to initiatives and projects regarding physical and sensory disabilities.[72]

During the study, a survey[73] of 34 governments, NGOs, private entities, international organizations and UN agencies which were involved in the implementation of the projects was conducted as well, providing valuable information on the process of the project implementation.

In addition, a survey of the projects' local partners was carried out: about 70 entities were surveyed, including DPOs, government agencies and NGOs, municipalities and ministries, a number of local institutions, local churches, religious institutions, and universities and research centers.

Phase Two

1. All financial proposals stored at the DGCS-CTU or local technical units (LTUs) were collected.
2. A "Data collection form" to collect data on each project was developed (Annex A). It includes 38 items and it is divided into three parts.

Part A records information contained in the project documents as they were approved, including:

- Country/Countries
- Title
- Number AID
- Sector(s) of intervention
- Channel
- Modality of implementation
- Type of financing
- Implementing agency
- Length
- Total cost
- DGCS financing

[70] See Attachment C - Mapping of Projects of the Italian Cooperation for Promoting and Protecting the Rights of persons with disabilities 2000-2008. Mapping did not consider the "disability" components included within broader-ranged projects funded by the UN through voluntary contributions.

[71] The SIC (Central Information System) and SDR are two databases - that include financial data - relative to the projects of the Italian Cooperation.

[72] Initiatives related to mental health and mental disability are usually included in social health programs.

[73] Annex E - Table of Implementing Agencies and Local Partners.

- Co-financing institutions
- Number and date of resolution
- Origin and reason for initiative
- National and regional context
- Problems to overcome and resolve
- Beneficiaries
- Contracting parties
- Other actors involved
- General objectives
- Specific objectives
- Expected results
- Scheduled activities for the achievement of results
- Sustainability factors

Part B records qualitative information on completed or current projects, including:

- Progress reports on projects
- Results
- Qualifying elements
- Factors that resulted in positive results
- Difficulties
- Lessons learned
- Results of any assessment
- Documentation
- Documentation attached

Part C is an assessment on whether the project initiatives were in line with the MDGs and with the scope and themes of the Organization for Economic Cooperation and Development - Development Aid Committee (OECD-DAC):

- Was the initiative in line with the MDGs?
- Was the initiative in line with the scope of OECD-DAC?
- Was the initiative in line with the themes of the OECD-DAC?

Phase Three

1. The CTU filled out part A and C of the data collection form based on the text of the project, as it was approved.
2. The data collection form was sent to the implementing agencies. They were to check the form for the completeness of information contained in Part A and C and fill in the Part B. 51. Data collection forms were sent out and 51 were returned filled (i.e. 100 percent).

Phase Four

1. The quantitative data collected through the data collection form were processed and presented in graphs and tables;
2. The qualitative data were analyzed.

The data collection forms produced considerable amounts of qualitative data, which highlighted certain common elements.[74] International documents were analyzed to verify: (i) compliance with

[74] We analyzed the qualitative data gathered through the data collection forms and then classified the responses by grouping them according to homogenous conceptual areas.

international standards; and (ii) compliance with the policies of the Italian Cooperation. The following documents were used as reference points:

1. The CRPD (2006).
2. The Action Plan on Disability 2006-2015 of the Council of Europe.
3. The Guidelines of the Italian Cooperation on the Subject of Disability, 2002, DGCS-MFA.
4. The Italian Cooperation for 2009-2011. Guidelines and Program Objectives, 2008, DGCS-MFA.

The data highlighted a number of across the board issues regarding the life of persons with disabilities in the following areas:

- Health and rehabilitation;
- Accessibility, in a broad sense, including accessibility to buildings and transportation; accessibility to health, educational, cultural services, information accessibility and work accessibility;
- Training, information, engagement in projects, legal protection and job placement of persons with disabilities to ensure their rights, participation and empowerment;
- Cultural change – which includes information campaign for families, community, national, international contexts; training and capacity-building for service providers;
- Actions and cross-sector themes, to include a focus on persons with disabilities in all policies: legislative frameworks, training formats, policies for social inclusion.

In addition to mapping of the projects, an analysis of multisectoral projects of the Italian Cooperation was conducted, with the findings mentioned in the text below.

3.3. Data analysis

From Table 1 to Figure 2 - Amount of Funding. Funds of the Italian Cooperation allocated to projects on disability. The Report indicates the ratio of these funds to the Italian Cooperation's total funding, co-financing, and geographical and temporal breakdown.

From Graph 3 to 6 - Projects Mapping. An overview of the qualitative and quantitative features of the disability related projects of the Italian Cooperation.

Table 3, Figure 5 and 6 indicate who implemented the projects.

From Figure 7 to 13 - What and Why. Activities, approaches, beneficiaries, types of disabilities, duration and progress of the projects. Figure 13 and the relative text explain how these projects fit in the international picture of the MDGs and in the scope of the OECD-DAC.

Amount of funding[75]

Between 2000 and 2008, the Italian Cooperation allocated over €6 billion (€ 6,005,591,884) to grants,[76] of which almost €38 million (€ 37,906,661) were allocated to fund the 51 mapped projects. Table 1 shows the breakdown of this amount over the years and the relative share in the total amount of grants.

[75] Source: Data 2000/2007, Reports to Parliament; data 2008, DGCS MFA (Office I).

[76] Projects that do not require repayment from beneficiary countries.

Table 1: Ratio between Total Grants[77] and Grant Initiatives for Disability*

Year	Total grant initiatives	Grant initiatives for disability **	
	(€)	(€)	(%)
2000	583,079,001	2,574,802	0.4
2001	676,558,001	-	0.0
2002	840,000,000	1,862,939	0.2
2003	686,000,000	9,025,555	1.3
2004	487,000,001	985,725	0.2
2005	722,000,000	3,978,624	0.6
2006	454,000,001	9,138,497	2.0
2007	751,000,001	6,406,278	0.9
2008	805,954,879	3,934,241	0.5
	6,005,591,884	**37,906,661**	**0.5**

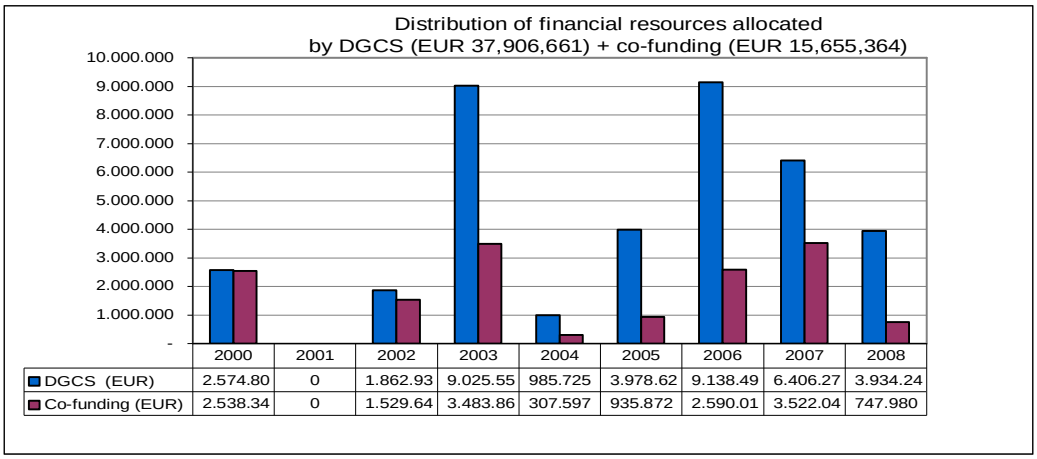
Note: * co-financing not included
** data refer to the mapping

In relative terms, the Italian Cooperation invested 0.6 percent of the total amount of its grants directly in projects for persons with disabilities. This figure does not include funds provided by DGCS partners as a co-financing of the projects.[78]

Figure 1 shows relative distribution of the grants over the years. Two peaks can be observed: one in 2003, probably related to the proclamation of the "International Year of Disability" (23 percent of funding) and the other in 2006, when the CRPD was adopted.

With the co-financing provided by the recipient countries, the total amount of funds for disability related projects approved by DGCS in 2000-2008 was € 53,562,025, of which MFA provided €37,906,661 (71 percent) and the implementing entities and country partners provided €15,665,364 (29 percent).

Figure 1: Distribution of Financial Resources Allocated by DGCS and Other Stakeholders

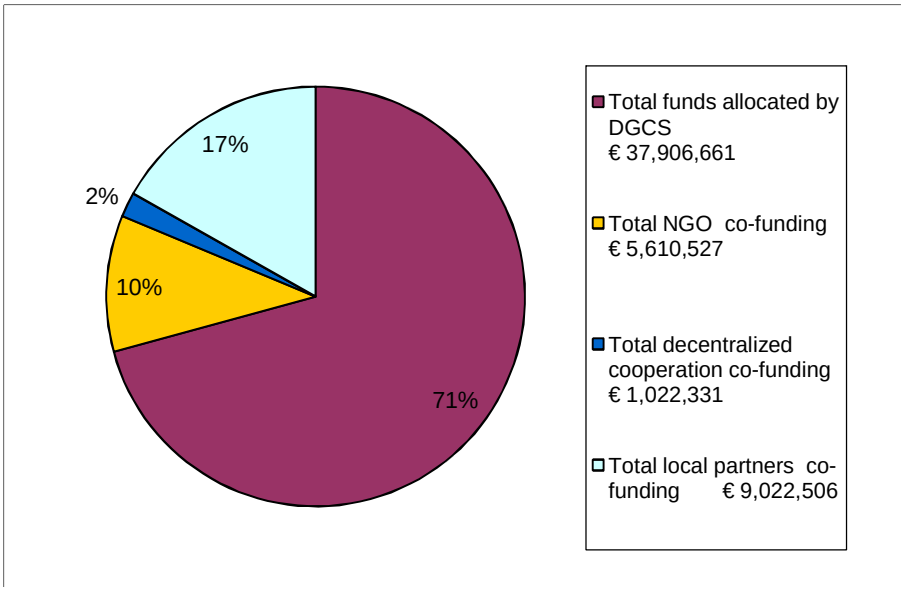


Source: DGCS mapping 2000-2008

[77] Grants are granted to countries with per capita GDP lower than US$ 875.
[78] Projects financed by DGCS can include independent, direct or indirect, co-financing by partners.

Figure 2 illustrates the distribution of funding by all projects partners. MFA allocated 71 percent of funds, local partners 17 percent,[79] NGOs 10 percent,[80] and the decentralized cooperation[81] 2 percent as co-funding share.

Figure 2: Distribution of Funds by Financing Entity



Source: DGCS mapping 2000-2008.

As indicated by the data on projects funding, in-country partners contributed substantially €9,022,506, or 17 percent of the total. According to the above mentioned disability projects survey, there are 70 local partners, including government agencies, NGOs, and universities. Co-funding is very important in terms of ensuring project ownership by all partners involved.

Figure 3 shows geographic distribution[82] of disability projects funded by DGCS, broken down by regions. Projects implemented in Italy focus on information campaigns managed by NGOs to inform the Italian public about developing countries and about the activities carried out by the Italian Cooperation.

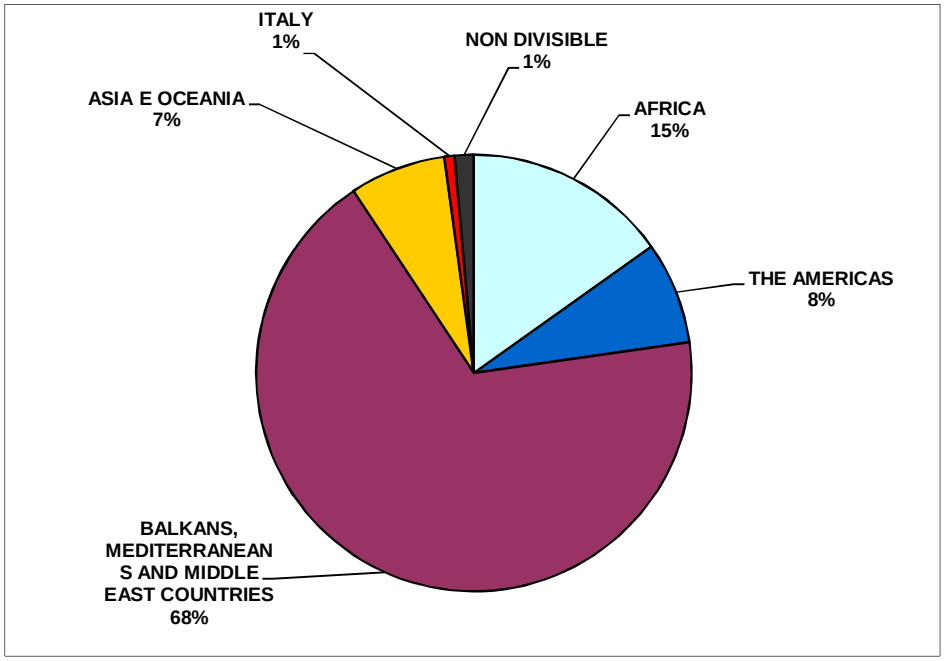
[79] Projects require the involvement of both institutional and operative local partners. The figure only considers the institutional parties.

[80] Law No. 49/87 recognizes NGOs as subjects of cooperation and provides for the possibility that qualified NGOs directly identify projects to be co-financed by DGCS.

[81] Decentralized cooperation is the cooperation managed by local authorities and by the Italian regions, which tends to involve all stakeholders active on the territory, such as universities, private enterprises and CSOs.

[82] For the geographic distribution criteria, see DGCS 2008.

Figure 3: Distribution of DGCS-Funded Disability Projects by Region



Source: DGCS mapping 2000-2008

Most of the DGCS disability projects (68 percent) are in the Balkans, the Mediterranean, and the Middle East. In recent years, the Italian Cooperation has targeted the Mediterranean and the Balkans as its geographical priorities, with a focus on areas of crisis or post-conflict. The Italian Cooperation indicates that "We will give particular attention to areas of crisis, to fragile and post-conflict States within our priority geographical areas."[83] Funding for Africa constitutes 15 percent of the total. It should be noted that this review (and mapping) does not take into consideration the disability components included in larger, bilateral or multilateral programs.

Overall, the total amount of €53,562,025 was distributed to projects in 25 countries and implemented in the period 2000-2009.

Table 2 shows the funding by countries. Five countries have received more than €4 million each, including Palestinian Territories, Albania, Bosnia-Herzegovina, Jordan, and Lebanon.

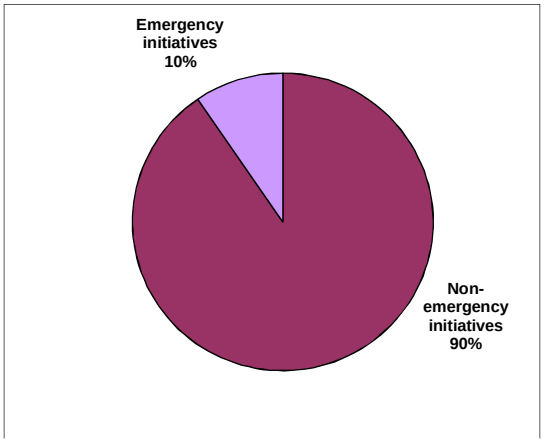
[83] See DGCS 2008.

Table 2: Distribution of DGCS-Funded Disability Projects by Country

	Country	Amount (in €)
Up to 1 million	Morocco	78,042
	Kenya	333,981
	Italy	400,150
	Zambia	420,570
	Kosovo	908,649
	Central African Republic	958,867
Between 1 - 3 million	Angola	1,032,200
	Ecuador	1,160,909
	Cuba	1,181,405
	Sudan	1,299,271
	Yemen	1,421,752
	Vietnam	1,561,387
	Montenegro	1,593,157
	Cameroon	1,658,014
	El Salvador	1,709,480
	Lybia	1,752,100
	Tunisia	1,897,050
	China	2,267,871
	Serbia	2,271,000
	Ethiopia	2,433,681
Over 4 million	Lebanon	4,422,468
	Jordan	4,725,659
	Bosnia-Herzegovina	5,070,784
	Albania	5,770,952
	Palestinian territories	6,467,626
Subtotal		52,796,025
	Non-divisible	766,000
Total		53,562,025

Source: DGCS mapping 2000-2008.

Figure 4: Distribution of Funds by Non-Emergency and Emergency Initiatives



Source: DGCS mapping 2000-2008

Ninety percent of financing was allocated to non-emergency projects; 10 percent was allocated to emergency projects, including seven in Lebanon for post-conflict issues, and one in Libya to strengthen its health system (figure 4). (See also annex C - Project Mapping).

Characteristics of the mapped projects[84]

This chapter illustrates the characteristics of the mapped projects, including modalities of project implementation, entities that implemented them, outcomes and a general overview of the Italian Cooperation policy on disability.

Modalities of Project implementation

Table 3 illustrates how the 51 mapped projects were implemented.

Table 3: Projects by Modality of Implementation

Modality of implementation	Number of projects	Funding	
		(€)	(%)
Contribute to international bodies + public institutions	1	3,563,553	9.4
Co-funded projects – NGOs	28	16,455,508	43.4
Contribute to international bodies + NGOs	2	448,138	1.2
Contribute to international bodies	2	1,756,000	4.6
Directly implemented by DGCS	5	3,010,680	7.9
Directly implemented by DGCS and contribute to public institutions	2	2,732,100	7.2
Directly implemented by DGCS and contribute to international bodies	1	1,100,000	2.9
Directly implemented by DGCS and contribute to interuniversity consortium + aid credit	1	3,557,163	9.4
Directly implemented by DGCS (entrusted to NGOs, Law No. 80/05)	7	3,003,149	7.9
Directly implemented by DGCS + Article 15 (government implementation)	1	1,803,970	4.8
Article 18 (contribute to consortium)	1	476,400	1.3
TOTAL	51	39,906,661	100.0

Source: DGCS mapping 2000-2008.

Eleven implementation modalities are observed:

1. Contribution to international organizations[85] + public institutions

[84] See annex C – Mapping of Projects.

[85] See Law No. 49/87 and subsequent amendments. The Italian Cooperation supports the programs carried out by a number of international organizations, including UN agencies, the World Bank, the regional integration organizations in Africa (IGAD, SADC, CILSS), in Latin America (Cepal), the agriculture cluster located in Rome, Italy (FAO, WFP, IFAD), and the international organizations operating in Italy, including ILO,

2. NGO[86] co-financed projects
3. Funding to international organizations + NGO[87]
4. Funding to international organizations
5. Directly implemented by DGCS[88]
6. Directly implemented by DGCS and funding to public institutions[89]
7. Directly implemented by DGCS and funding to international organizations
8. Directly implemented by DGCS and finding to interuniversity consortium + aid credit[90]
9. Directly implemented by DGCS (also by entrusting to NGO,[91] Law No. 80/05[92])
10. Directly implemented by DGCS + Article 15[93] (government implementation)
11. Article 18[94] (funding assigned to a consortium)

Overall, NGOs carried out 37 of the 51 projects (72 percent). They either identified and co-financed the projects or the Italian government or the international organizations entrusted the projects to them. In all, NGOs identified and co-financed 55 percent of the projects contributing €16.5 million, or 43 percent of the funds.

Implementing agencies

Figure 5 shows the distribution of projects by implementing agency.[95] The central role played by the NGOs is clear. Also, some of the projects required the involvement of several implementing agencies.

UNICRI in Turin, UNIDO in Milan and Bologna, UNICEF in Florence, OIM in Rome, IAM in Bari, the UN emergency relief warehouse in Bari.

[86] See Article 29 of Law No. 49/87 and subsequent amendments. NGOs can be granted funding for cooperation projects that they promote, not to exceed 70 percent of the total amount of the initiative. The balance must be funded separately by autonomous funds.

[87] See http://www.cooperazioneallosviluppo.esteri.it. Strategic ties bind the Italian Cooperation to Italian volunteer organizations and NGOs. The Italian Cooperation supports their development initiatives, including those implemented within programs developed by UN and EU agencies.

[88] See http://www.cooperazioneallosviluppo.esteri.it. DGCS is the organ charged with implementing Law No. 49/87. DGCS plans, develops, and implements cooperation policies. It carries out initiatives and projects in developing countries, responds to emergencies and provides food aid. It is also in charge of relations with international organizations that operate in this field, and with the EU. It handles relations with NGOs and promotes the university cooperation.

[89] As implementing agencies, ministries and other public institutions (for example, ISS, Istat, and IsIAO) can receive funding through the DGCS for projects in developing countries.

[90] See Law No. 49/87 and subsequent amendments. Aid loans, subsidized loans to developing countries, are provided by the Ministry of Economy and Finance, which has a representative in the Steering Committee of the DGCS.

[91] See Law No. 49/87 and subsequent amendments. NGOs can be tasked with specified programs for cooperation that will be funded by DGCS.

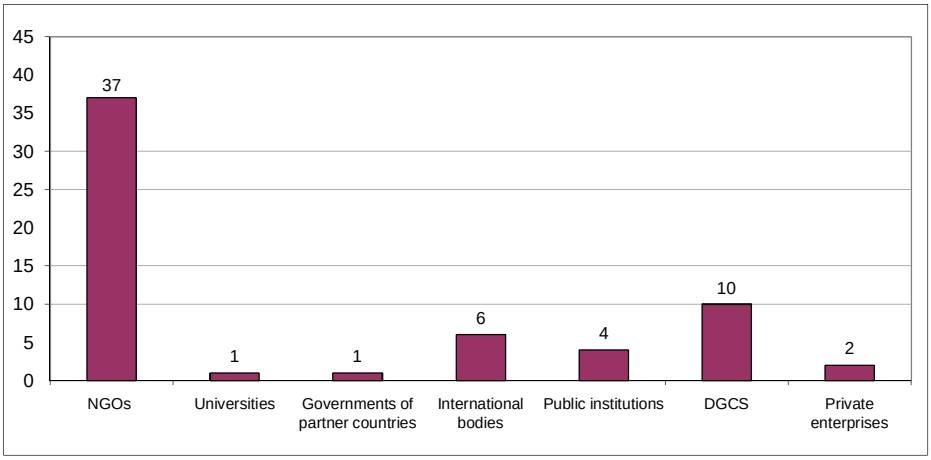
[92] See Law No. 80 of May 14, 2005. For emergency relief missions provided for Article 11 of Law No. 26/2/49 and subsequent amendments, through funds allocated to diplomatic missions, the Chief of Mission can negotiate agreements with NGOs that operate locally.

[93] See Law No. 49/87. Implementation Regulation. Article 15 on Funding to Governments and International Organizations.

[94] See Law No. 49/87. Implementation Regulation. Article 18 on Training.

[95] "Implementing agencies" means entities that have managerial and administrative responsibility of the projects.

Figure 5: Distribution of Projects by Implementing Agency



Source: DGCS mapping 2000-2008

The important role that NGOs played in the mapped projects is in line with both the role that Law No. 49/87 assigned to them and with the DGCS program documents for 2009-2011, which confirm the DGCS interest in supporting NGO projects in the social sector and specifically those addressing persons with disabilities.[96]

However, as shown in table 3, NGO projects are small. On average, DGCS funding to projects involving NGOs ranges between €430,000 and €580,000, similar to the projects directly implemented by DGCS (about €600,000).

Figure 5 shows what the Italian Cooperation means by the term "System Italy".[97] NGOs, universities, national and local agencies, and private enterprises represent the network of entities that collaborate with the MFA in development activities. Out of 51 projects, 37 were implemented by NGOs, 10 were directly implemented by DGCS, six by international organizations, four by public institutions, one by a university, one by the government of a partner country, and two by private enterprises.

Local Partners

The Italian Cooperation deems it critical to involve local partners in projects. This is clearly indicated in the Programming Guidelines 2009-2011, which read that "the Italian Cooperation will facilitate democratic ownership to the maximum extent, including by involving local civil societies".[98]

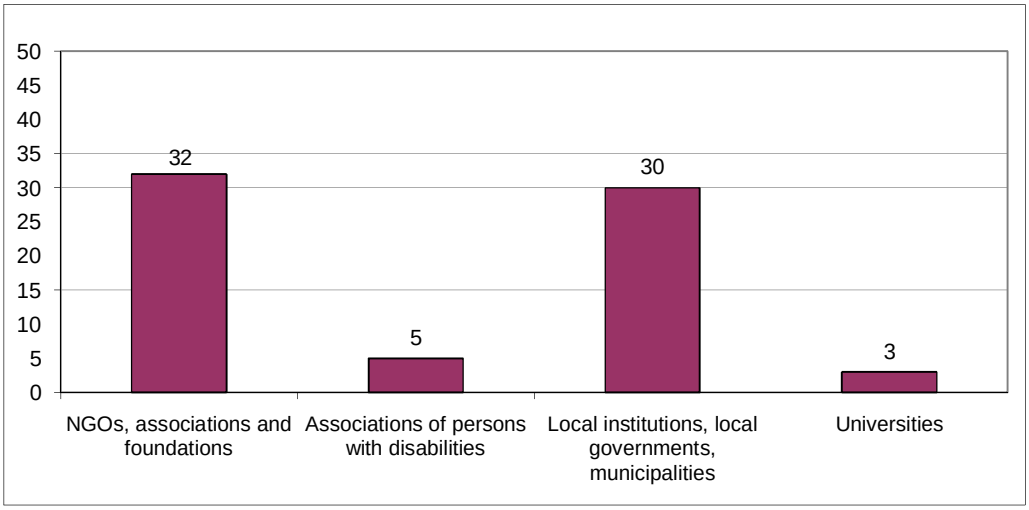
[96] See DGCS 2008. Within the "System Italy for Cooperation," the Italian Cooperation will continue to value the essential role of NGOs that directly reach out to the end beneficiaries of the projects and operate in direct contact with local population, respond to their requests and have the capacity to impact medium- and micro-territorial contexts. NGOs can secure matching funds from beneficiaries and ensure they feel ownership of the projects. They act as a catalyst for democratization and capacity building, using technologies that are compatible with the environment and the social and cultural context.

[97] Ibid.

[98] Ibid.

Figure 6 shows the categories of local institutional partners[99] involved in the mapped projects – 70 partners grouped in four categories: 21 non-profit institutions (NGOs, associations or foundations, churches or other religious institutions); five DPOs; 30 local government entities (local municipalities and governments); and three universities.

Figure 6: Categories of Local Partners Involved in the Mapped Projects



Source: DGCS mapping 2000-2008.

While the involvement of DPOs in the mapped projects is not highly prominent, it is significant and encouraging that five of them were involved as institutional partners.

Box 2: The UN Convention on the Rights of Persons with Disabilities

Article 4 - General obligations

"In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations."

Types of Activities

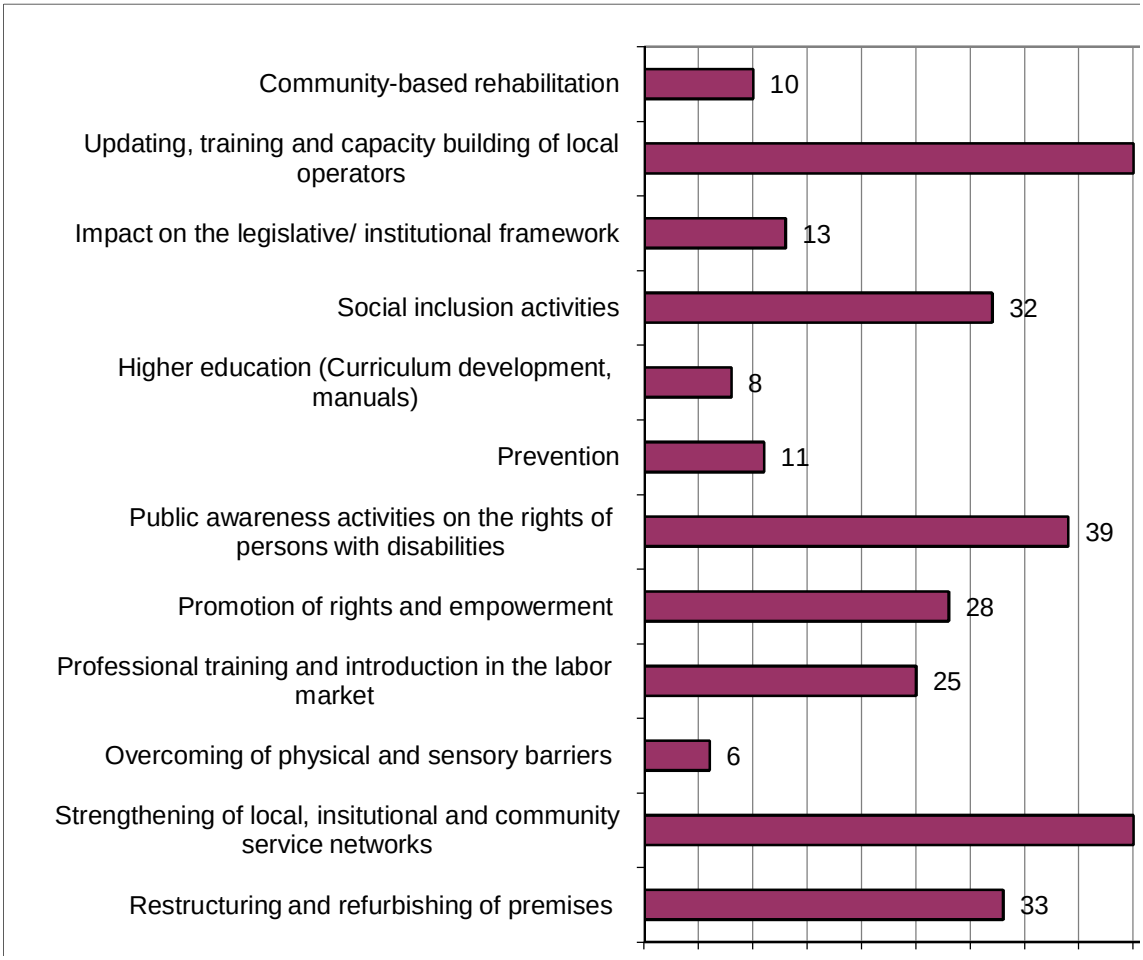
Figure 7 shows the areas of engagement of the mapped projects:

- CBR
- Training of local service providers (operators)
- Impact on local legislative/ institutional framework

[99] Ibid. Annex E.

- Social inclusion activities
- Higher education (curriculum development, manuals)
- Prevention
- Public awareness activities on the rights of persons with disabilities
- Promotion of rights and empowerment
- Vocational training and job placement
- Overcoming physical and sensory barriers
- Strengthening local, institutional and community service networks
- Restructuring and refurbishment of premises

Figure 7: Typology of Project Activities



Source: DGCS mapping 2000-2008

Data collection forms show that 10 projects mention CBR as a project goal. Forty three projects include training of local service providers. The Italian Cooperation has a long-standing tradition in the field of training local service providers, which it considers very important in terms of service sustainability. The results of the mapping are consistent with the priority placed on health, as highlighted by the Italian Cooperation at the December 2008 G8 Group Meeting, at which Italy reaffirmed its commitment to strengthening national health systems, by strengthening basic health structures and facilitating universal access to services, with specific focus on training doctors and

medical staff.[100] Thirteen projects included activities to develop local legislative/institutional framework. One of the three areas of interest for the Italian Cooperation in the area of disability is amending social legislation to introduce policies that enable partner countries to include disability at various levels and in a variety of fields. Thirty two projects implemented activities based on a social inclusion approach. Italy promotes an approach to disability which is based on a social inclusion model.

The number of higher education activities (developing an education curricula, manuals, new university-level roles) is not very high, with only eight projects. However, as highlighted in 2002 by the Italian Cooperation,[101] involving universities or other higher education institutions in projects focused on promoting and protecting the rights of persons with disabilities is extremely important.

At the December 2008 G8 Meeting Italy made a commitment based on a joint declaration signed in December 2008, to launch cooperation between DGCS and interested Italian universities, focusing on training, research, and technology transfer".[102] Increasing the involvement of universities and research institutions in disability projects could help increase research and data collection on disability. This could help partner governments in creating and maintaining reliable national databases. Furthermore, the involvement of universities and research centers could help develop innovative technical solutions.

Eleven projects supported activities aimed at the prevention of health conditions that may lead to disability.

Thirty nine projects included activities aimed at raising public awareness regarding the rights of persons with disabilities in their communities and within families. This is particularly relevant and consistent with the current guidelines on disability, which mandate that all cooperation programs include a strategy to increase awareness on the rights of the persons with disabilities within government, families, CSOs, and the media.[103] Box 3 shows a sample project carried out in Kosovo and, in part, in Italy. Another type of activity included in 39 projects is training on the rights of persons with disabilities. Twenty eight projects include promotion of rights, participation and empowerment of persons with disabilities and their associations.

Twenty five projects include vocational training and job placement. This category includes all activities required to promote economic growth, including creating small businesses or microcredit. This is also consistent with the priorities of the Italian Cooperation, which include job inclusion for persons with disabilities, also through vocational training.[104]

Six projects explicitly mention overcoming physical or sensory barriers. Furthermore, the majority of the projects (33) include restructuring and refurbishing of premises which provide services to persons with disabilities, thus improving their access to services. Improving the accessibility of premises is important, as it is estimated that 40 percent of all disabilities related to physical impairment.[105]

Finally, 45 out of 51 projects include activities that strengthen institutional, local and community service networks.

---

[100] Ibid.

[101] See DGCS 2002.

[102] See DGCS 2008.

[103] Ibid.

[104] See DGCS 2002.

[105] See http://www.un.org/disabilities

Looking at thematic areas, the mapped projects fall into five major themes:

i) Health and rehabilitation
ii) Accessibility
iii) Rights, participation and empowerment of persons with disabilities and their associations
iv) Cultural change
v) Cross-sector themes

What follow are some of the answers from the data collection forms. They are direct quotes and presented to illustrate the nature of the projects and how their implementation worked in reality.

Ecuador Project: Launching a network of social and rehabilitation services in the province of Esmeraldas

> *"The most important qualifying element of the project is its strategy, equivalent to a real work philosophy. Thanks to the involvement of local volunteers, we were able to penetrate the poorest areas covered by the project, in which persons with disabilities are very often marginalized and abandoned. Through specific actions, the project made the local population aware of the right to integration of persons with disabilities. In this regard, the project provided social rehabilitation options within the community itself and, when necessary, referred the persons with disabilities and their families to the most suitable healthcare, educational or rehabilitation institution in the Esmeraldas region or in the Country."*

Lebanon Project: Emergency initiative for rehabilitation, occupation, services, development - Ross I - Help to persons with disabilities and to minors struck by conflict in Southern Lebanon

> *"Our project set up two Rehabilitation and Physiotherapy Centers in Lebanon, in the towns of Nabatiyeh and Bent Jbeil. These centers are new modernly equipped and are managed locally. Users can finally benefit from complete physiotherapeutic and rehabilitation sessions and treatments at low cost, without having to make the long and difficult journey to other provinces. These centers represent a very important reference point for people living in these two provinces."*

Central African Republic Project: Improvement of standards of living of persons with physical disabilities in Bangui

> *"During the project we learned that collaboration among different actors and local organizations working with disabilities produced a framework for action on the subject. We showed evidence that working in cooperation produces better results."*

Yemen Project: Improving public services for physical rehabilitation and early diagnosis in Sana'a and Aden

> *"For the first time, paramedics specialized in physiotherapy were trained in the field."*

Palestinian Territories Project: Promotion and social integration of persons with psychophysical disabilities in the district of Hebron

> *"Training sessions held in Italy gave 18 operators the opportunity to experience firsthand the different forms of integration for persons with disabilities, the importance of establishing a network to work with families and institutions, and to see efficient cooperatives. Training sessions held in Palestine allowed operators to enrich their technical-pedagogical knowledge concerning the different aspects of disability. They also acquired new technical qualifications*

to plan activities (acting, candle-making techniques, a recycled paper laboratory, fabric painting). Every training cycle has been a success thanks to the participation of all the members of the staff of Al Raja Centre, and, at a later stage, of the operators of other departments who have then been able to train their colleagues."

El Salvador Project: Building an experimental centre for inclusive education

"This project built accessible infrastructures to help social inclusion. At a later stage, local institutions were provided with high level technical and scientific support both in terms of pedagogical-educational help (with the support of the University of Bologna) and in terms of infrastructure (seen as a good example of multi-sensorial architecture)."

Box3: Good Practice Example

Country: *Kosovo*
Title of the Project: *Technical Assistance to Draw the National Plan for Disability*
Implementing Agency: *DGCS*

Although Kosovo has a non-discrimination law and provisions on equal opportunities for persons with disabilities, such regulations are not enforced and persons with disabilities have limited opportunities to participate in social life.

In order to enforce the legislation and for Kosovo to comply with European and international standards, the Government of Kosovo accepted the assistance of the Italian Cooperation to draw its National Plan for Disability 2009–2011. DGCS developed a technical assistance plan, which provided to Kosovo a team of Italian experts, including experts with disabilities, with expertise in various sectors (education, health, job placement, accessibility, social protection, and statistics). Work on the Plan started in early September 2008 and was finished in April 2009 with the official approval of the Government (Decision 2/62 of April 29, 2009). This work was conducted with a series of working groups (36 in total). The working groups, broken down by sectors, were held in the capital city and other towns in the country. Those meetings were attended by CSOs representing persons with disabilities, international organizations (UNICEF, WHO, International Labor Organization (ILO), Office of the High Commissioner for Human Rights (OHCHR), Organization for Security and Cooperation in Europe (OCSE), World Bank, UN Development Program (UNDP), UN Development Fund for Women (UNIFEM), and UN Human Settlements Programme (UN-HABITAT)), representatives of the Council of Europe, the European Commission, and the Finnish Government. The Plan of Action was officially launched in May 2009 at an international conference.

This project is considered an example of good practice because of its participatory methodology, which resulted in the Plan of Action, and because it responds to Kosovo's efforts to address disability in a cross-sectoral way.

Qualifying Elements

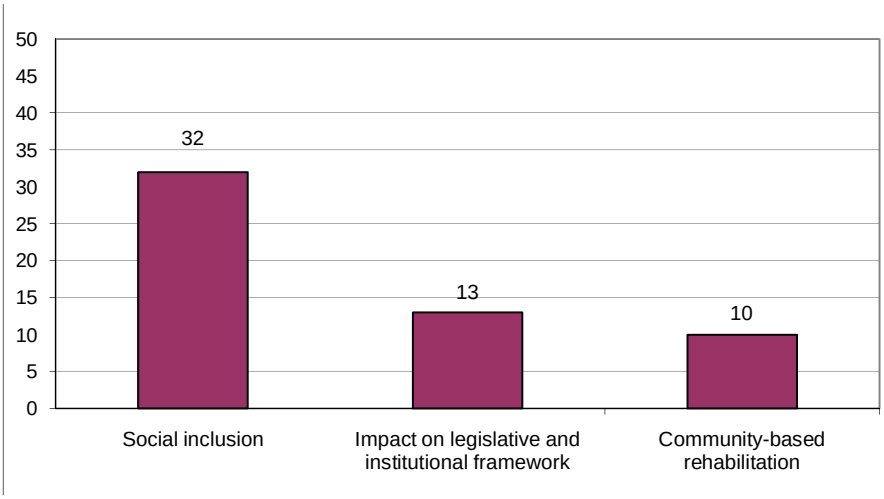
The guidelines of the Italian Cooperation 2009-2011[106] identify three elements that should form the foundation of the projects focused on disability: the principle of social inclusion, the CBR approach, and changes in social legislation.[107]

[106] See DGCS 2008.

[107] Ibid. Priority intervention areas. Regarding persons with disabilities, in compliance with the CRPD of December 13, 2006, the Italian Cooperation will promote initiatives based on the principle of social inclusion

Figure 8 illustrates the number of mapped projects that contain the elements mentioned above.

Figure 8: Project by Qualifying Element



Source: DGCS mapping 2000-2008.

Social inclusion

Thirty two projects highlight the principle of social inclusion as a focus of their activities. This is particularly important and indicative of the fact that Italy centers its cooperation programs on the tradition of social inclusion (See section 2.1). The principle of social inclusion represents a fundamental aspect of the way Italy addresses development cooperation.

Impact on the legislative and institutional structures

It is significant that 13 projects include activities that have an impact on the legislative and institutional structures. The analysis shows that those activities are directed to the population as a whole, not only to persons with disabilities.

Community-Based Rehabilitation

CBR is explicitly mentioned as an approach in 10 projects. CBR is an innovative approach promoted by many institutions (including WHO, other UN agencies, and international and national organizations) involved in disability and rehabilitation[108].

---

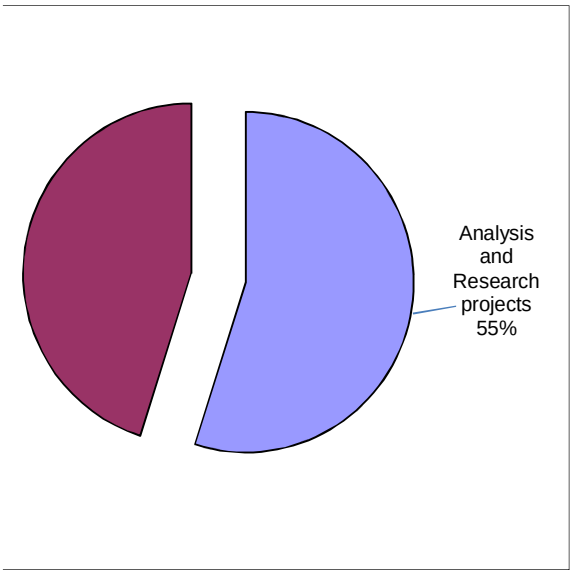
and CBR approach. Funding programs addressing social legislation for disability will continue to be a priority, maintaining Italy's continued commitment.

[108] According to WHO, ILO, and UNESCO 1994, *"CBR is a strategy feasible within the development process of a community, organizing the rehabilitation and guaranteeing the equality of opportunities and the social integration of all persons with disabilities. It is brought forth with the combined effort of the persons with disabilities themselves, their relatives and communities, through adequate health, education, professional and social services[108]."*

Research

As previously noted, good data on disability is lacking. Similarly, scientific research on various aspects of disability is sparse. For this reason, it is important that 28 mapped projects included research activities (figure 9).

Figure 9: Projects with a Research Component



Source: DGCS 2002.

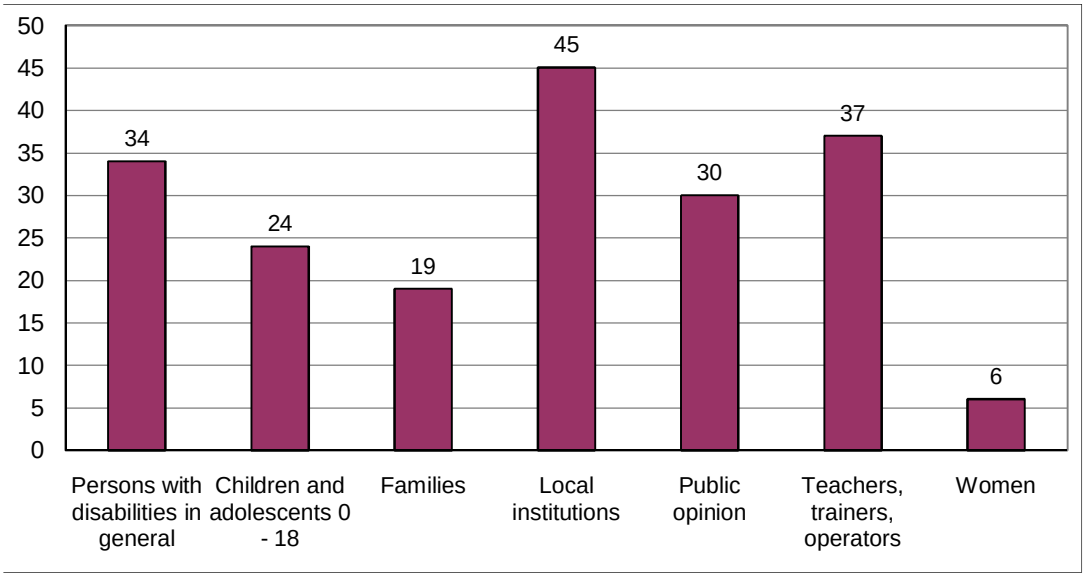
This is consistent with the "Italian Cooperation Guidelines on Persons with Disabilities" which stresses that systematic use of research is a fundamental element of the projects.[109]

Beneficiaries

Figure 10 illustrates the types of beneficiaries targeted by the projects. As shown, each project targets several groups of the population including persons with disabilities in general, children and adolescents, families, women, local institutions, teachers, trainers, and service providers.

[109] See DGCS 2002.

Figure 10: Projects by Beneficiaries



Source: DGCS mapping 2000-2008.

Thirty four projects identify persons with disabilities **in general,** both adults and minors, as beneficiaries. About half of the projects, 24, target **minors**, mostly focusing on rehabilitation and education. This is in line with the mentioned guidelines of the Italian Cooperation[110] which attaches great importance to the rights of minors with disabilities. This issue is also addressed in the Guidelines on Children and Adolescents. Furthermore 19 projects targeted **families.**

Palestinian Territories – Project: Promotion and Social integration of persons with physical and mental disabilities in the District of Hebron.

> *"The Al Raja center, previously a home for persons with disabilities, has now become a daytime centre and a special school.*
>
> *The fundamental changes that occurred with this project are cultural in nature as it involved parents and families of the persons with disabilities. In the past, families did not take part in the life and organization of the Centre, now they have an active role. The new Committee of Mothers meets monthly to discuss a number of topics, and has attracted a constantly growing number of members. It is impossible to promote social integration of people with disabilities if the family covers up the issue. Supporting the families as an active educational element in the process, structuring educational activities with their participation the project certainly increased the level of independence of youth with disabilities, and therefore contributed to increasing their chance for integration."*

Forty five projects identify **local institutions** among their beneficiaries, as many support strengthening of local institutions, training, technical assistance, and provision of goods and services.

Thirty projects target public at large, to raise awareness on the rights of persons with disabilities, and to educate the **public** on disability prevention.

[110] See DGCS 2002.

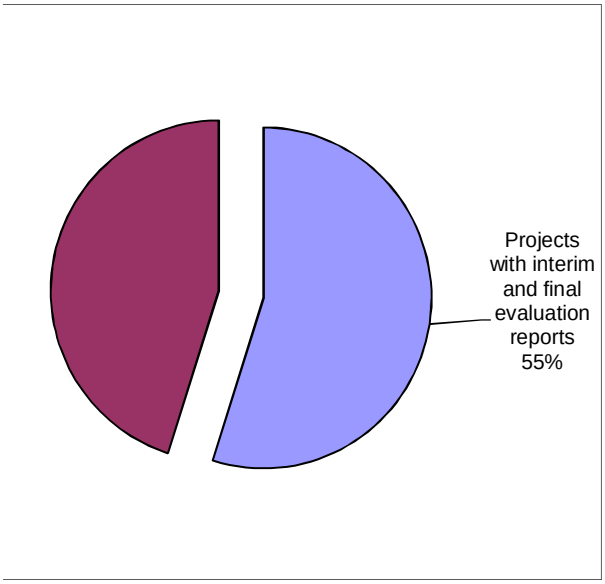
Thirty seven projects include activities directed at strengthening **system resources**, i.e. human resources involved in various services provision including public officers working on disability policies, coordinators of the health system and others.

Six projects target **women** as specific beneficiaries. This is not consistent with the Italian Cooperation guidelines for persons with disabilities[111] which specifically indicate "gender equality" as an element that needs specific focus.

Evaluation reports

The mapping exercise found (see Figure 11) that 28 projects performed interim or final evaluations; 18 carried out a final self-evaluation. According to the mapped projects documentation, majority of projects did not specifically provide for systematic collection of information, which is critical if the project implementation is to be monitored and the achievement of outputs and outcomes is to be assessed.

Figure 11: Evaluation Reports



Source: DGCS mapping 2000-2008.

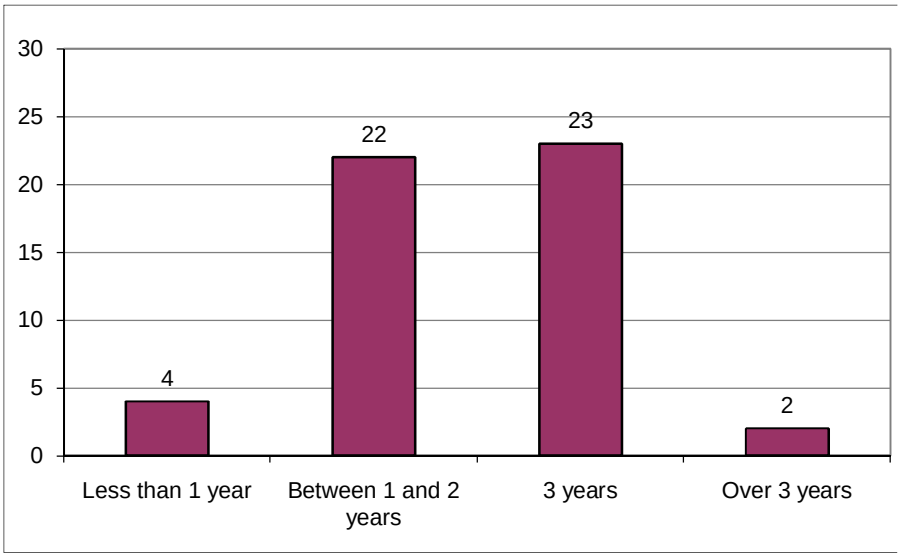
Duration of the projects

Figure 12 shows the duration of the projects[112] in years. An adequate duration of the development projects is fundamental for their long-term success, and all the more so if the projects include persons with disabilities among their beneficiaries. Helping persons with disabilities overcome physical, cultural, legislative, bureaucratic obstacles makes the cooperation projects that target them even more complex. About half the projects last three or more years. Of these, only one project lasted six years and one five. Twenty six projects lasted two years or less.

[111] See UN Convention. Preamble.

[112] Duration as reported in the text of the project.

Figure 12: Length of Projects in Years



Source: DGCS mapping 2000-2008.

Project documents indicate that in some cases, when projects were considered too short, the implementing agency took the initiative to look for ways to obtain a second phase for the funded project, or initiate project spin-offs, broader or more specific initiatives on disability or initiatives focused on specific issues (box 4).

Box 4: Spin-off Projects

Lebanon Project: Emergency Initiative for Rehabilitation, Employment, Services, Development – Ross Phase I - Support for Restarting and Developing Socio-Educational Services for the Peoples of the Villages of Srifa, Froun, and Ghandurie

> *"Within the scenario of interventions linked to the situation of persons with disabilities, the project represents a first step towards understanding the situation in the country. This led to planning two interventions funded by the Emilia-Romagna Region. These interventions aim at acting deeper and deeper in the context of the needed integration of persons with disabilities at all levels: educational, formal and extra-curricular, professional, cultural and recreational level.*

This lesson helped design a project aimed at integrating persons with disabilities in schools. The Project was presented at the Italian MFA/ DGCS in January 2009."

Among the lessons learned indicated in the data collection forms, the implementing agencies cite the duration of the projects as an element to be considered. Below is an example regarding training in which the duration of the project is identified as an element that guarantees sustainability of services (box 5).

Box 5: Project Duration: a Lesson Learned

Central African Republic Project: Improvement of Standards of Living for Persons with Physical Disabilities in Bangui

"Training of local staff at all levels can produce good results if carried out over the medium to long term (at least five years). After this project was concluded, the local partner was able to guarantee the necessary treatments to a number of beneficiaries, albeit fewer in number."

Millennium Development Goals

This part of the Report highlights how the mapped projects pertain to the MDGs[113] and to the OECD-DAC[114] sectors and themes. DGCS started classifying the projects according to these parameters[115] in September 2008[116] in order to determine the extent to which the initiatives contribute to achieving agreed international goals.

The data collection form had a field to indicate to which MDG a project referred. All 51 projects were classified as linked to the Goal No. 8 on Developing a Global Partnership for Development.

For the Italian Cooperation the MDGs represent a shared framework of reference for development policies and for assessing aid effectiveness. To that end, the DGCS procedures require that all projects presented to the Steering Committee should also make a reference to the relevant MDGs.

OECD-DAC sectors/ themes

Figure 13 shows in which OECD-DAC sectors the mapped projects fall. Thirty five percent fall in the field of *education*; 47 percent in *health;* 39 percent in *multi-sector*. Fifty projects (98 percent) were classified as *other social* which highlights the complexity of the objectives and of the activities of the mapped projects.

The data grid also requires to indicate to which of the OECD-DAC themes (participatory development and good governance; gender equality; environment) the project pertains. The question could have multiple answers. All 51 projects are related to the *participatory development/ good governance* theme.

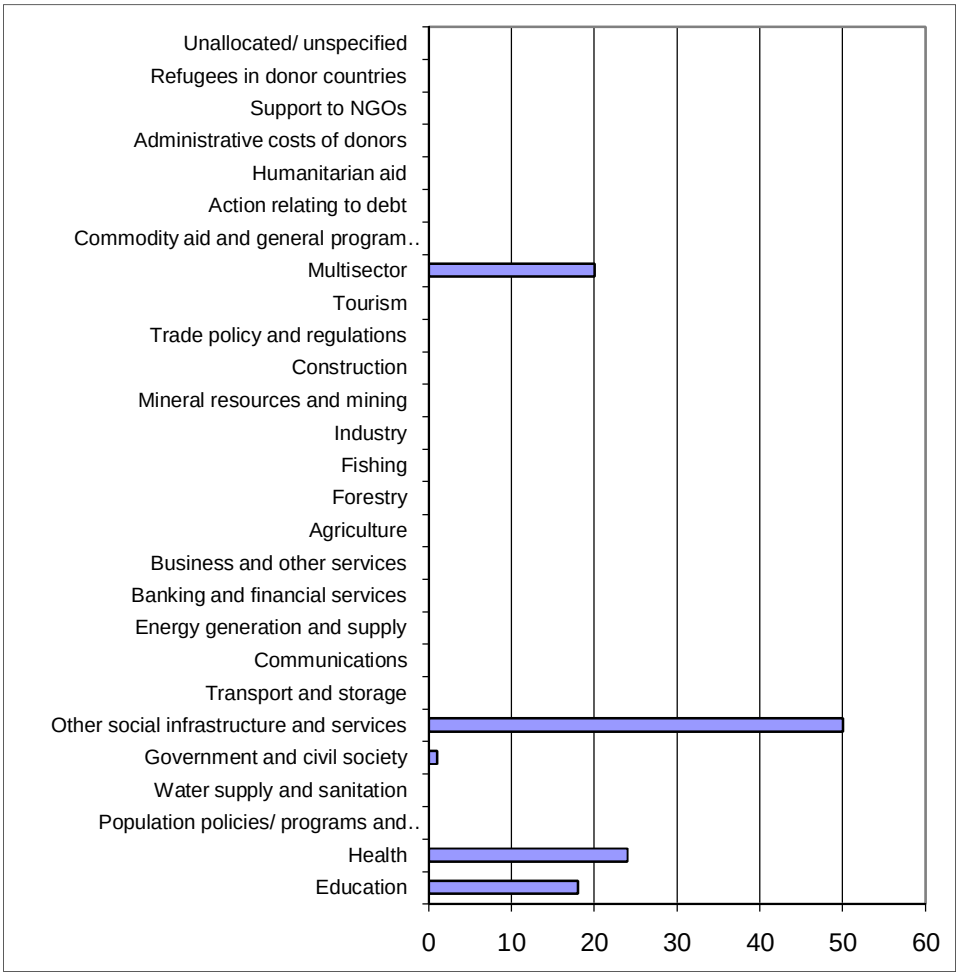
[113] See http://www.oecd.org/dac/mdg

[114] Among the OECD goals is the defining of underlines and coordination of polices of development cooperation through the DAC. A classification was established in which there are indicators necessary to monitor and correctly assess initiatives of cooperation for development. Each adhering country of the OECD is required to consider the classification and, each year the DAC requires member states to fill out a detailed data table, denominated Memorandum OECD-DAC on aid.

[115] The OECD-DAC classification by the DGCS took effect at the end of 2008, so the majority of the projects were classified a posteriori.

[116] See Deliberation of the DGCS Steering Committee No. 178 of September 2, 2008.

Figure 13: Projects by OECD-DAC Sector



Source: DGCS mapping 2000-2008.

3.4 Conclusions

3.4.1 Extent and features of the Italian Cooperation investments in disability from 2000 to 2008.

Funding

Between 2000 and 2008, the Italian Cooperation approved a total amount of €37,906,661 for projects promoting and protecting the rights of persons with disabilities. This represents 0.6 percent of the total grants allocated to the development aid in the same period (€6,005,591,883.63).

The allocation of funds per year shows two significant peaks: one in 2003 and one in 2006 which may respectively be linked to the International Year of persons with disabilities in 2003 and the adoption of the CRPD in 2006.

In terms of geographic distribution, most of the funds (68 percent) were allocated to the Middle East and the Balkans, which are the priority areas for the Italian Cooperation. Overall, the funding supported projects in 25 countries.

The funds of the Italian Cooperation were supplemented by €15,655,364, provided by NGOs (10 percent), country partners (17 percent), and Italian local entities (regional governments, businesses, and universities (2 percent), as co-financing. Overall, the Italian Cooperation provided 70 percent of the funds and the partners provided 30 percent.

The data on funding indicate the commitment of the Italian Cooperation to what is known as "Sistema Italia" (System Italy) through decentralized cooperation, where trade associations and the Italian training and educational system play an important role.

3.4.2 Types of projects

Most of the projects activities can be grouped into five areas:

1. Health and rehabilitation: CBR: 19.6 percent of the programs; Training, re-training, education of local operators: 88.2 percent; and Improving local, institutional and community services: 88.2 percent;
2. Accessibility: Renewing and equipping buildings: 68.6 percent, and Elimination of physical and sensory barriers: 11.7 percent;
3. Promoting rights, participation and empowerment of persons with disabilities and their associations: Vocational training and job placement: 49 percent; and Promoting rights and empowerment*:* 54.9 percent*;*
4. Culture change: Awareness campaigns on the rights of persons with disabilities: 76.4 percent; and prevention: 21.5 percent;
5. Cross-section actions and themes: Impact on legislation/institutions: 25.4 percent; Social inclusion: 62.7 percent; and Higher education activities (curricula, manuals): 15.6 percent.

The project activities are multi-sectoral, with focus on health, rehabilitation and social inclusion.

Beneficiaries. Two thirds of the projects target persons with disabilities (adults or minors) as their main beneficiaries. About half of the programs (47 percent) are aimed at minors (focusing mostly on rehabilitation and education). Almost 40 percent identify families of persons with disabilities as beneficiaries. Almost 90 percent of the projects have benefited local institutions involved in policies and services for persons with disabilities, 60 percent have contained activities aimed at public opinion, including public awareness campaigns, information and prevention of preventable disabilities, and other. Finally, 72.5 percent include activities aimed at improving functioning of various systems providing services to persons with disabilities: training of trainers, training of policy-makers, coordinators of health care systems, and other. Only 11.7 percent have identified women as their specific beneficiaries.

The role of NGOs. Italian NGOs play a critical role in the implementation of the Italian Cooperation projects. They have contributed €5,610,527 to the program budget; in other words they have provided 1/3 of the co-financing amount. Italian NGOs propose the projects (55 percent of the projects studied for this Report); and they play a key role in their implementation, as 72 percent of the project are implemented by the Italian NGOs.

Involvement of local partners and DPOs. One element that stands out in all projects is the involvement of local partners (70 in total) in a participatory manner. The partners include CSOs,

Disabled People Organizations (10% of all partners),[117] national institutions, municipalities and public offices, universities, and religious institutions and organizations.

Local partners have not only participated in the development and implementation of the projects (90 percent of the projects were implemented with the involvement of local partners), they have also mobilized resources for their financing, providing more than one half of the total co-financing amount. The co-financing is an element of the Italian Cooperation approach to ensuring the project ownership by all parties involved in their implementation.

Another feature of the Italian Cooperation approach to development assistance is to establish a network of stakeholders at the local level (A Table of Consultations) where the issues are discussed and consensus on how to address them built.

Qualifying elements: the participative approach. The mapping shows that there is continuity between the themes and the projects of the Italian Cooperation for 2009-2011. The inclusive development approach is present in 63 percent of the projects, support for the improvement of legislative framework is in 25 percent, and CBR is present in 19 percent of the projects.

Collecting, analyzing and publishing data. Analysis, research and study are included in 54.9 percent of the projects, reflecting the importance the Italian Cooperation places on knowledge and evidence.

Evaluation. More than half (55 percent) of the mapped projects issued evaluation reports (progress reports or end-of-project reports). Out of the 26 projects that were completed, 70 percent made a final evaluation, suggesting a culture of evaluation as an important element for the improvements in future programs.

Duration of projects. Most of the projects last three or more years. As indicated by the implementing agencies, appropriate duration of the project is fundamental in terms of a durable impact. This is even more important for projects addressed to persons with disabilities. Given the context in which they operate, such projects often need to be preceded and accompanied by awareness campaigns against prejudice, stereotypes and social stigmatization.

[117] In identifying local partners, our mapping has made a distinction between "NGOs, associations, foundations and other private organizations" and "associations, organizations and federations of persons with disabilities" in order to highlight the type of partnership (annex E).

ANNEX A: DATA COLLECTION FORM

PART A

Country/ies	
Title	
AID Number.	
Area of intervention	
Channel	
Implementation procedures	
Type of financing	
Executive agency	
Duration	
Total cost (in Euros)	
DGCS (General Direction for Development Cooperation) financing (in Euros)	
Possible co-financiers (amount provided by each co-financier in Euros)	
Date and number of the Resolution	
Origins and motives of the initiative	
National and regional context	
Sector and territorial framework	
Problems to be tackled and solved	
Beneficiaries	
Partners	
Other actors involved	
General objectives	
Specific objectives	
Expected results	
Planned actions for achieving results	
Sustainability factors	

PART B

PROJECT PROGRESS	Start up phase	☐
	In progress	☐
	Completed	☐
	Suspended	☐

IF THE PROJECT HAS BEEN COMPLETED

Results	
Qualifying elements introduced	
Factors that led to the positive outcome	
Difficulties encountered	
Lessons learned	
If an assessment was carried out, please report results	

DOCUMENTS PRODUCED DURING THE COURSE OF THE PROJECT

Interim appraisal report	☐
Final appraisal report	☐
Manual	☐
CD Rom	☐
Video	☐
Other	☐

ATTACHED DOCUMENTS

Interim appraisal report	☐
Final appraisal report	☐
Manual	☐
CD Rom	☐
Video	☐
Other	☐

Name and surname of recipient of the questionnaire …….

Name and surname of the person responsible for filling out the questionnaire (if different from the recipient)

…….J

ob title …….. Telephone number ……..

Further comments ……..

Date……

PART C

THE INITIATIVE'S RELEVANCE TO MDGs

Millennium Development Goals	**O1 Eradicate extreme poverty and hunger**	☐
	T1 Halving the proportion of people whose income is less than 1$ a day, between 1990 and 2015	
	T2 Achieving full and productive employment and a dignifying job for all, including women and youth	☐
	T3 Halving the proportion of people who suffer from hunger between 1990 and 2015	
	O2 Achieve universal primary education	☐
	T1 Ensuring that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling , by 2015	☐
	O3 Promote gender equality and empower women	
	T1 Eliminating gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	☐
	O4 Reduce child mortality	☐
	T1 Reducing by two thirds the under-five mortality rate, between 1990 and 2005	
	O5 Improve maternal health	☐
	T1 Reducing by three quarters maternal mortality ratio	
	T2 Achieving universal access to reproductive health, by 2015	☐
	O6 Combat HIV/AIDS, malaria and other diseases	
	T1 Halting and begin reversing the spread of HIV/AIDS by 2015	
	T2 Achieving universal access to treatment for HIV/AIDS by 2010	☐
	T3 Halting and begin reversing the incidence of malaria and other major diseases by 2015	
	O7 Ensure environmental sustainability	☐
	T1 Integrating the principles of sustainable development into country policies and programs and reversing the loss of environmental resources	☐
	T2 Reducing biodiversity loss and achieve a significant reduction in the rate of loss, by 2010	☐
	T3 Halving the proportion of the population without sustainable access to safe drinking water and basic sanitation, by 2015	☐
	T4 Achieving a significant improvement in the lives of at least 100 million slum dwellers, by 2020	
	O8 Develop a global partnership for development	☐
	T1 Addressing the special needs of least developed countries, landlocked countries and small island developing states	☐
	T2 Developing further an open, rule-based, predictable, non- discriminatory trading and financial system	
	T3 Dealing comprehensively with developing countries' debt	☐
	T4 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	☐
	T5 In cooperation with the private sector, making available benefits of new technologies, especially information and communication	☐

DEGREE OF TIED/ UNTIED AID

Degree of untied aid	Tied aid	☐
	Partially untied aid	☐
	Untied aid	☐

THE INITIATIVE'S RELEVANCE TO THE OECD/DAC AREAS OF INTERVENTION

OECD/DAC Areas	Education	☐
	Health	☐
	Population Policies/Programs and Reproductive Health	☐
	Water Supply and Sanitation	☐
	Government and Civil Society	☐
	Other Social Infrastructure and Services	☐
	Transport and Storage	☐
	Communications	☐
	Energy Generation and Supply	☐
	Banking and Financial Services	☐
	Business and other Services	☐
	Agriculture	☐
	Forestry	☐
	Fishing	☐
	Industry	☐
	Mineral Resources and Mining	☐
	Construction	☐
	Trade Policy and Regulations	☐
	Tourism	☐
	Multi-sector/Cross-Cutting	☐
	Commodity Aid and General Program Assistance	☐
	Action relating to Debt	☐
	Humanitarian Aid	☐
	Administrative Costs of Donors	☐
	Support to Non-Governmental Organizations (NGOs)	☐
	Refugees in Donor Countries	☐
	Unallocated/Unspecified	☐

THE INITIATIVE'S RELEVANCE TO OECD/DAC ISSUES

OECD/DAC Issues	Participant Development /Good Governance (PD/GG)	☐
	Gender equality	☐
	Environment	☐

ANNEX B: ITALIAN COOPERATION GUIDELINES CONCERNING PERSONS WITH DISABILITIES (2002)

1. Social approach

Introduction

The rights of persons with disabilities are fundamental human and civil rights. In line with this principle, DGCS recognizes that persons with disabilities have the right to develop their individual capabilities through their full integration in their own socio-cultural environment; therefore DGCS initiatives regarding disability must include specific actions to battle social exclusion and economic marginalization. Furthermore, implementing disability-related initiatives as of childhood enhances their recovery and social inclusion prospects.

1.1 Definition of disability according to the UN 1993 Standard Rules

The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The term "handicap" means the loss or limitation of opportunities to take part in the life of the community on an equal level with others". Therefore it defines the relationship between the person and the environment in which he/she lives in and indicates the disadvantage of persons, both with and without disabilities, who cannot access specific environments or participate in organized activities such as information, communication, education, etc., as others. So not all disabled persons are handicapped persons, just as not all handicapped persons are disabled persons. Persons that are the subject of these guidelines will be identified as DHS: persons with Disabilities and/or in Handicapping Situations.

1.2 Community-Based Rehabilitation

Italian Cooperation welcomes, promotes and supports the adoption of CBR. "The primary objective of CBR is to ensure that disabled persons have the possibility of exploiting their physical and intellectual capacities as much as possible, guaranteeing equal opportunities and access to community services in order to be fully integrated socially within their community and society. CBR is a global approach that includes the prevention of disabilities and rehabilitation in primary care activities, the integration of disabled children in normal schools, and the preparation of opportunities for economic and profit-making activities for disabled adults." (WHO, ILO and UNESCO 1994).

1.3 Respecting Autonomy and Independence

DGCS considers DHS persons capable and responsible and recognizes that they have the right to their own legitimate choices for an independent life. Accordingly, the achievement of integration and participation, as well as the means to pursue them, must guarantee their dignity, independence, self-sufficiency and privacy, to ensure constant and real improvement of the quality of their life. DHS persons must be able to enjoy the same access and participation rights for economic, political, educational, cultural life, for sports and games, including by way of individualized paths.

1.4 Participative approach

The participative approach represents a mode of action that DGCS systematically adopts in development cooperation initiatives. Within the programs tailored for disabled persons, the participative approach is a factor that should be promoted as a democratic and representative model. This implies full involvement in all phases of the project cycle: (a) indicative planning, (b) identification, (c) formulation, (d) financing, (e) implementation, and (f) evaluation.

The operational methods of every initiative fall under these Guidelines and are described within feasibility studies that are implemented with the participation of all local and non-local actors, with the involvement and collaboration of LTUs, where present, and embassies. Feasibility studies must take into account the context, must consider the priorities, the scope of the intervention and the strategies connected to the available local economic-financial resources.

1.5 Interdisciplinary approach

To the extent possible, DGCS initiatives for persons with disabilities must be developed using a multidisciplinary and interdisciplinary approach that considers different areas of action. All sectors involved in the development and integration process of DHS persons must act in coordination and must complement each other.

1.6 Associations of DHS persons

DGCS promotes and facilitates the creation and the growth of associations that represent DHS persons in developing countries. Its goal is to create partnerships that promote empowerment within those associations: (a) by creating cadres and strengthening safeguard and promotion capabilities; (b) by creating opportunities for real social integration, starting from childhood, and for productive employment; (c) by creating networks that value and utilize the local resources, the methodologies and the cultures; and (d) by transferring the capacity for advocacy. The objectives that these associations must pursue include building awareness and adjusting local and national policies on disabilities to the needs of DHS persons, as universally recognized.

1.7 Actions that favor socio-economic integration

From the identification stage, all development cooperation initiatives must incorporate a systematic verification of the conditions that could represent an obstacle to the participation of DHS persons, by way of cross-sectoral planning. Special attention must be paid to exploiting developments in the field of ITC. In addition removing and progressively eliminating physical barriers in communication and transport, it is critical to focus on overcoming cultural, social and economic barriers that deny DHS persons access to services and active participation in the social, economic and political life. All this must be implemented considering the different operational situations.

1.8 Relationship between DHS persons and society

The Italian Cooperation recognizes the right of DHS persons to have a full social life that guarantees them the fulfillment of primary and secondary needs. In this view, initiatives directed at integrating DHS persons into the world of sports, culture and activities of social life that allow them real social integration in the various areas must be supported.

1.9 Evaluation

The cooperation initiatives address DHS persons and must be evaluated using specific flexible criteria. Some of the most important standards of reference include: (a) achieving real social integration; (b) achieving school and job integration in their various forms; (c) improving the quality of life; (d)

acquiring new economic, political, social and cultural rights; (e) overcoming physical, psychological, sensory and cultural barriers; (f) involving family and community; and (g) involving social, political and economic institutions both at a central and peripheral levels in battling exclusion of DHS persons in developing countries.

1.10 Gender equality

Regarding DHS women, these Guidelines refer to the Beijing Platform and to the document approved during Women 2000 that require the condition of DHS women and girls to be specifically addressed with specific measures to achieve gender equality. These documents recognize disability as a specific situation that requires specific measures, developed both nationally and internationally. The Italian Cooperation also upholds the synergy between these Guidelines and those on gender issues published in 1998.

1.11 Rights of minors

Actions in favor of children and adolescents who are excluded from society because of psychological, physical and sensory impairments are a high priority for the Italian Cooperation which stresses the need to act as early as possible in their lives in order to prevent and reduce the negative effects of their disability. In this light, we plan on developing an extensive synergy between these Guidelines and the 1998 Guidelines for Minors issued by the Italian Cooperation.

1.12 Research

In development cooperation initiatives, one qualifying element for projects is the systematic use of research. To this end, we are planning to launch pilot projects that can be replicated and amended, on a case by case basis according to the needs and priorities of the developing countries.

1.13 De-institutionalization

The Guidelines stress the importance of promoting and supporting actions aimed at bypassing closed and secluding structures and favoring the social, educational and employment inclusion of persons with disabilities, considering the extent of the disability.

1.14 Role of international cooperation

International Development Cooperation can play a specific role in promoting equal opportunities for DHS persons in developing countries, using the following strategies:

a) Focusing on cooperation initiatives that have the ability to develop the autonomy of the actors in the developing countries, and produce multiplying effects (for example, capacity building initiatives and pilot projects);

b) Implementing development cooperation through an approach that favors partnerships for joint initiatives and information sharing, engaging NGOs and other associations within the civil society, and through the opportunities offered by decentralized cooperation, and in collaboration with the international organizations that operate on site;

c) Working on prevention, through education and training;

d) Contributing to the maximum diffusion of the Standard Rules of the UN to ensure greater consistency and coordination of the actions and actors operating in the developing countries;

e) Connecting local interventions for the rights of persons with disabilities and funneling them into the same or parallel programs, in line with a multidisciplinary and interdisciplinary approach;

f) Paying constant attention to gender and minors issues, according to the underlying principles of DGCS Guidelines;

g) Recognizing a leading role of the local, national and international NGOs that operate in this sector, exploiting their expertise and their experience and involving them in the planning stage;

h) Considering the role attributed to local actors as crucial and valuing the experience produced by every intervention, that cannot be detached from the local context;

i) Paying special attention to DHS persons who belong to groups recognized as "weak within the weak group": refugees, victims of armed conflicts, ethnic and linguistic minorities, etc.;

j) Sharing experiences on educational and training models among all cooperation actors working in the field of disability, in the different local realities of the developing countries.

2. Education and school integration

Introduction

As subjects of rights, DHS persons have the right, like all people, to education from early childhood. One of the objectives of the Italian Cooperation is to favor equal opportunities in education. We are referring here not only to formal scholastic education, but to all types of non-formal education offered by families, organizations, groups or members of the local community, etc.

DHS persons are provided access to learning not by segregating them in separate schools but by changing the ordinary school system so they can be integrated and their special needs met. An integrated school is a school for all, which respects (and teaches respect for) differences and values the characteristics and capabilities of each person.

Integrated education is centered on the persons and adapts to their specific needs, respecting differences, and educating them to cooperate and respect diversities, valuing talents and promoting the child-to-child approach as main educational tool. The school is seen as a cooperative rather than competitive environment, one that includes everyone, rather than exclude the weakest. The basic principle is that all children must learn together, where possible, whatever their differences and specific issues. Naturally, children with special educational needs must receive the necessary support to guarantee effective education.

2.1 Implementation

To promote Cooperation initiatives to provide equal educational opportunities to DHS persons, these Guidelines propose the following procedures:

a) Promoting and supporting government policies at a national and local level that focused on social inclusion of DHS persons through information and awareness campaigns to be carried out within the public administration, services and the population;

b) Supporting implementation of training programs for socio-sanitary services staff and teachers, particularly targeting school aides who will serve in classes;

c) Supporting the development and the implementation of educational programs – for the class as a whole and individually customized – that adjust educational processes to individual needs and to foster the integration of all, with the assistance of teacher's aides and other professionals;

d) Providing the necessary basic support services to foster the participation of and the

communication with DHS persons;

e) Developing customized educational programs that consider the specific educational needs of each individual: the educational process needs to adjust to the needs of the children, not the children to the process;

f) Providing professional assistance to teachers, families, and DHS persons (psychologists, therapists, doctors, etc.);

g) Promoting research, focusing on action-research implemented through "learning by doing" and the active involvement of all actors. The purpose of this research is to develop teaching and learning strategies that can be concretely incorporated into the educational process. The process also includes systematically evaluating the experiences, creating information centers that collect and disseminate information, results of the studies, evaluation of educational programs, pilot experiments and best practices. The research activity also includes developing proposals to adjust the school and educational programs to the specific needs of DHS persons, updating the curricula and defining new profiles for the school professionals.

2.2 Active involvement of families

The Italian Cooperation offers assistance and support to all initiatives whose purpose is to change the legislation to favor the participation and collaboration of parents and to foster the creation of parents' associations that involve the families of both non-disabled and DHS persons.

2.3 Involvement of local communities

In order to foster social inclusion of DHS persons and specifically their full school integration, the Italian Cooperation supports framework programs that engage a number of sectors. These programs include decentralizing administrative and decision-making structures, strengthening basic health services, increasing economic activities at a local level. The programs also aim at engaging the local community so as to implement programs through collective involvement and accountability. In this perspective, the Italian Cooperation encourages and supports the establishment of regional forums for experience-sharing and planning that include local authorities in the administrative, educational, health fields etc., community leaders, local associations and groups, parents' organizations and organizations of DHS persons, as well as volunteer groups and NGOs, to tap into their skills and innovative capabilities.

2.4 Training

Teachers. They play a key role, for which they must be appropriately trained. The Italian Cooperation plans on providing incentives for the employment of persons with disabilities as teachers. They would serve as role models for DHS boys and girls.

The training of teachers, at all grade levels, must aim at:

- Creating a positive attitude towards disabilities;
- Developing competences on: (a) evaluating special educational needs; (b) adjusting the curriculum; (c) using educational aids technologies; (d) identifying and using educational procedures that promote development of diversified skills; (e) teaching respect and the value of differences, solidarity and cooperation; and (f) cooperating with specialists, parents and other actors involved.

2.5 Supervisors and trainers

Training must also be provided to administrators, teachers' trainers (university professors and others) and to anyone who supervises and instructs teachers.

2.6 Universities

These Guidelines indicate that universities can play a key role in supporting the process, particularly in researching, evaluating and preparing teachers' trainers, programs and educational materials. For this reason, the Italian Cooperation will promote the creation of networks among universities in the Northern and in the Southern hemispheres that will support initiatives that favor the education of DHS persons.

2.7 Need to act at an early age

Special needs should be identified at a very early age in order to facilitate integration in school and in society.

2.8 Adult education

DGCS will encourage access of DHS persons to adult education, by giving them priority to existing programs and developing special courses that meet their needs. Such courses should include non-formal education and permanent and recurrent courses for the elimination of both primary and return illiteracy.

2.9 Awareness strategies

Institutions, CSOs and the media play a crucial role in creating a positive attitude towards the special needs of DHS persons. This role is essential in order to overcome prejudices and misinformation and break down cultural barriers that make social and specifically school integration difficult for DHS persons. Cooperation programs must incorporate the systematic use of awareness strategies by administrators, service operators and the public in general on the specific subject integration for DHS persons.

2.10 Accessibility

It is critical that in addition to socio-cultural barriers, we must eliminate physical, sensory and economic barriers that deny DHS persons access to educational services (architectural and sensory barriers, transportation problems, inappropriate didactic tools, etc.).

2.11 Institutional collaboration

The Italian Cooperation supports programs that include specific institution-building activities aimed at (a) adjusting the legislative and regulatory framework of the public and school administration and services; and (b) creating inclusion strategies for vulnerable groups, and DHS persons in particular. Through careful resource allocation and joint planning of initiatives, DGCS will train providers and implement activities related to school integration, both at a central and peripheral level.

3. Work and work environment integration

Introduction

For all individuals, including DHS persons, work is a means and an end: an end, in that it is an achievement and a component of social integration, a means because through it, people become

autonomous and can assert their own individuality, freeing themselves from situations of dependence. Still, it is obvious that the number of employed DHS persons is a lot lower in percentage than nondisabled persons. They are the last to be hired and the first to lose their jobs.

In developing countries, their work in farming and within extended families is often considered useful and they gain satisfaction and dignity from it. However, when families become citified, DHS persons loses this possibility and falls to the bottom rungs of the social ladder in the outskirts of urban areas.

Employment integration of DHS persons means involving a number of subjects at the local level, whose individual actions must target the common goal of social integration. Family members must shift their perception of the DHS person from care receiver to income producer, and in the work environment all must act to remove the obstacles that prevent integration, all the more so in the case of psychological disabilities.

The Italian Cooperation helps promote the social as well as medical relevance of the problems of disabilities. Training different workers in the field of disabilities using diversified methodologies is therefore one of the pillars of employment integration.

3.1 Setting up interdisciplinary teams

These Guidelines consider it essential to set up interdisciplinary teams both at a central and peripheral level to implement actions aimed at promoting social inclusion and the creation of employment opportunities for DHS persons.

3.2 Institutional participation to advance integration policies

The Italian Cooperation encourages full, active participation of the relevant institutions at a central and peripheral level, which is an essential condition to initiate a process of change toward social integration. In fact, collaboration between the Italian Cooperation and local governments must be at the root of the awareness campaign targeting governments in developing countries. Such collaboration must aim at adjusting public administration legislation and regulations and organizing services for job integration of DHS persons.

3.3 Professional training

One of the Italian Cooperation's primary objectives is job integration through training. Obviously, since we are dealing with DHS persons, innovative methods and technologies must be used, and they must respond to the needs of different disability categories. This approach guarantees flexibility and avoids impossible standardized actions, as disabilities are extremely varied and differentiated.

Vocational training must complete and enrich education and instruction and just like rehabilitation cannot and should not be separated from education and instruction, so vocational training cannot be separated from scholastic and educational training.

3.4 The importance of social cooperatives

One critically important methodological approach is the one implemented by Type B Social Cooperatives in Italy that engage non-disabled and DHS persons at every level, from decision-making to technical-operational phases. The Italian Cooperation considers these forms of social enterprise as an innovative form of employment integration of persons with disabilities in many developing countries. At the same time, particularly in the case of human services, these initiatives are also effective forms of social integration and cohesion, provided they take place in environments made favorable through institutional building and legislative adjustments. Without institutional adjustments it would be very difficult for these enterprises to be sustained. Other requirements for the

sustainability of these initiatives are appropriate market research and the availability of specific credit.

3.5 Work quality

The Italian Cooperation encourages integration in jobs that are really useful and in demand (information technology) or in quality work, which must consider supply and demand ratio. In this light, we need to set aside old employment clichés and direct DHS persons towards innovative and important activities that they can deal with based on their individual capabilities.

3.6 Employment integration and new technologies

These Guidelines highlight the importance of using all new available technologies both during training of DHS persons and on the job. Since there are many and technologically different types of aids on the market, they must be appropriate in terms of the type of disability and the environment.

Furthermore, it is essential to train professionals, including among DHS persons, connected to the new economy in its cross-sectoral sense (managers of IT packages).

Even crafts, a big source of employment in developing countries and therefore a possible job integration point, is becoming increasingly specialist and requires defined and technical training.

4. Rehabilitation and prevention

Introduction

The general strategies regarding health, rehabilitation and prevention must be more tightly directed at achieving equal opportunities. Therefore, within the specific area of prevention and rehabilitation, these guidelines refer to the latest international classification (WHO 1980-ICIDH 2001- ICD10).

4.1 The demand for prevention and rehabilitation

In order to take appropriate local action, the Italian Cooperation considers it fundamental to verify the following information:

a) Distribution and possible correlations of the etiology of primary disabling pathologies;

b) The distribution and specific characteristics of the diagnostic scenarios of the most widespread illnesses or disabling conditions;

c) Socio-environmental context that might favor pathologies;

d) Evident macroscopic connections between the most widespread pathologies and specific geographic areas;

e) Disabilities caused by armed conflicts.

4.2 Identifying local resources

We need to assess the potential for prevention and rehabilitation of existing local socio-sanitary services and educational services. Rehabilitation is a methodological approach that crosses all socio-biological disciplines. Knowing the human resources, the institutional services, and the legislative frameworks can make it easier to create a system that prevents disabling diseases and rehabilitates the victims of disabling pathologies and traumatic results of armed conflicts and wars.

4.3 Instruments and methodologies of action

It is important to distinguish between medical rehabilitation and social rehabilitation. On a strictly strategic level, integrating the two actions is important to create a synergy between the health condition and the surrounding external factors.

Specifically in the area of prevention and rehabilitation the following points need to be considered:

a) Giving major relevance to the family context;

b) Involving the community both in prevention and rehabilitation;

c) Using traditional medicine techniques and cultural and religious local institutions, for prevention and rehabilitation;

d) Developing an approach based on institutional services, using hospital facilities (specific and general) or out-patient centers (specific and general);

e) Using integrated mobile units to extend prevention and rehabilitation services, reaching out to remote and hard to reach zones.

4.4 Professional training and retraining

Specific training in this sector can be structured in the following approach methods, engaging DHS persons to the highest extent possible:

a) Specialist training;

b) Specific courses for rehabilitation personnel (physiotherapists, occupational therapists, speech therapists, prosthetics specialists, etc.);

c) In-service training;

d) Supplementary courses for socio-medical and educational staff (pediatricians, obstetricians, nurses, teachers, etc.).

Furthermore, it is important to supplement the study courses of individual professional qualifications and professional retraining along the following lines:

a) Collaboration with local institutions that train specific professionals who will be hired for the services;

b) Awareness campaigns for central and peripheral political authorities;

c) Training workshops for local political and religious leaders;

d) Operative awareness campaigns;

e) Training workshops for everyone potentially interested in identifying and supporting DHS persons to be drawn into rehabilitation.

5. Crosscutting and dynamic procedures

5.1 One peculiarity of these Guidelines is their crosscutting nature regarding the subjects of disabilities in all the Italian Cooperation initiatives in developing countries. This is implemented through specific projects on disabilities, or areas focusing on that subject that are functionally incorporated in individual initiatives.

5.2 These Guidelines are also dynamic. Every year, on September 30, since 2003, data from all cooperation actors who have operated within the scope of these Guidelines shall be collected so as to improve and adjust.

5.3 DGCS Offices and Department XIII (Disabilities Sector) shall work in close collaboration to implement these Guidelines. Such synergy is enhanced by the requirement that each DGCS office appoint a liaison with Department XIII. Department XIII shall call information/training meetings both for liaisons and for other officers, to enhance awareness on disabilities and guarantee standard assessments in related initiatives.

5.4 These Guidelines highlight the importance of emergency projects launched by Department VI. DSH persons in an emergency situation make them more vulnerable, thus their survival chance is slimmer.

5.5 Initiatives included in the scope of these Guidelines are funded by all funding channels used by the Italian Cooperation. In the initial and final phases, these projects must include dissemination that guarantees visibility to the Italian Cooperation in developing countries. These Guidelines are evaluation criteria for all projects that specifically deal with disabilities.

5.6 For the experience and expertise built over the years regarding disabilities, we deem the NGOs' contribution particularly important in implementing these Guidelines. The Italian Cooperation engages NGOs directly in all phases of the project, including design, awareness campaigns for civil society, specific training, evaluation and assessment of the guidelines. In light of the collaboration provided by NGOs and other actors who participated in developing these Guidelines, the Italian Cooperation shall establish a permanent forum at Department XIII (disabilities) that shall hold regular meetings on the many aspects of disabilities.

5.7 These Guidelines intend to foster the adoption of the new territorial partnership modalities, as the decentralized cooperation, and refer to Guidelines issued by the Italian cooperation on the subject, whose objective is to promote integrated local development. Decentralized cooperation is enhanced in initiatives in developing countries, because it serves as a catalyst of the direct involvement of all social actors for their own development.

5.8 These Guidelines call for collaborations and synergies with all DGCS programs and initiatives whose aim is to promote equal opportunities for DSH persons in developing countries.

5.9 Following approval of the Guidelines, Department XIII shall develop and propose for the Executive Committees approval a specific technical document that will describe specific procedures for DGCS in order to implement these Guidelines.

LEGISLATIVE REFERENCES

A) INTERNATIONAL REGULATORY FRAMEWORK

- Universal Declaration of Human Rights adopted by the General Assembly of the UN in Paris on December 10, 1948.
- ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention No. 159 of 1983, its accompanying Recommendation No 168 of 1983, and Vocational Rehabilitation (Disabled) Recommendation, No. 99 of 1995.
- Declaration of the Rights of Mentally Retarded Persons, WHO, 1971.
- Declaration of Alma Ata, WHO, 1978.
- World Program of Action concerning Disabled Persons adopted by the UN General Assembly, December 3, 1982 with Resolution 37/52.
- World Conference on Education for All (EFA) in Jomtien (Thailand), March 5-9, 1990.
- Resolution of the Council of Europe and the Ministers of Education meeting of May 31, 1990, concerning integration of children and youth with disabilities in the school system.
- Vienna Declaration and Program of Action (World Conference on Human Rights), June 14-25, 1993
- The UN High Commissioner for Refugees (UNHCR) Guidelines on Assistance to Disabled Refugees, New York, U.S.A. 1993.
- Charter of the Rights of Autistic Persons, WHO, 1993.
- Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly on December 20, 1993 (Resolution 48/96).
- Towards a Society for all: Long-Term Strategy to Implement the World Program of Action concerning Disabled Persons until the year 2000 and beyond - 1993, developed at the end of the UN Decade of Disabled persons (1983-1992).
- The Asian and Pacific Decade of Disabled Persons, 1993-2002
- Salamanca World Conference on Special Needs Education promoted by UNESCO, June 7-10, 1994, which reaffirmed the need and urgency to provide education to people with special education needs and formulated guidelines for action at a national and international level.
- Community-Based Rehabilitation (CBR) for and with People with Disabilities, 1994 Joint Position Paper. ILO, UNESCO and WHO.
- World Summit for Social Development, Copenhagen, 1995,
- Resolution of the Council of Europe and the Representatives of the Governments of the Member States meeting on December 20, 1996 on equality of opportunity for people with disabilities.
- Health21: Health for All in the 21st Centur, 1998.
- OECD-DAC guidelines for gender equality and women's empowerment in development cooperation, 1998.
- European Union Council Resolution of June 17, 1999 on equal opportunities for people with disabilities (1999/C 186/02).
- Declaration of the social partners on the employment of people with disabilities. The Commission is committed to involving the Social Partners in efforts to integrate people with disabilities into the labor market. The Social Partners adopted a Joint Declaration on the Employment of people with disabilities at a meeting of the Social Dialogue Committee on May 19, 1999.
- Charter of Fundamental Human Rights of the European Union - Charter 4487/00.
- People's Charter for Health - People's Health Assembly, 2000.
- The African Decade of Disabled Persons, 2000-09.
- Council Directive 2000/78/CE of November 27, 2000 establishing a general framework for equal treatment in employment and work conditions.

- World Education Forum - Dakar, April 26-28, 2000.
- International Classification of Functioning, Disability and Health, WHO, 2001.
- ILO: Code of Practice on Managing Disability in the Workplace. Tripartite Meeting of Experts on the Management of Disability at the Workplace, Geneva, October 2001.

B) NATIONAL REGULATORY FRAMEWORK

- Constitution of the Italian Republic.
- Law No. 482/1968 on Compulsory Job Placement of People with Disabilities.
- Law No. 118/71 on Conversion of Legislative Decree No. 5, 30 January 1971, into Law and New Regulations Concerning Disabled Persons.
- Law No. 517/77, articles 2 and 7, prescribing regulations on the evaluation of students and on the abolition of re-sitting exams as well as other regulations modifying the school system.
- Guidelines for Rehabilitation Activities, Programming Department, Ministry of Health, Rome, Italy 1998
- Law No. 68/99, prescribing regulations for the right of disabled people to work.
- Initial indications for the implementation of Law No. 68, 12 March 1999 initiating the Regulations for the Right of Disabled People to Work, Ministry of Labor and Social Security.
- Circular No. 57 of the Ministry of Labor and Social Security, General Directorate for Employment of July 20, 1999; Opinion of the Council of State - Meeting of Commission for Public Employment, March 15, 1999, on compulsory hiring and age limits for employment with public employers.
- Law No. 127/97; Opinion of the Council of State of March 15, 1999; and Circular No. 72 of the Ministry of Labor and Social Security, General Directorate for Employment of October 13, 1999, on compulsory hiring, registration of disabled persons of working age, and reducing age limits for access to public employment.
- Law No. 68 of March 12, 1999, and Decree of the Ministry of Labor and Social Security of November 22, 1999, on criteria on forwarding information sheets by employers subject to the rules and regulations on the matter of compulsory hiring.
- Circular No. 76 of the Ministry of Labor and Social Security of November 24, 1999, on compulsory hiring, first definition of the competences of the central and peripheral offices following the transfer of functions and tasks on the matter of the job market from the State to the regions and provinces.
- Law No. 68, March 12, 1999, including the Regulations for the Right of Disabled People to Work, published in Official Gazette No. 68; Ordinary Supplement No. 57/L. on modifications to the rules and regulations of Law No. 482 of April 2, 1967.
- Circular No. 77 from the Ministry of Labor and Social Security, of November 24, 1999.
- Framework Law No. 30/2000, on the Matter of Reforming the Learning Cycle.
- Policy and coordination act on the matter of compulsory employment for the right of disabled people to work, instituted by article 13, section 4, of Law No. 68 of March 12, 1999. Decree of the Prime Minister of January 13, 2000.
- Regulations including provisions for the operation of the National Fund for the right of disabled people to work, instituted by article 13, section 4, of Law No. 68 of March 12, 1999. Decree No. 91 of the Ministry of Labor and Social Security of January 13, 2000.
- Initial indications for the implementation of Law No. 68 of March 12, 1999, including the Regulations for the Right of Disabled People to Work. Circular No. 4 from the Ministry of Labor and Social Security, General Directorate for Employment - Division III, January 17, 2000
- Compulsory hiring. Further indications for the application of Law No. 68, March 12, 1999. Integration of Circulars No. 4/2000 and No. 36/2000. Circular No. 41 of the Ministry of Labor and Social Security, General Directorate for Employment of June 26, 2000.

- Regulation for the Implementation of Law No. 68 of March 12, 1999, including the Regulations for the Right of Disabled People to Work. Decree No. 333 of the Prime Minister of October 10, 2000.
- Framework Law No. 104/92 for the assistance, social integration and rights of persons with disabilities (in line with modifications introduced by Laws No. 162 of 1968, No. 17 of 1999 and No. 53 of 2000).
- Law No. 62/00 on Regulations for Equality at School and Dispositions on the Right to Study and Learn.
- Framework Law No. 328/00 to implement the integrated system of social actions and services.
- Law No. 13/1989 on removing architectural barriers.
- Guidelines of the General Directorate for Development concerning women and minors, 1998.

ANNEX C: MAPPING OF ITALIAN COOPERATION PROJECTS THAT PROMOTE AND PROTECT THE RIGHTS OF PERSONS WITH DISABILITIES 2000-2008

Country	Title	Aid Number	Resolution	Project Cost (in €)	Financing MFA (in €)	NGO Co-financing (in €)	Decentralized Cooperation Co-financing (in €)	Local Partners Co-financing (in €)	Total by Country (in €)
ALBANIA	Recovery of hearing handicap in Albanian children	7137	07/05/2002	1,087,430	543,715	543,715	-	-	5,770,952
ALBANIA	Therapeutic Rehabilitation Centre	7968	08/10/2004	1,177,322	869,725	307,597	-	-	
ALBANIA	Early diagnosis and social integration of hearing impaired minors	8670	05/11/2007	1,163,068	803,888	208,580	-	150,600	
ALBANIA	Disabilities prevention, treatment and physiotherapeutic assistance in central and northern areas of Albania	8815	21/12/2007	1,330,277	829,966	187,211	-	313,100	
ALBANIA	Social and Educational Centre "Primavera", Tirana	8270	13/11/2006	1,012,855	532,511	289,321	-	191,023	
ANGOLA	Project aiming at the socioeconomic integration of disabled people	8003	10/03/2005	1,032,200	1,032,200	-	-	-	1,032,200
BOSNIA-HERZEGOVINA	Protection and reintegration of physically and mentally disabled minors	5766	24/06/2003	4,389,884	3,563,553	-	826,331	-	5,070,784
BOSNIA-HERZEGOVINA	Computer training for disabled people	7686	11/12/2002	680,900	476,400	-	-	204,500	
CAMEROON	Socioeconomic integration of disable children and adults in the Mayo Kanj division	8623	31/08/2007	1,658,014	878,179	233,550	-	546,285	1,658,014
CHINA	Pool of experts to analyze and design programs in favor of disabled people. Capacity building actions in the legislative sector to protect disabled people	8029 8215	18/06/2004 22/11/2005	1,300,000	1,100,000	-	-	200,000	2,267,871
CHINA	Pilot project for the training of educators for the inclusion of young disabled people in the labor market	8614	22/11/2007	967,871	502,631	139,800	-	325,440	

Country	Title	Aid Number	Resolution	Project Cost (in €)	Financing MFA (in €)	NGO Co-financing (in €)	Decentralized Cooperation Co-financing (in €)	Local Partners Co-financing (in €)	Total by Country (in €)
CUBA	Improvement of child education services and integration of mentally disabled people in the labor market	7020	29/07/2003	1,181,404.90	603,240	170,893	-	407,272	1,181,404.90
ECUADOR	Starting up of a network of social and rehabilitation services in the province of Esmeraldas	7552	24/06/2003	1,160,909	626,360	189,593	-	344,956	1,160,909
EL SALVADOR	Building of an experimental centre for inclusive education	8253	13/06/2005	1,709,480	1,709,480	-	-	-	1,709,480
ETHIOPIA	Support to physical rehabilitation services , region 1 Tigray,	7389	24/06/2003	1,024,851	735,159	142,474	-	147,218	2,433,681
ETHIOPIA	Strengthening of community based rehabilitation programs in Addis Ababa	8019	09/10/2006	1,408,830	724,990	203,840	-	480,000	
JORDAN	Improvement of disabled people's standards of living	7742	10/02/2003	370,096	370,096	-	-	-	4,725,659
JORDAN	Cooperation project with the Faculty of Rehabilitation Science of Jordan	6183	16/02/2006	4,355,563	3,557,163	-	-	798,400	
ITALY	Diversity as a resource	8362	20/12/2005	400,150	257,050	143,100	-	-	400,150
KENYA	Community Based Rehabilitation project for disabled children	6811	11/12/2000	332,981	46,481	286,500	-	-	332,981
KOSOVO	Social and Educational Centre for an independent life - PEJE/PEC	8272	16/02/2006	758,649	402,702	192,747	-	163,200	908,649
KOSOVO	Technical assistance for the writing down of the National plan of action on disability	9063	31/07/2008	150,000	150,000	-	-	-	

Country	Title	Aid Number	Resolution	Project Cost (in €)	Financing MFA (in €)	NGO Co-financing (in €)	Decentralized Cooperation Co-financing (in €)	Local Partners Co-financing (in €)	Total by Country (in €)
LEBANON	Socioeconomic integration of disable people and acknowledgement of equal opportunities	7632	13/10/2003	1,037,019	560,599	148,320	-	328,100	4,422,468
LEBANON	Emergency action for reconstruction – Ross phase I- support to the restarting and development of socio-educational services for the peoples of the villages of Srifa, Froun, Ghandurie	8479	16/11/2006	2,072,519	1,880,119	1,600	-	190,800	
LEBANON	Emergency action for reconstruction – Ross phase I- emergency mine action initiative and support to the relevant Lebanese institutions in order to tackle the post conflict situation in the southern areas of Lebanon	8479	16/11/2006						
LEBANON	Emergency action for reconstruction – Ross phase I- support to the institutes for orphan and disadvantaged children in Khiam, Nabatye and Jouaya.	8479	16/11/2006						
LEBANON	Emergency action for reconstruction – Ross phase I – Help to the disabled population and to minors affected by conflicts in the southern areas of Lebanon	8479	16/11/2006						
LEBANON	Emergency action for reconstruction – Ross phase II- strengthening of SDC's capacity to contribute to aid and promotion of community rebuilding in the southern areas of Lebanon	8746	23/10/2007	1,312,930	1,123,030	19,500	-	170,400	
LEBANON	Emergency action for reconstruction – Ross phase II- action aimed at improving the quality of public formal and informal education as well as community inclusion of vulnerable groups of children in 15 villages in the district of Tiro	8746	23/10/2007						
LEBANON	Emergency action for the rehabilitation and development of the most depressed areas in the country – Ross phase II – Community, social and healthcare development of West Bekaa through the	8746	23/10/2007						

	building of a centre in Masghara.								
Country	**Title**	**Aid No.**	**Resolution**	**Project Cost (in €)**	**Financing MFA (in €)**	**NGO Co-financing (in €)**	**Decentralized Cooperation Co-financing (in €)**	**Local Partners Co-financing (in €)**	**Total by Country (in €)**
LIBYA	Support to the organizational development of Bengasi rehabilitation centre	6783	25/11/2003	1,752,100	1,752,100	-	-	-	1,752,100
MONTENEGRO	Support to the integration of disabled people in society and in the labor market	7516	24/06/2003	1,593,157	814,448	233,478	-	545,231	1,593,157
MOROCCO	Program aimed at supporting the civil society and at promoting the National Initiative for Human Development (PASC-INDH)	8435	15/05/2006 13/11/2006	78,042	78,042	-	-	-	78,042
NON DIVISIBLE	Global Fund Partnership for Disability and Development	8944	12/05/2008	766,000	766,000	-	-	-	766,000
CENTRAL AFRICAN REPUBLIC	Improvement of standards of living of the physically disabled population of Bangui	6797	17/11/2000	958,867	547,947	132,971	-	277,949	958,867
SERBIA	Support to the deinstitutionalization of children, in particular of children with disabilities in the Republic of Serbia : strengthening of continuum of services at national and local level	9117	08/09/2008	990,000	990,000	-	-	-	2,271,000
SERBIA	Protection and improvement of institutionalized minors (Technical assistance)	8970	30/05/2008	105,000	105,000	-	-	-	
SERBIA	Decentralization of social services and development of policies for minors in Serbia	8814	28/02/2008	1,176,000	980,000	-	196,000	-	
SUDAN	Social rehabilitation assistance in the city of Omdurman	7976	25/10/2005	1,299,271	706,499	194,143	-	398,629	1,299,271

Country	Title	Aid No.	Resolution	Project Cost (in €)	Financing MFA (in €)	NGO Co-financing (in €)	Decentralized Cooperation Co-financing (in €)	Local Partners Co-financing (in €)	Total by Country (in €)
PALESTINIAN TERRITORIES	Promotion and Social integration of physically and mentally disabled people in the district of Hebron	7359	01/10/2002	1,624,251	842,824	246,594	-	534,833	6,467,626
PALESTINIAN TERRITORIES	The Palestinian communities of Bethlehem and Hebron support disabled people	8588	14/06/2007	802,711	572,070	117,121	-	113,520	
PALESTINIAN TERRITORIES	Support to the Bedouin population living in the districts of Bethlehem and Hebron	8820	28/02/2008	950,651	595,451	137,500	-	217,700	
PALESTINIAN TERRITORIES	Strengthening of the operational capacity of the Bethlehem Arab Society for Rehabilitation: building of a centre of excellence for rehabilitation medicine	6285	24/03/2000	2,373,123	1,194,420	277,390	-	901,313	
PALESTINIAN TERRITORIES	Improvement of social and educational resources in favor of the underage population of the city of Ula Beit , Hebron district	8556	14/06/2007	566,890	310,430	177,900	-	78,560	
PALESTINIAN TERRITORIES	Emergency action to support the Palestinian population living in the West Bank and east Jerusalem – Improvement of standards of living for disabled people in the Hebron and Bethlehem governorates	8583	30/05/2007	150,000	150,000	-	-	-	
TUNISIA	Support to the social integration of disabled people	7290	28/03/2006	1,883,050	1,803,970	-	-	79,080	1,897,050
TUNISIA	Writing down of bilateral technical cooperation programs 2008/2010	9085	18/08/2008	14,000	14,000	-	-	-	
VIETNAM	Rehabilitation of disable people through a community based rehabilitation approach	7720	14/06/2007	1,534,959	794,479	357,980	-	382,500	1,561,387
VIETNAM	Community based rehabilitation program	6588	20/04/2000 01/07/2003	26,428	26,428	-	-	-	

Country	Title	Aid Number	Resolution	Project Cost (in €)	Financing MFA (in €)	NGO Co-financing (in €)	Decentralized Cooperation Co-financing (in €)	Local Partners Co-financing (in €)	Total by Country (in €)
YEMEN	Enhancement of public services for physical rehabilitation and early diagnosis in Sana'a and Aden	6657	17/11/2000	1,421,752	759,526	207,729	-	454,497	1,421,752
ZAMBIA	KEEPING HOPE ALIVE	9151	14/10/2008	420,570	223,790	119,380	-	77,400	420,570
TOTAL				53,562,025	37,906,661	5,610,527	1,022,331	9,022,506	53,562,025

ANNEX D: TABLE OF PROJECTS IN THE FIELD OF DISABILITY 2000-2008: FUNDING AND CO-FUNDING BY COUNTRY

Table of Projects in the Field of Disability 2000-2008: Funding and Co-funding by Country					
COUNTRY	**MINISTRY OF FOREIGN AFFAIRS RESOLUTION FUNDS**	**NGO CO-FINANCING**	**DECENTRALISED COOPERATION CO-FINANCING**	**LOCAL PARTNERS CO-FINANCING**	**TOTAL FUNDS BY COUNTRY**
ALBANIA	3,579,805	1,536,424	-	654,723	5,770,952
ANGOLA	1,032,200	-	-	-	1,032,200
BOSNIA-HERZEGOVINA	4,039,953		826,331	204,500	5,070,784
CAMERUN	878,179	233,550	-	546,285	1,658,014
CHINA	1,602,631	139,800	-	525,440	2,267,871
CUBA	603,240	170,893	-	407,272	1,181,405
ECUADOR	626,360	189,593	-	344,956	1,160,909
EL SALVADOR	1,709,480	-	-	-	1,709,480
ETHIOPIA	1,460,149	346,314	-	627,218	2,433,681
JORDAN	3,927,259	-	-	798,400	4,725,659
ITALY	257,050	143,100	-	-	400,150
KENYA	46,481	286,500	-	-	332,981
KOSOVO	552,702	192,747	-	163,20/0	908,649
LEBANON	3,563,748	169,420	-	689,300	4,422,468
LIBYA	1,752,100	-	-	-	1,752,100
MONTENEGRO	814,448	233,478	-	545,231	1,593,157
MOROCCO	78,042	-	-	-	78,042
NON DIVISIBLE	766,000	-	-	-	766,000
CENTRAL AFRICAN REPUBLIC	547,947	132,971	-	277,949	958,867
SERBIA	2,075,000	-	196,000	-	2,271,000
SUDAN	706,499	194,143	-	398,629	1,299,271
TERRITORI PALESTINESI	3,665,195	956,505	-	1,845,926	6,467,626
TUNISIA	1,817,970	-	-	79,080	1,897,050
VIETNAM	820,907	357,980	-	382,500	1,561,387
YEMEN	759,526	207,729	-	454,497	1,421,752
ZAMBIA	223,790	119,380	-	77,400	420,570
TOTAL	**37,906,661**	**5,610,527**	**1,022,331**	**9,022,506**	**53,562,025**

ANNEX E: IMPLEMENTING AGENCIES AND LOCAL PARTNERS

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
ALBANIA	RECOVERY OF HEARING HANDICAP IN ALBANIAN CHILDREN	7137	NGO MAGIS	Emmanuel Community in Tirana Institute for DeafCchildren in Tirana			ORL Clinic of the University of Tirana
ALBANIA	THERAPEUTIC REHABILITATION CENTRE	7968	NGO DOKITA	Foundation Our Lady of Good Council (Fondazione Nostra Signora del Buon Consiglio, NSBC)			
ALBANIA	EARLY DIAGNOSIS AND SOCIAL INTEGRATION OF HEARING IMPAIRED MINORS	8670	NGO MAGIS	MAGIS Albania			
ALBANIA	DISABILITIES PREVENTION, TREATMENT AND PHYSIOTHERAPEUTIC ASSISTANCE IN CENTRAL AND NORTHERN AREAS OF ALBANIA	8815	NGO DOKITA	Foundation Our Lady of Good Council (Fondazione Nostra Signora del Buon Consiglio ,NSBC)			
ALBANIA	SOCIAL AND EDUCATIONAL CENTRE “PRIMAVERA”, TIRANA	8270	NGO CICa	Endrra pa Faj Association			
ANGOLA	PROJECT AIMING AT THE SOCIOECONOMIC INTEGRATION OF DISABLED PEOPLE	8003	DGCS			The Angolan Ministry of Assistance and Social Re-integration	
BOSNIA-HERZEGOVINA	PROTECTION AND REINTEGRATION OF PHYSICALLY AND MENTALLY DISABLED MINORS	5766	IMG Emilia-Romagna Region			- Federal Ministry of Education, Science, Culture and Sport, Ministry of Health and Ministry of Social Affairs (Federation of Bosnia and Herzegovina) - Ministry of Health, Ministry of Social Security and Ministry and Ministry of Education (Republic of Srpska)	University
CHINA	POOL OF EXPERTS TO ANALYZE AND DESIGN PROGRAMS IN FAVOR OF DISABLED PEOPLE - CAPACITY BUILDING ACTIONS IN THE LEGISLATIVE SECTOR TO PROTECT DISABLED PEOPLE	8029 8215	DGCS IMG		China’s Disabled People Federation (CDPF).	MOFCOM (Ministry of Commerce of the People’s Republic of China)	

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
CHINA	POOL OF EXPERTS TO ANALYZE AND DESIGN PROGRAMS IN FAVOR OF DISABLED PEOPLE - CAPACITY BUILDING ACTIONS IN THE LEGISLATIVE SECTOR TO PROTECT DISABLED PEOPLE	8029 8215	DGCS IMG		China's Disabled People Federation (CDPF).	MOFCOM (Ministry of Commerce of the People's Republic of China)	
CHINA	PILOT PROJECT FOR THE TRAINING OF EDUCATORS FOR THE INCLUSION OF YOUNG DISABLED PEOPLE IN THE LABOR MARKET	8614	NGO MONSERRATE		China's Disabled People Federation (CDPF).		
CUBA	IMPROVEMENT OF CHILD EDUCATION SERVICES AND INTEGRATION OF MENTALLY DISABLED PEOPLE IN THE LABOR MARKET	7020	NGO GVC	CELEP (Latin America Pre-School Education Reference Centre) CELAEE (Latin America Special Education Reference Centre)			
ECUADOR	STARTING UP OF A NETWORK OF SOCIAL AND REHABILITATION SERVICES IN THE PROVINCE OF ESMERALDAS	7552	NGO OVCI	The Pastoral Social Secretariat (Apostolic Vicariate of Esmeralda)			
EL SALVADOR	BUILDING OF AN EXPERIMENTAL CENTRE FOR INCLUSIVE EDUCATION	8253	DGCS	*National Secretariat for the Family* (SNF)		- Ministry of Education (M*INED)* - The National Council for Disabled People (CONAIPD)	
ETHIOPIA	SUPPORT TO PHYSICAL REHABILITATION SERVICES, REGION 1 TIGRAY	7389	NGO CUAMM	Ethiopian Red Cross Society		- Regional Health Bureau - Social Affairs Bureau - DPPB (Disaster Prevention and Preparedness Bureau)	
ETHIOPIA	STRENGTHENING OF COMMUNITY BASED REHABILITATION PROGRAMS IN ADDIS ABABA	8019	NGO CCM	CBRN (Community Based Rehabilitation Network)			
JORDAN	IMPROVEMENT OF DISABLED PEOPLE'S STANDARDS OF LIVING	7742	UNDP NGO AVSI	Al-Hussein Society for the Habilitation/Rehabilitation of the Physically Challenged (AHS)			

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
JORDAN	COOPERATION PROJECT WITH THE FACULTY OF REHABILITATION SCIENCE OF THE UNIVERSITY OF JORDAN	6183	DGCS - TOR VERGATA UNIVERSITY' - Rome with CMT (Consortium development of Tropical medicine) - "G. D'Annunzio " University - Chieti - Pescara				University of Jordan– Faculty of Rehabilitation Sciences
ITALY	DIVERSITY AS A RESOURCE	8362	NGO MAGIS				
KENYA	COMMUNITY BASED REHABILITATION PROJECT FOR DISABLED CHILDREN	6811	NGO CUAMM Medici con l'Africa (Doctors with Africa)	St. Martin Catholic Social Apostolate			
KOSOVO	SOCIAL AND EDUCATIONAL CENTRE FOR AN INDEPENDENT LIFE- PEJE/PEC	8272	NGO CICa	NGO "Qendra per Jete te Pavarur" (Q.J.P)		Municipalities of Pec/Peje	
KOSOVO	TECHNICAL ASSISTANCE FOR THE DESIGNING OF THE NATIONAL PLAN OF ACTION ON DISABILITY	9063	DGCS			Office of the Prime Minister /Office for Good Governance, Human Rights and Equal Opportunities (OGG)	
LEBANON	SOCIOECONOMIC INTEGRATION OF DISABLED PEOPLE AND ACKNOWLEDGEMENT OF EQUAL OPPORTUNITIES	7632	NGO CTM		(Lebanese Physical Handicapped Union)		
LEBANON EMERGENCY ACTION	ROSS PHASE I- SUPPORT TO THE RESTARTING AND DEVELOPMENT OF SOCIO-EDUCATIONAL SERVICES FOR THE PEOPLES OF THE VILLAGES OF SRIFA, FROUN, GHANDURIE	8479	NGO GVC	DPNA, Development for People and Nature Association		Municipality of Srifa	
LEBANON EMERGENCY ACTION	ROSS PHASE I- EMERGENCY MINE ACTION INITIATIVE AND SUPPORT TO THE RELEVANT LEBANESE INSTITUTIONS IN ORDER TO TACKLE THE POST CONFLICT SITUATION IN THE SOUTHERN AREAS OF LEBANON	8479	NGO INTERSOS			Ministry of Social Affairs NDO (National Demining Office)	

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
LEBANON EMERGENCY ACTION	ROSS PHASE I-SUPPORT TO THE INSTITUTES FOR ORPHAN AND DISADVANTAGED CHILDREN IN KHIAM, NABATYE, MAAROUB AND JOUAYA	8479	NGO RESEARCH AND COOPERATION	Al Mabarrat Foundation			
LEBANON EMERGENCY ACTION	ROSS PHASE I- HELP TO THE DISABLED POPULATION AND TO MINORS AFFECTED BY CONFLICTS IN THE SOUTHERN AREAS OF LEBANON	8479	NGO CTM	Philanthropic Association for Disabled Care (PADC)	Lebanese Physical Handicapped Union (LPHU)	Municipalities of Nabatieh and Bent Jbeil.	
LEBANON EMERGENCY ACTION	ROSS PHASE II- STRENGTHENING OF SDC'S CAPACITY TO CONTRIBUTE TO AID AND PROMOTION OF COMMUNITY RECONSTRUCTION IN THE SOUTHERN AREAS OF LEBANON	8746	NGO INTERSOS				
LEBANON EMERGENCY ACTION	ROSS PHASE II – ACTION AIMED AT IMPROVING THE QUALITY OF PUBLIC FORMAL AND INFORMAL EDUCATION AS WELL AS COMMUNITY INCLUSION OF VULNERABLE GROUPS OF CHILDREN IN 15 VILLAGES IN THE DISTRICT OF TIRO	8746	NGO TERRE DES HOMMES				
LEBANON EMERGENCY ACTION	REHABILITATION AND DEVELOPMENT OF THE MOST DEPRESSED AREAS IN THE COUNTRY- ROSS PHASE II- COMMUNITY, SOCIAL AND HEALTHCARE DEVELOPMENT WEST BEKAA THROUGH THE BUILDING OF A ENTRE IN MASGHARA	8746	NGO CTM			Municipality of Masghara	
LIBYA	SUPPORT TO THE ORGANIZATIONAL DEVELOPMENT OF BENGASI REHABILITATION CENTRE	6783	DGCS ISS(Istituto Superiore di Sanità)	Bengasi Rehabilitation Centre			
MONTENEGRO	SUPPORT TO THE INTEGRATION OF DISABLED PEOPLE IN SOCIETY AND IN THE LABOR MARKET	7516	NGO COSV		Montenegrin Paraplegics Association		
MOROCCO	ROGRAM AIMED AT SUPPORTING THE CIVIL SOCIETY AND HELPING THE NATIONAL INITIATIVE FOR HUMAN DEVELOPMENT	8435	UNDP NGO CICSENE				

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
NON DIVISIBLE	GLOBAL FUND PARTNERSHIP FOR DISABILITY AND DEVELOPMENT	8944	International Bank for Reconstruction and Development (IBRD) – World Bank				
CENTRAL AFRICAN REPUBLIC	IMPROVEMENT OF STANDARDS OF LIVING OF THE PHYSICALLY DISABLED POPULATION OF BANGUI	6797	NGO COOPI	Bangui Archdioceses		Bangui Rehabilitation Centre for Physically Persons with disabilities	
SERBIA	SUPPORT TO THE DEINSTITUTIONALIZATION OF CHILDREN, IN PARTICULAR OF CHILDREN WITH DISABILITIES IN THE REPUBLIC OF SERBIA: STRENGTHENING OF CONTINUUM OF SERVICES AT NATIONAL AND LOCAL LEVEL	9117	UNICEF			- Ministry of Labor and Social Policy - Ministry of Education - Ministry of Health - Ministry of State Administration and Local Self-Government - Permanent Conference of Cities and Municipalities - Centers for Social Work (CSW)	
SERBIA	PROTECTION AND IMPROVEMENT OF INSTITUTIONALIZED MINORS	8970	DGCS			Serbian Ministry of Labor and social policy	
SERBIA	DECENTRALIZATION OF SOCIAL SERVICES AND DEVELOPMENT OF POLICIES FOR MINORS IN SERBIA	8814	DGCS - Emilia Romagna and Friuli Venezia Giulia Regions			Serbian Ministry of Labor and Social Affairs Municipality of Novi Sad, Municipality of Kragujevac, Municipality of Loznica	
SUDAN	SOCIAL REHABILITATION ASSISTANCE IN THE CITY OF OMDURMAN	7976	NGO OVCI	Usratuna Sudanese Association for Disabled Children			
PALESTINIAN TERRITORIES	PROMOTION AND SOCIAL INTEGRATION OF PHYSICALLY AND MENTALLY DISABLED PEOPLE IN THE DISTRICT OF HEBRON	7359	NGO GVC	Palestinian Red Crescent Society			

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
PALESTINIAN TERRITORIES	THE PALESTINIAN COMMUNITIES OF BETHLEHEM AND HEBRON SUPPORT DISABLED PEOPLE	8588	NGO AISPO	ONG QUADER for Community Development of Bethlehem			
PALESTINIAN TERRITORIES	SUPPORT TO THE BEDOUIN POPULATION LIVING IN THE DISTRICTS OF BETHLEHEM AND HEBRON	8820	NGO DI-SVI	Dal EL Shifaa Medical Welfare Society			
PALESTINIAN TERRITORIES	STRENGTHENING OF THE OPERATIONAL CAPACITY OF THE BETHLEHEM ARAB SOCIETY FOR REHABILITATION: BUILDING OF A CENTRE OF EXCELLENCE FOR REHABILITATION MEDICINE	6285	NGO AISPO	BASR – Bethlehem Arab Society for Rehabilitation		Ministry of Health of Palestinian Authority	
PALESTINIAN TERRITORIES	IMPROVEMENT OF SOCIAL AND EDUCATIONAL RESOURCES IN FAVOR OF THE UNDERAGE POPULATION OF THE CITY OF ULA BEIT , HEBRON DISTRICT	8556	NGO TERRE DES HOMMES	Beit Ula Cultural Center			
PALESTINIAN TERRITORIES	EMERGENCY ACTION TO SUPPORT THE PALESTINIAN POPULATION LIVING IN THE WEST BANK AND EAST JERUSALEM – IMPROVEMENT OF STANDARDS OF LIVING FOR DISABLED PEOPLE HEBRON BETHLEHEM GOVERNORATES	8583	NGO AISPO	Committee Community Based Rehabilitation in the North Central and South Regions			
PALESTINIAN TERRITORIES	IMPROVEMENT OF SOCIAL AND EDUCATIONAL RESOURCES IN FAVOR OF THE UNDERAGE POPULATION OF THE CITY OF ULA BEIT , HEBRON DISTRICT	8556	NGO TERRE DES HOMMES	Beit Ula Cultural Center			
PALESTINIAN TERRITORIES	EMERGENCY ACTION TO SUPPORT THE PALESTINIAN POPULATION LIVING IN THE WEST BANK AND EAST JERUSALEM – IMPROVEMENT OF STANDARDS OF LIVING FOR DISABLED PEOPLE HEBRON BETHLEHEM GOVERNORATES	8583	NGO AISPO	Committee Community Based Rehabilitation in the North Central and South Regions			
TUNISIA	SUPPORT TO THE SOCIAL INTEGRATION OF DISABLED PEOPLE	7290	FGCS - Tunisian Government	URAV (Union Régionale des Aveugles) di Gafsa IPH (Institute for the Promotion of Handicapped People)		Ministry of Social Affairs, Solidarity and Tunisians Abroad (MASSTE) Regional Directorates for Social Affairs	

Country	Title	Aid No.	Implementing agency	Local partners			
				NGOs, associations and foundations, and other private institutions	Persons with disabilities, associations, organizations and federations	Governmental institutions, local government and municipality	Universities
TUNISIA	WRITING DOWN OF BILATERAL TECHNICAL COOPERATION PROGRAMS 2008/2010	9085	DGCS				
VIETNAM	COMMUNITY BASED REHABILITATION PROGRAM	6588	NGO AIFO	NGO Vietnam Rehabilitation Association VINAREHA			
YEMEN	ENHANCEMENT OF PUBLIC SERVICES FOR PHYSICAL REHABILITATION AND EARLY DIAGNOSIS IN SANA'A AND ADEN	6657	NGO MOVIMONDO			Disabilities Department of the Ministry of Health	
ZAMBIA	KEEPING HOPE ALIVE	9151	NGO AFRICA CALL	Zambian NGO Africa call			

BIBLIOGRAPHY

Bhanushali, Kishor. 2007. *Changing Face of Disability Movement: From Charity to Empowerment*, Ahmedabad: ICFAI Business School.

Braithwaite, Jeanine and Daniel Mont. 2008. *Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications*. World Bank SP Discussion Paper No. 0805. February. Washington, DC: World Bank.

Carazzone, Carola. 2006. *Operationalizing a Human-Rights Based Approach to the Communication of the Perinatal Diagnosis of Disability: Lessons Learned from a Research Carried out in Piedmont, Italy***.** CEPIM-Centro Persone Down Torino e Fondazione Paideia.

Council of Europe. 2003. "Equal Opportunities for People with Disability: a European Action Plan (2004-2010)". Council of Europe, Brussels. http://europa.eu/legislation_summaries/employment_and_social_policy/disability-and_old_age/c11414_it.htm

DCP2 (Disease Control Priorities Project). 2008. "Controlling Birth Defects: Reducing the Hidden Toll of Dying and Disabled Children in Low Income Countries". December. http://www.dcp2.org/file/230/dcpptwpcongenitaldefects_web.pdf

Despouy, L. 1993. *Human Rights and Disabled Persons*, Human Rights Study Series No. 6. New York: United Nations.

DGCS (General Directorate for Development Cooperation). 2002. *Linee Guida della Cooperazione Italiana sulla Tematica dell'Handicap* (Italian Cooperation Guidelines on Disability). Rome: General Directorate for Development Cooperation.

_____. 2004. *Guidelines of the Italian Cooperation on Children and Adolescents Issues*. Rome: General Directorate for Development Cooperation. http://www.cooperazioneallosviluppo.esteri.it

_____. 2008. *The Italian Cooperation for 2009-2011. Guidelines and Program Objectives.* DIPCO 45/2008. Rome: General Directorate for Development Cooperation. http://www.cooperazioneallosviluppo.esteri.it

ECOSOC (United Nations Economic and Social Council). 2007. "Mainstreaming Disability in the Development Agenda". Note by the Secretariat. Commission for Social Development 46th Session, February 6-15. United Nations, New York.

European Commission. 2003. "Equal Opportunities for Persons with Disabilities: a European Plan of Action". Communication of the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Regions Committee. October 30. Brussels.

_____. 2004. "EU Guidance Note on Disability and Development for EU Delegations and Services". Brussels.

Filmer, D. 2008. "Disability, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys". *The World Bank Economic Review*, 22 (1): 141–163. Washington, DC: World Bank.

Miller, Carol and Bill Albert. 2005. *Mainstreaming Disability in Development: Lessons from Gender Mainstreaming*. Disability KaR (Knowledge and Research). March.

Sen, Amartya. 2000. *Development as Freedom.* New York: Knopf.

UNICEF (United Nations Children's Fund). 2005. *Violence against Disabled Children Report for the UN Secretary General's Report on Violence against Children*. New York: UNICEF. http://www.unicef.org/...pdf

United Nations. 2009. "Social Development Including Questions Relating to the World Social Situation and the Youth, Ageing, Disabled Persons and the Family". Document prepared for the 64th session, item 63 of provisional agenda. United Nations, New York.

UNDESA. 2009. UN Expert Group Meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All, April 14-16. Background Note.

UNDP (United Nations Development Program). 2000. *Human Rights and Human Development*. UNDP Human Development Report. New York: United Nations.

WHO (World Health Organization). 1981. *Disability Prevention and Rehabilitation*. Report of the WHO Expert Committee on Disability Prevention and Rehabilitation. Technical Report Series, 668P:10. Geneva: WHO.

_____. 2005. "Disability, Including Prevention, Management and Rehabilitation". World Health Assembly Resolution 58.23. May 25. http://apps.who.int/gb/ebwha/pdf_files/WHA58/WHA58_23-en.pdf

_____. 2009. *Violence Prevention: the Evidence*. September. Geneva: WHO and Liverpool John Moores University.

WHO (World Health Organization), ILO (International Labour Organization), and UNESCO (United Nations Educational, Scientific and Cultural Organization). 1994. *Community-Based Rehabilitation (CBR) for and with People with Disabilities*. Joint Position Paper. Geneva: WHO.

World Bank. 2007. *Social Analysis and Disability: A Guidance Note*. Washington, DC: World Bank.