

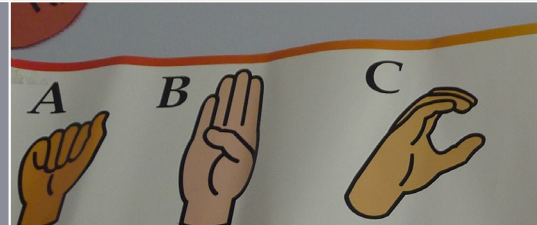


# Mainstreaming disability in the new development paradigm

## Evaluation of Norwegian support to promote the rights of persons with disabilities

Malawi country report

Report 1/2012 Study



**Norad**

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**Malawi country report**

**February 2012**

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**Disclaimer:**

The report is the product of its authors, and responsibility for the accuracy of data included in this report rests with the authors. The findings, interpretations and conclusions presented in this report do not necessarily reflect the views of Norad Evaluation Department

**Note on layout and language**

The layout of the document has tried to conform to guidelines for accessibility and ease of reading, which require Arial font and left (not full) justification of the text.

The report has also tried to avoid unnecessary use of acronyms and abbreviations.

An easy-read version of the final synthesis of the Evaluation report Mainstreaming disability in the new development paradigm, and a chichewa translation of the summary of the Malawi report, will be made available on [www.norad.no](http://www.norad.no).

## Preface

During the last decade the approach to disability has changed from a medical approach to a social and a human rights-based approach where focus is on removing barriers in society.

Norway has been among the driving forces establishing a framework for including and mainstreaming disability in development cooperation. How has Norwegian support to the promotion of the rights of persons with disability in the last decade been reflecting this?

The purpose of the evaluation was twofold: to document and assess the results of the Norwegian support in the last decade, and to assess the adequacy of the current 2002 Guidelines for the future, with special reference to the Convention on the Rights of Persons with Disabilities.

The evaluation offers an overview of Norwegian support to promote the rights of persons with disabilities. Between 2000 and 2010 the total funding *targeting* persons with disabilities was 1,4 billion Norwegian kroner (USD240 million). In addition to the targeted support, the report identifies a few general programs in which disability aspects have been *mainstreamed*. These projects had a total budget of 1, 6 billion Norwegian kroner of which only a small part (less than 1%) went to facilitating the inclusion of persons with disabilities.

The documentation and analysis of Norwegian support in the four case countries Malawi, Nepal, the Palestinian territory and Uganda, and the desk study of the support to Afghanistan, argue for a two-track approach, utilizing gender mainstreaming as a model. Targeted initiatives give short term results and empower the rights-holders. Mainstreamed initiatives may take more effort and time, but - when successful – capacitate the governments (duty-bearers) in providing long term and sustainable results by removing barriers for inclusion and universal access.

The research team systematically analyzed the Norwegian funded projects in light of a human rights-based theory of change, relying on the assumptions that projects need to empower persons with disabilities and their organizations, as well as build the capacity and demand accountability of the duty-bearers to take their responsibility for fulfilling the rights of persons with disabilities as stipulated in international conventions and national laws. Ensuring that research, statistics and knowledge are fed into the programming is also a key dimension of this theory of

change. The evaluation found that very few stakeholders applied a human rights-based theory of change, but rather focused on service provision which the team suggests is more likely to address immediate needs rather than creating sustainable changes.

The main synthesis report is available electronically and in printed version. A braille copy can be downloaded from the web. The four country reports, written in English, are available electronically. As part of Norads efforts of ensuring universal access, the summaries of the country studies are made available electronically, with translations to the relevant local languages Nepali, Arabic and Chewa. In addition an easy-read version in English and Norwegian of the main report is available electronically. In the oral presentations, sign language interpretations were facilitated for the hearing impaired and the deaf.

Nordic Consulting Group, in cooperation with researchers from the countries involved, carried out the evaluation and is responsible for the contents of the report, including its findings, conclusions and recommendations.

Oslo, February 2012

A handwritten signature in black ink, appearing to read 'Marie Gaarder', written in a cursive style.

Marie Gaarder  
Director of Evaluation

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## List of abbreviations (mentioned more than once)

ARI	African Rehabilitation Institute
CBM	Christoffel Blinden Mission
CBR	Community Based Rehabilitation
CHAM	Christian Health Association of Malawi
CRPD	Convention on the Rights of Person with Disabilities
CRC	Convention on the Rights of the Child
CSO	Civil Society Organizations
CSR	Centre for Social Research
DCP	Democracy Consolidation Program
DF	Development Fund
DPO	Disabled People's Organisation
EU	European Union
FEDOMA	Federation of Disabled People's Organisations in Malawi
GCN	Gender Coordination Network
GoM	Government of Malawi
ICF	International Classification of Functioning
IHS	Integrated Household Survey
ILO	International Labour Organization
IMF	International Monetary Fund
MACOHA	Malawi Council for the Handicapped
MANAD	Malawi National Association of the Deaf
MFA	Ministry of Foreign Affairs, Norway
MDG	Millennium Development Goals
MHRC	Malawi Human Rights Commission
MoE	Ministry of Education
MoH	Ministry of Health
MPwDE	Ministry of Persons with Disability and the Elderly
MUB	Malawi Union of the Blind
NAD	Norwegian Association of Disabled
NABP	Norwegian Association of the Blind and Partially Sighted
NASFAM	National Association of Smallholder Farmers of Malawi
NCA	Norwegian Church Aid
NFU	Norwegian Association for Developmental Disabilities
NGO	Non-Governmental Organisation
Norad	Norwegian Agency for Development Cooperation
NPEOPWD	National Policy on Equalisation of Opportunities for Persons with Disabilities
NSO	National Statistical Office

ODW	Operation Day's Work
PODCAM	Parents of Disabled Children Association of Malawi
SNE	Special Needs Education
TB	Tuberculosis
ToR	Terms of Reference
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
VIHEMA	Organization of Visual and Hearing Impaired of Malawi
WHO	World Health Organization

# Executive Summary



## Executive summary

This field visit report on Malawi forms part of the Evaluation of the Norwegian Support to Promote the Rights of Persons with Disabilities for the period 2000 to 2010. Malawi is one of four case countries along with Uganda, Nepal and the Palestinian Territory.

### KEY FINDING

The Norwegian support to the government and the Disabled Peoples Organisations in Malawi albeit less than 3% of the total aid, has contributed to noticeable improvements for persons with disabilities in the country. Via this support the government has been able to improve its health services, especially in the rural areas. Via the Community Based Rehabilitation programs a network of support services have been established within the local communities. The support to the Federation of Disability Organizations of Malawi has given it a strong standing in the civil society and brought disability on the doorsteps of the duty bearers. Among the UN development partners, disability was not found to be on their current agenda.

### The context

Malawi's economy is largely agro-based and significantly dependent on development aid and budgetary support from a number of institutions such as the International Monetary Fund, the World Bank and individual donors like the United States of America, Britain, Germany, Norway, Japan and the Republic of China.

In 1971, through an Act of Parliament the government instituted a para-statal, Malawi Council for the Handicapped (MACOHA), to deal with disability issues on its behalf. The 1994 Constitution of Malawi explicitly and implicitly recognised the rights of persons with disability; Section 30 specifically talks about supporting persons with disabilities through:

- Greater access to public places
- Fair opportunities in employment
- The fullest possible participation in all spheres of Malawian society.

Malawi ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2009. However, there is lack of reliable statistics on the nature and prevalence of disability in Malawi. In the 2008 Malawi Population and Housing Census the disability population was recorded at 4%. This seems to be a rather low estimate taking into consideration the country's poverty rates and

the global estimates of 15% of the world's population having some kind of disability.

Currently, the disability movement is organised under the leadership of the Federation of Disability Organisations of Malawi (FEDOMA) with eight affiliates, representing the major disability groups, males, females and youth. Its overall responsibility is to provide a unified voice for all persons with disabilities through lobbying and advocating towards an inclusive Malawi. Persons with disabilities have over the years been involved and have influenced various activities and processes towards disability inclusiveness with various measures of success.

### **Norwegian support**

Between 2000 and 2010 the funding for projects specifically targeting persons with disabilities has been 60 million Norwegian Kroner (NOK), which equals around 10 million USD. Most of this funding went to partners of the Atlas Alliance and its affiliates (78%). Some funding was also directed to eye health hospitals, orthopaedic services, education of deafblind children, research, as well as personnel exchange via the Norwegian Fredskorpset.

The funding provided to projects that had mainstreamed disability amounted to around 190 MNOK (ca. 33 million USD). The biggest initiative was support to the Ministry of Health (68%) via Norwegian Church Aid for building accessible health infrastructure. Other important recipients were the Ministry of Agriculture towards food security and rural livelihoods and human rights monitoring of the Human Rights Commission, via UNDP.

### **Results**

Most of the targeted initiatives have focussed at improving the capacity of Disabled Peoples Organisations. This support has resulted in organisations being able to work more rights based, to perform more effective advocacy and to prepare persons with disabilities for active self-representation at various levels. Even though issues of sustainability of Disabled Peoples Organisations may be a long way off, a major result of the Norwegian assistance is that of visibility of disability organisations at national level. One of the significant advocacy gains of the disability movement was the formulation of the Disability Policy in 2006.

The Community Based Rehabilitation program has achieved substantial results in terms of persons with disabilities being able to access their right to education, health, work and adequate standard of living. This has been achieved through utilisation of available resources within the decentralised governing structures in Malawi. Mainstreaming of disability in general development programs and services has shown relatively good progress in the districts where the CBR program is implemented, as compared to other districts.

The research on the living conditions for persons with disability conducted by SINTEF in 2004 via the Norwegian Association of Disabled has established a knowledge base on disability in the country, although the full potentials of the research has not yet been used.

The results of the eye health initiatives are reported in terms of improved access to cataract operations, provision of eye glasses and other eye health services. Results from the mainstream initiatives are hard to determine as disaggregated information is not specifically reported. However, the Human Rights Commission has been very supportive in promoting the rights of persons with disabilities as part of its agenda, and has taken upon itself to be in charge of the country's reporting on the implementation of the CRPD.

### **Challenges**

Despite some good achievements, the capacity of the Disabled Peoples Organisations in Malawi is highly compromised with inadequacies in leadership skills, poor representation especially at community and district levels and a piecemeal approach towards capacity building for self-advocacy. The imbalance in funding opportunities between different disability groups has in some cases resulted in marginalised groups failing to be heard, especially the deaf and hearing impaired.

Disability is still not understood as a human rights issue or a key issue for achieving the Millennium Development Goals. Most general development programs have still to include a disability dimension. Especially UN agencies are lagging behind, despite the UN Guidance Note to the CRPD issued in 2010.

### **Opportunities and recommendations**

Despite the bleak picture, this study does see good opportunities for improvements. Many of the NGOs were found to be ready to include persons with disabilities in their target groups; The Norwegian Development Fund could target male and female farmers with disabilities in their work, and make this an explicit part in a potential new Strategic Partnership with the Embassy, UN Food and Agriculture Organization and National Association of Small Farmers. Similar interest and commitment towards mainstreaming disability were found among Norwegian Church Aid and its partners in the Health sector. Save the Children and Plan Uganda need to step up their focus on children with disabilities in order to work truly in a human rights-based way.

### **Recommendations for Norway:**

1. Recognise disability as a key human rights issue on line with the rights of women, children, sexual minorities etc.
2. As a key donor in the sectors of agriculture and health, Norway can lift disability issues in the dialogue when signing new contracts with bilateral, multi-lateral and other partners.
3. When agreements are made, Norway could stress the importance of disaggregated indicators for disability to make monitoring of results possible. Questions of results for persons with disabilities need to be included in evaluations and field visits to partners.
4. The UN supported Democracy Consolidation Program, which is working towards empowering vulnerable groups and enabling them to claim their rights to development, could become more relevant and effective for persons with disabilities if linked to the Community Based Rehabilitation program.

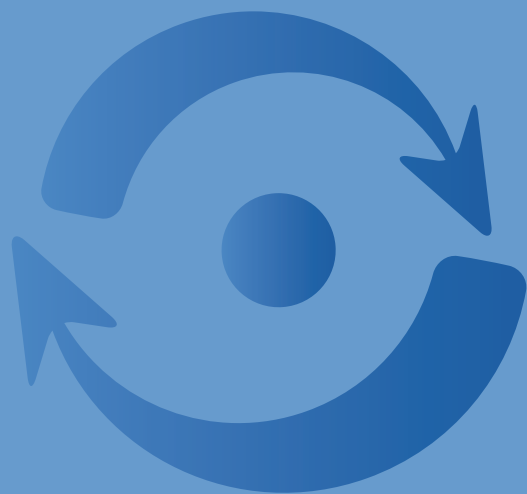
The same with the United Nations Children Funds educational, health and social cash transfer programs.

5. Support disability surveys (via the National Statistical Office), studies and monitoring processes to improve the quality of government and alternative reporting, especially since Malawi is due to report on the CRPD in 2012.

**Recommendations for Malawi partners:**

1. Effective Dissemination of Disability Information: there is need to disseminate documents such as the Disability Bill, the National Policy, the draft National Plan of Action and comprehensive representative surveys such as SINTEF's study on the Living Condition for People with Activity Limitations in Malawi.
2. Capacity Building of DPOs: There is need to build capacity levels of DPOs in the areas of self-representation, policy analysis, budgeting and budget tracking, monitoring and evaluation but also the establishment of more DPO branches as well as strengthening existing branches at district and community levels across the country.
3. Disability focal Persons in the Sector Ministries: In order to effectively mainstream disability there is need for desk persons to be appointed in all the sector ministries and the government department including the Norwegian Embassy.
4. The Roles of Government: There is need to provide clearer roles and responsibilities between the Government and its disability wing MACOHA.
5. Common Understanding of Concepts: DPOs, policy makers, planners and other stakeholders to develop common understanding of the meaning and application of basic concepts, namely, mainstreaming, inclusion, participation, non-discrimination, marginalization, human rights, and integration.
6. Follow up survey on Living Conditions of PWDs conducted in 2003 is needed.
7. Monitoring and Evaluation: The DPOs need to be involved in monitoring and evaluating sectoral (government) programs and services.
8. Affirmative Action: of the 53 government agencies persons with disabilities are only represented on three boards. The NGOs need to advocate for affirmative action to reserve seats for persons with disabilities on governance structures, parastatals, schools, as well as on Parliamentary Committees for education, health, infrastructure development, disability and employment.
9. Support for Sign Language: There is need for the CBR program to consider supporting special sign language medium classes for deaf children in collaboration with education authorities and the Malawi National Association of the Deaf (MANAD).

# Main Report





# 1. Introduction

## 1.1 Background

During the last decade the international development regarding the rights of persons with disabilities has undergone substantial changes. With the UN Convention on the Rights of Persons with Disabilities (hereafter: the Convention) these rights have been given a solid international basis and framework. Having signed the Convention, but still in the process of preparing for ratification, Norway was a pioneer in establishing a framework and guidelines for including and mainstreaming disability in development cooperation.<sup>1</sup> On this background Norad's Evaluation Department initiated the current Evaluation to take a critical look at the results of the Norwegian support to promote the rights of persons with disabilities in the last decade. The Evaluation is also asked to assess the suitability of the current framework and guidelines for securing these rights within the new international context.

This field visit report on Malawi forms part of the *Evaluation<sup>2</sup> of the Norwegian Support to Promote the Rights of Persons with Disabilities*. It presents findings from an assessment of the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade (2000-2010) and it looks at how and to what extent the support to persons with disabilities has been mainstreamed.

## 1.2 Purpose

According to the Terms of Reference, the purpose of the evaluation is twofold:

- Document and assess the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade. The evaluation should include, but not be limited to an assessment of the extent to which the support to persons with disabilities has been mainstreamed and the special merits of such an approach within the cooperation.
- On the basis of the plan and guidelines from 2002, considering the recent developments on the international scene, with special reference to the Convention (and Art. 32), propose guidelines appropriate to meet the challenges for Norway related to the support and promotion of the rights of persons with disabilities.

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<sup>1</sup> The *Norad Plan of Action for the Inclusion of Disability in Norwegian Development Cooperation* was discussed by the Norad Direction in October 2000 and the practical guidelines were adopted in January 2002.

<sup>2</sup> Hereafter referred to as "the Evaluation."

### 1.3 Definitions

The need to define disability in order to delimit the evaluation cannot be overemphasised. The CRPD defines persons with disabilities as “persons with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Disability is therefore a relative definition which varies according to context and has been defined in each country.

For the purpose of this evaluation:

- HIV/Aids and TB are not considered a disability in most partner countries and therefore initiatives targeting persons living with HIV/TB have not been included.
- initiatives focussing on prevention of disability have not been included as the persons targeted do not yet have a disability (e.g. mine clearance, vaccination campaigns, health education campaigns)

However:

- corrective surgery has been included (e.g. operations to improve mobility, eye sight, gender-based violence etc.) as well as programs providing medication to persons with disabilities (e.g. epilepsy, mental health etc.) when this is part of a more comprehensive rehabilitation and empowerment program

It has also been observed that children and adults with intellectual/cognitive disabilities and mental health problems are the last to be included in programs. To reach children learning at an early stage is of utmost importance for their inclusion and development of coping mechanisms. In this evaluation we specifically try and look at possible discrimination of certain groups of persons with disabilities in the projects and programs studied.

For classification of the **different types of disabilities**, the Washington Group classifications have been used as a point of departure. The Washington Group is a UN City Group commissioned to improve the quality and international comparability of disability measurement in censuses and surveys. Following that mandate, the WG has recently developed, tested, and adopted a short set of questions on disability primarily for use in national censuses and has embarked upon the task of developing extended measures of disability intended for use in surveys and survey modules.<sup>3</sup> Since the classification made by the Washington Group is primarily meant for measurements in population and health surveys it was not completely relevant for our purposes. Instead we used the more traditional classifications that have formed the basis for self-organisation among person with disabilities.

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<sup>3</sup> <http://unstats.un.org/unsd/methods/citygroup/washington.htm>

### Definition of types of initiatives

Addressing the rights of persons with disabilities, just like gender equality, requires both separate, targeted measures as well as measures of inclusion in general programs. When analysing the types of initiatives in this evaluation we have used the following categorisation and definitions:

1. **Targeted projects/programs**, which focus on directly on improving the conditions of persons with disabilities. These initiatives have as their main aim to support service provision, empowerment, organizational capacity development, advocacy or other measures to promote the rights of persons with disabilities.
2. **Mainstreamed projects/programs**, where persons with disabilities are included in a wider program targeting a sector, issue or geographical area. “Mainstreamed initiatives” may have other main aims, but include persons with disabilities as part of their agenda.<sup>4</sup> This evaluation considers that mainstreaming of disability has taken place when two main criteria are fulfilled:
  - a. explicit measures to include persons with disabilities and or to remove the barrier(s) that prevent them from taking part must be mentioned in the planning document and/or a budget linked to these measures; and
  - b. progress, annual or end report(s) must include specific information on results (output, outcomes, impact) for persons with disabilities.
3. **Partly mainstreamed<sup>5</sup> projects** which do not fulfil the criteria under point 2 above but still were found to have recognisable, separate components targeting persons with disabilities.

For definitions of other concepts such as empowerment, counselling, inclusive education, Community-Based Rehabilitation etc., we refer to the main Evaluation report.

## 1.4 Methodology

Malawi was one of the countries pre-selected by Norad’s Evaluation Department along with the Palestinian Territory and Uganda to be studied. In the Inception phase Nepal was also included as a case country and Afghanistan as a case for desk studies.

The evaluation was meant to cover the Norwegian support to promote the rights of persons with disabilities through different channels, modalities and partners covering the period 2000 to 2010 with in-depth studies of the support to both targeted and mainstreaming approaches and special interest in advocacy and capacity building initiatives. The human rights based approach is central in this evaluation.

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<sup>4</sup> <http://www.make-development-inclusive.org/>

<sup>5</sup> The term «partly mainstreamed» was developed by the evaluation team for the purpose of capturing initiatives that otherwise would have been left out from the database.

## Sample

A sample of programs and projects were analysed to determine if and how they had addressed the rights of persons with disabilities, how the extending, agreement and implementing partners viewed the present Norwegian policy direction in relation to disability and their awareness and importance of the issue. The starting point was a list of projects generated by Norad's Statistical Department, in which projects until 2008 could be ticked off with a "disability marker" and for the years 2009 and 2010 by word search related to disability. The original disability list for Malawi included 76 disbursements, mainly projects related to the Atlas Alliance and Norwegian NGOs with funds from Norad, and a substantial number of Fredskorpset exchange programs which were listed as related to disability. All the projects were analysed and those that were indeed disability related were included in the sample, and those projects found to be neither targeting nor mainstreaming disability were removed from the list.

Since the purpose of the evaluation was also to assess the inclusion/mainstreaming of disability in the overall Norwegian development cooperation, the evaluation team accessed country statistics of the total Norwegian support (to Malawi) for the last 11 years 2000-2010, and categorised the agreement partners according to category and size. Then 1-5 agreement partners within each of the categories were selected based on the scale of funding received. These categories were Government, Multilateral institutions, Norwegian NGOs, Local NGOs, International NGOs and Other donors.

To ensure that the evaluation covered all the sectors when assessing the extent of mainstreaming, the various Norwegian funded DAC sectors were analysed. In the case of Malawi the sectors of health, budget support, agriculture, government and civil society were the largest sectors that we decided to cover.

In addition to the scale of funding, the evaluation team tried to identify partners with programs in education and humanitarian assistance due to the specific requests on these issues in the Terms of Reference; but for Malawi, Norway has not funded projects of substance in these fields. However, globally Norway funds UNICEF's Education for All and inclusive schools and thus UNICEF was included in the sample of partners visited.

Based on the above results of the analysis as well as discussions and inputs from the Norwegian Embassy, we were able to identify additional contracts handled by the Embassy that were added to the original list of projects marked by "disability". The complete list of projects reviewed either via desk studies, visits, or interviews is attached in Annex 2.

Supplementary interviews with the biggest Norwegian NGOs were carried out in Norway (Atlas Alliance, Norwegian Church Aid, Plan Norway, Development Fund) after the field work was completed. During the field visit in Malawi we had included the biggest local implementing partners of these Norwegian NGOs. For a list of people interviewed, see Annex 3.

## **Data collection**

The data was collected through a number of methods including:

- Review of relevant literature and project documents such as country strategies, thematic/sector strategies, agreements, annual reports, seminar and training reports, evaluation reports, baseline survey reports, special activity reports, project agreement documents, memoranda of understanding, etc.
- Discussions with extending and agreement partners, project beneficiaries, specialists/expert opinion, etc.
- Visits to some projects such as the FEDOMA Resource Centre in Blantyre, the SOS Children Village in Blantyre, Deaf/Blind in Chisombezi and Sign Language dictionary at Montfort in Nguludi.

A triangulation of data collection methods was used in this evaluation as one way of gathering different types of information from different sources. The data collection guides developed in the Inception report<sup>6</sup> was used during the field survey.

## **Type and number of stakeholders/people interviewed**

The evaluation assignment started with consultations with country specialists identified by the study and visits to government/disability institutions. Later a visit was made to the Norwegian Embassy. Joint field visits by the country lead consultant Jack Makoko and team leader Nora Ingdal took place from 2-9 September 2011. These field visits continued after the departure of the global team leader. A total of 29 meetings were held with a large number of groups and/or individuals. Stakeholders interviewed included Royal Norwegian Embassy, multi-lateral institutions (UNDP, UNICEF), Norwegian and Local NGOs Government Ministries and Departments such as Agriculture, Health, Disabilities, Education (SNE), NSO, and Centre for Social Research and Norwegian NGOs based in the Oslo area.

## **Rights-holders' interaction**

In advance of the field visits consultations were held with management of FEDOMA to inform them of the impending exercise. During the field visit four of the eight affiliates of FEDOMA were interviewed including some executive board members of FEDOMA. At Parents of Disabled Children in Malawi (PODCAM) discussions were held with all project staff. The draft report findings were shared with the rights-holders in a workshop on 21st October 2011. Their comments and inputs to the reports are included in Annex 3 ad 4.

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<sup>6</sup> Inception report of the Evaluation of the Norwegian Support to Promote the Rights of Persons with Disabilities, approved by Norad 05.07.11

**Table 1: Number of interviews by categories**

Stakeholder categories	Number of respondents
Extending Partners (Royal Norwegian Embassy, Norad, MFA)	10
Multilateral Institutions (UNDP, UNICEF)	2
NGO Norwegian Agreement Partners (NCA, Development Fund, Plan Norway)	10
Public Sector Agreement Partners (MHRC,)	5
Local NGOs (NASFAM, GCN)	3
Government Ministries and Departments (Education, Agriculture, Health, Gender, Orthopaedic, NSO, MACOHA, CSR)	15
Disabled Persons Organisations (DPOs, SOS, Deaf-blind and Sign Language Dictionary Projects)	18
Expert Opinion/Resource	3
<b>Sum</b>	<b>74</b>

The draft field visit report was submitted to Norad on October 3rd and shared with the partners thereafter. Based on the comments from the stakeholders both in Norway and Malawi, a final field visit report was submitted to Norad in mid-December 2011.

## **1.5 Limitations**

One of the main threats to the reliability and validity in this evaluation is that the classification and reporting on results are based on self-reporting of the organisations and agencies that receive funding from Norway.

Other limitations were related to the distance between Blantyre, where most of the DPOs are, and Lilongwe, where most of the government ministries and all the Extending partners, Multilaterals and Norwegian Agreement partners are located resulted in the team not being able to visit all targeted organizations as it had to find time to travel the over 300 kilometre distance. Even though subsequent communication with the remaining organizations in Lilongwe was made telephonically this was not very effective.

Communication with the rights-holders went very well, thanks to the partners' facilitations. Discussions between the evaluation team and Malawi National Association of the Deaf (MANAD) were for example facilitated by a sign language interpreter. However it was not until the team visited the Malawi Union of the Blind (MUB) that the absence of a survey form in Braille compromised the confidentiality of the respondents rating as the questions had to be read out to the respondent who in turn provided the scores to be recorded.



*Conducting the survey with head of the Malawi Union of the Blind (photo: Nora Ingdal/NCG).*

## 2. Country disability context

### 2.1 General context

The Malawi Population and Housing census enumeration conducted in 2008 puts the population of Malawi at around 13 million with an estimated population growth rate of 2.8% per annum between 1998 to 2008 and a total fertility rate of 5.2 children per woman and a Crude Death Rate of 10 deaths per thousand populations. The literacy rate for male is 69% and that for women is 59%.

The United Nations Development Program (UNDP) Human Development Index of 2010 ranks Malawi as number 122 (out of 135 countries). The country's economy is largely agro based and significantly dependent on development aid and budgetary support from a number of institutions such as the International Monetary Fund (IMF), the World Bank and individual donor countries especially those from the north such as the United States of America, Britain, Germany, Norway, Japan and the Republic of China. Malawi ranks as the second largest recipients of British development aid.

### 2.2 Living Conditions

The major problem facing persons with disabilities in Malawi is that of exclusion. For too long, they have been excluded from the mainstream society and as such they have experienced difficulty in accessing fundamental social, political and economic rights. Persons with disabilities have been isolated, their right to development ignored, and their potential contribution to society neglected. In a 1983 survey it was estimated that 2.9% (190,000) of Malawi's population was comprised of persons with disabilities. Out of these 93% lived in rural areas while 7% lived in urban areas. It was further estimated that 4% of the households were headed by persons with disabilities. Disability prevalence also is higher among poorest quintiles in comparison to wealthier quintiles.

In the Living Conditions study of 2003, commissioned by Atlas Alliance the prevalence of disability was found to be 4.18% translating to nearly half a million persons with disabilities. In the 2003 survey 50.7% of the persons with disabilities were females while 49% were males. The major forms of disabilities as determined by the 2003 survey were physical disabilities (43%), seeing (23%), hearing (15.7%) and 11.5% had intellectual/emotional disabilities (Loeb and Eide, 2004).

In the more recent (2008) Malawi Population and Housing Census it was shown that there are 498,122 persons with disabilities in Malawi and this translates into



a national prevalence of 4.0% of the population which is similar to the results from the Living conditions survey. Table 2 shows the number of persons with disabilities by type and residence and it demonstrates that there are more persons with disabilities in rural areas compared to urban areas and that the major types of disability were visual and walking impairments (National Statistical Office, 2010). This is already an indication of statistical limitations, as “other” disabilities are generally much more common, but harder to identify and classify.

Until now persons with disabilities have experienced discrimination from birth or from the moment of becoming disabled onwards and the birth of a child with disability has often been considered a tragedy. Persons with disabilities face all forms of discrimination young or old, educated or not, rich or poor. This discrimination manifests itself in a number of occasions and environments.

**Table 2: Number and Types of Disabilities**

Area	Total Persons with Disabilities	Type of Disability				
		Seeing	Hearing	Speaking	Walking	Other
Malawi	498 122	133,273 <sup>7</sup>	82 180	30 198	108 870	143 601
Urban	45 379	14,689	6 462	3 291	9 712	11 225
Rural	452 743	118 584	75 718	26,907	99 158	132 376

Source: 2008 Population and Housing Census Report, NSO, Zomba

**Access to Education**

Universal primary education is unobtainable without the inclusion of children with disabilities. However, most children with disabilities still receive no formal education. In a country wide study on Living Conditions among People with Activity Limitations in Malawi (Loeb and Eide 2004), it was found that among children 5 years of age and older, 35% of children with disabilities had never attended school (41% females and 29% males) compared to 18% of the non-disabled (21% females and 14% males).The percentage of children with disabilities who had completed the highest grade at secondary school level was, however, comparable at 13% for those with disabilities and 14% for the non-disabled. This finding supports the view that although youth with disabilities have the potential to learn and achieve in class given the opportunity, discrepancies between education policies and programming act as a significant barrier.

Even if the schools are physically accessible, many children with disabilities remain excluded. Parents may either fear that the child will not cope or consider that investment in a child with a disability is not worthwhile. Children who do not get education often receive inferior treatment, have low self-esteem and do not get the support that they need in order to participate equally.

**Access to Health**

Persons with disabilities have the same needs for basic health services as anyone else, and sometimes more. This is often denied. Health centres may be

7 Previously more people with physical than visual impairments were recorded. The decrease could be a result of the elimination of polio campaigns in Malawi, but more research is needed to conclude on this issue.

physically inaccessible and/or far apart, particularly in rural areas, and health workers may discriminate against them. Information on health care is often not provided in accessible formats and persons with disabilities are not targeted for health education. Meeting such needs is a prerequisite for achieving full participation. In the above study it was revealed that health services and traditional healers were readily available to about 60% of persons with disabilities. On the other hand, assistive devices, counselling and welfare services were accessible to only 5% of those who needed them. Lack of emotional support and counselling was ranked as the highest need among persons with disabilities.

### **Access to the Physical Environment (communication and transport)**

The study by Loeb and Eide revealed that access to public buildings was a challenge to most persons with disabilities. For instance, less than 10% could access banks and hotels while schools and workplaces were accessible to only 20% and 26% of persons with disabilities respectively. On the other hand, more than two thirds of persons with disabilities could not access places of worship, health care clinics and hospitals, shops and public transport. These results suggest that although there are no policy and legislative framework to regular access to the physical environment, more improvements could be made with concerted effort from stakeholders. This finding is supported by findings of a later study (ILO: 2007) which was conducted to assess and make recommendations on the relationship between policy and practice in vocational skills training for persons with disabilities in Malawi. The study by ILO also cites accessibility as a challenge in training centres for people with all types of disabilities although such did not prevent persons with disabilities from accessing training. The numbers were quite minimal.

In terms of access to communication, the study by ILO revealed that 5% of the respondents in the study, most of whom were persons with hearing and visual impairments indicated that they faced problems in accessing skills training due to inadequate training materials, in accessible formats such as Braille and sign language as well as lack of specialist teachers.

### **Access to Economic Empowerment/Labour/Employment**

A study carried out in 2007 to assess and make recommendations on the relationship between policy and practice in vocational skills training for persons with disabilities in Malawi (ILO:2007) revealed among other findings, that opportunities for skills training were available to 48% of persons with disabilities. On the other hand, 71% of those trained indicated that the skills acquired through community based skills training programs as well as vocational training centres were not useful in enabling persons with disabilities to find work. These findings are similar to results of the SINTEF/FEDOMA study (Loeb & Eide, 2004) and an earlier study commissioned by the African Rehabilitation Institute (ARI: 2003).

## **2.3 Policies and Laws**

Malawi is a signatory to several international Conventions, agreements and instruments. In 2009, Malawi ratified the Convention on the Rights of Persons

with Disabilities. In terms of disability legislation, the Handicapped Persons Act of 1971 is the only disability specific law in the country. It provides for the implementation of rehabilitation programs and services for the social economic empowerment of persons with disabilities, as well as the regulation of operations of organizations which provide services to persons with disabilities. In 2004 Malawi drafted two bills one being a review of the Handicapped Persons Act of 1971 while the other on Equalization of Opportunities for Persons with Disabilities. Once passed into law, the latter will serve to enforce implementation of the *National Policy on Equalization of Opportunities for Persons with disabilities* (see more below).

Section 30 of the Malawi Constitution confirms that all persons and peoples have a right to development and that they should enjoy the economic, social, cultural and political development. It particularly mentions that persons with disabilities should be given special consideration through:

- Greater access to public places
- Fair opportunities in employment
- The fullest possible participation in all spheres of Malawian society.

In 2006 the most far-reaching and comprehensive of Malawi's commitments was the development of the *National Policy on Equalization of Opportunities for Persons with Disabilities* (NPEOPWD) which was intended to meet the challenges and aspirations of persons with disabilities. The effectiveness of the Policy in achieving equalization of opportunities for persons with disabilities is central, not only in terms of the economic rights, but also their broader social and political rights, which are closely linked to economic empowerment. The policy development process involved a cross section of stakeholders at community, district, regional and policy levels.

The NPEOPWD comprise 13 specific priority policy areas for mainstreaming in sectorial policies and programs. The roles of different stakeholders are clearly defined. Until 2011 the Ministry of Persons with Disabilities and the Elderly was responsible for disability issues. However all government ministries, departments and statutory corporations have responsibility to implement, monitor and evaluate the policy within their sectors. Their key responsibility is to ensure that the policy is implemented and that persons with disabilities have equal access, rights and responsibilities as any other Malawian. However, specific ministries have specific leading roles in the implementation of the policy. Some of the roles of the Ministry of Health for example are to promote prevention and occurrence of disabilities, provide medical rehabilitation services and specialised training in the areas of disability while those of the Ministry of Education are to facilitate adequate access by children with disabilities to quality education and promote inclusive education and training programs.

## 2.4 Recent Developments

Over the recent past years, disability has been repositioned as a human rights and development issue with the recognition that people with disabilities are

equal citizens of Malawi and as such should have the same rights and obligations as all other citizens. It is now widely accepted that persons with disabilities have a right to live a dignified and independent life-style within the community; to take an active part in the general, social and economic development of the country; and to receive education, medical care and social services within the ordinary structures of their societies. The new approach stresses abilities, not disabilities. It promotes rights, freedom of choice and equal opportunities; it seeks to adapt the environment to the needs of persons with disabilities; and above all it encourages society to positively change its attitudes towards persons with disabilities and assist them in assuming full responsibility as active members of society. However, the following developments may counter the above positive strides:

- The abolition of the Ministry of Disabilities and the Elderly in the September 2011 cabinet reshuffle put into doubt prominence of disability issues on the government agenda. However this could also be seen as an effort to mainstream disability along with other cross-cutting issues, instead of treating it as a separate theme.
- Malawi's economic performance has taken a down turn and this is a challenge to the successful implementation of the policy strategies as it will require substantial amount of financial and material resources expected to come from Government and other development partners.
- Recent disregard for human rights on the part of government is likely to affect its commitment towards disability and donor willingness to support the country's development initiatives.

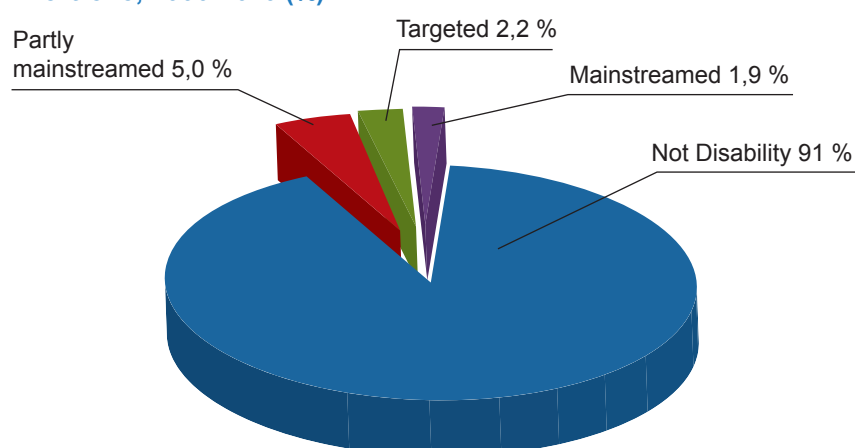
### 3. Analysis of the Norwegian Portfolio

Malawi is the ninth largest partner country of Norway, and receives around 400 million Norwegian kroner (MNOK) annually.<sup>8</sup> Malawi has been an important partner since 1996, and the Norwegian government has committed itself to assist development efforts done by the Malawian government. The development cooperation emphasises strengthening civil society, primarily through partnerships between Malawian and Norwegian NGOs. There is also cooperation between public institutions in Norway and Malawi, most notably institutional support for the National Statistics Office (NSO) provided by Statistics Norway.

#### 3.1 Statistical overview

The study looked at the different channels, modalities and partners through which Norwegian support came. After having examined the project documents and interviewed implementing partners, the study ended up with a list of 61 disbursements<sup>9</sup> (see Annex 1) with a total value of 250 MNOK that were targeting, mainstreaming or partly mainstreaming disability. This amount (250 MNOK) equalled 9% of the total aid portfolio over the past 11 years (2000-2010). The biggest share (5%) has gone to initiatives that have partly mainstreamed disability, such as the health sector support channelled via Norwegian Church Aid.

**Figure 1: Type of Norwegian funded projects based on the total Country Portfolio, 2000-2010 (%)**



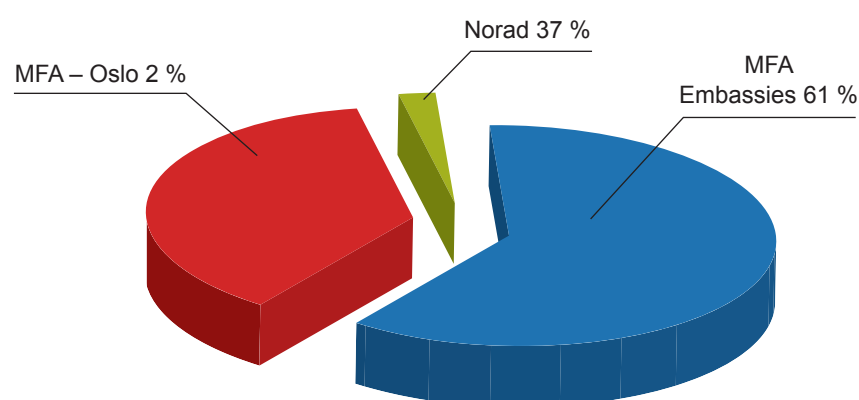
Source: Norad database/information collected by the evaluation

<sup>8</sup> Equals 70 million USD.

<sup>9</sup> The original list retrieved from Norad's statistical database had 78 disbursements mentioned as related to disability. In general, one project often has more than one disbursement. After having merged most of the disbursements, removed non-relevant projects and added on projects identified during the fieldwork as relevant, the total list included in Annex 1 contains 61 disbursements.

An analysis of the disability related initiatives for the last 11 years (2000-2010) revealed that the largest extending agencies, i.e. those that sign and hold the contracts, are the Ministry of Foreign Affairs (MFA) via the Royal Norwegian Embassy in Lilongwe with 152 MNOK (61%). Norad handled 37% (94MNOK) of the contracts; these are mainly funding for the civil society organisations including the Atlas Alliance members and SOS Children Villages. MFA via Oslo handled about 2% (5MNOK) of the total Norwegian funds to Malawi. Figure 2 below depicts the main extending agencies in Malawi.

**Figure 2: Extending Agencies' funds to Malawi 2000-2010 (%)**



Source: Norad database/information collected by the evaluation

In terms of prioritisation, the largest sectors have included Health (53%), Government and Civil Society general (14%), Agriculture (13%), other social infrastructure services (12%), other multi-sector (6%) and education (2%).

**Table 3: Distribution of disability related funds according to DAC sectors ('000 NOK)**

Sector	NOK (000')
Health	132 235
Government and civil society, general	35 968
Agriculture	31 990
Other social infrastructure and services	29 230
Other multisector	16 039
Education	4 352
Emergency Response	429
<b>Total</b>	<b>250 243</b>

Source: Norad database/information collected by the evaluation

From the above table it is clear that Norwegian funds have been channelled to mainly health, government and civil society, agriculture and other social sectors, but with very little funding allocated to education. Less than 30.000 USD has

gone to issues related to special needs education for children with disabilities. Norway has not funded any inclusive education programs with the government or other education institutions. Another sector missing completely from the statistics is economic development either targeting or mainstreamed for persons with disabilities.

### 3.2 Targeted Initiatives

Twenty six projects were classified as specifically targeted at persons with disabilities. The targeted or specific initiatives were interventions where the living conditions and rights of persons with disabilities are the main focus. Out of the total Norwegian support to Malawi for 11 years, only 2% were targeted interventions directly towards persons with disabilities (the largest support towards these came through the Atlas Alliance). These initiatives focused on service provision, individual empowerment, and organisational capacity development.

The service provision initiatives supported from Norway make up 15 % of the targeted funding and have contributed to improved or restored physical and visual functionality of persons with disabilities who accessed the services. Although this is good for people reached, sustainable change can only happen if programs gradually become controlled, resourced and accepted as a responsibility by the duty-bearers. Presently the following service provisions initiatives were identified:

**Directorate of Clinical Services:** With funding through Norad the Directorate of Clinical Services has provided orthopaedic services to persons with physical disabilities through assessment and fitting of artificial limbs, provision and fitting of orthopaedic appliances to enhance mobility, correction of orthopaedic impairments to restore functionality through surgery.

**Sophie's Minde Ortopedi and FK:** Sophie's Minde Ortopedi in Norway has since 2004 initiated three various staff exchange programs through FK Norway. The current the FK project from 2010 "Capacity building in Prosthetic and Orthotic Educational Centres and Services in Low income countries" involves North-South and South-South exchanges<sup>10</sup> between the Orthopaedic Centre at Kamuzu Central Hospital (KCH) Lilongwe, Malawi with the Norwegian Centre for Integrated Care and Telemedicine (NST) in Tromsø, Norway as an affiliated partner in the project.

Previous projects from 2004 - 2008 involved four North-South exchanges between The Orthopaedic Centre at Queen Elisabeth Central Hospital (QECH) in Blantyre, Malawi and Sophie's Minde Ortopedi AS. The Second project 2008 - 2009 involved one South-South exchange between The Orthopaedic Centre at Kamuzu Central Hospital (KCH) in Lilongwe, Malawi and Tanzanian Training Centre for Orthopaedic Technologist (TATCOT) in Moshi, Tanzania.

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<sup>10</sup> A FK personnel exchange can be «North-South», i.e. one Norwegian partner and one or more partners in the developing world, or «South-South», which implies two or more partners in the developing world cooperating by exchanging personnel. [www.fredskorpset.no](http://www.fredskorpset.no)

**Orthopaedic Centre at Queen Elizabeth Central Hospital:** In 2002 Norad signed an agreement with the Malawi government for a grant of NOK 4.7 million to finance required equipment for a workshop at Queen Elizabeth Central hospital which was burnt down a year earlier. In addition to Norad, funding was also channelled from the Norwegian Ministry of Foreign Affairs via the Norwegian Red Cross to the Geneva-based Special Fund for the Disabled (SFD) linked to ICRC.<sup>11</sup>

In 2004 the Norwegian Embassy initiated a review of orthopaedic services in Malawi. The Embassy selected two consultants while the Malawi government also identified two individuals to assess the status of orthopaedic services in Malawi. The team made several recommendations after its study. One of the recommendations was to ask NAD to consider supporting orthopaedic workshops in long term perspectives.

Since then the centre has received financial support from NAD through a memorandum of understanding involving MACOHA, Ministry of Health and Motivation Africa. The centre is involved in assessment and fitting of artificial limbs, provision and fitting of orthopaedic appliances to enhance mobility, manufacture and distribution of tailor made mobility aids including wheel chairs.

A note on sustainability is that Norway (via SFD) still pays for materials to the orthopaedic workshops in Malawi. There seem to be no precise plan on government take-over or integration into ordinary rehabilitation services for person with disabilities.<sup>12</sup> On the other hand the FK exchange project on capacity building with orthopaedic workshops in Malawi and Norway has promoted planning for national take over and government funding of orthopaedic equipment has increased to 30%. This is an issue that SFD needs to look into.

**SOS Children's Village:** This is a Rehabilitation Program for children with disabilities at the SOS Medical Centre in Blantyre. The children's disabilities vary, but the majority of children that attend the program have cerebral palsy or have damages to the brain caused by malaria. The program has an average of 250 children attending the centre each week. The Children's Rehabilitation Program uses two approaches; Centre Based Approach in which the mothers bring their children to the clinic and an Outreach Approach where the staffs visit the families. In the Centre Based Approach mothers and children are grouped in groups based on need and disabilities. The mothers are involved in how to train and stimulate their children (e.g. how to feed them). The centre also makes equipment, such as adjusted furniture for children with disabilities. SOS Children's Village operates a similar program in Lilongwe.

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<sup>11</sup> SFD (2009), Sluttrapport med regnskap til UD [End-Report with accounts to MFA] (in Norwegian language).  
<sup>12</sup> Interviews with ICRC and SFD



The photo to the right side is from SOS Medical Centre in Blantyre, a mother with her boy, has attended a workshop where she learns how to stimulate, train and teach the child who has learning difficulties. (photo: Nora Ingdal/NCG)

**Chisombezi Deaf/Blind Project:** The Chisombezi deaf/blind unit centre which is currently being funded by Signo Foundation on a five year program initiative started in 2004 after two deafblind children were identified in a resource room for children with visual impairment. It was started in order to address the gap that existed in services to deafblind children. Initial financial support was provided by the Norwegian Church Aid while technical support was provided by the Signo Foundation. The centre has three co-operating partners: Servants of Blessed Virgin Mary<sup>13</sup>, Deafblind Parents Association and The Organization of Visual and Hearing Impaired of Malawi (VIHEMA). The current contract with Signo runs from 2009 to 2014.



The project benefits the deafblind learners (adult and children) and their families as the main target group with some activities focusing directly the deafblind and others towards the families, the teachers for the deafblind or towards society in general. There is an outreach program for families that keep their children at home for various reasons. So a number of children have since obtained daily living skills which they did not have, parents observed positive changes in their children, some children are able to communicate using sign and some speech. There is also improved communication among the people who are working at the centre and the children.

The main challenges include lack of recognition of the school by the Ministry of Education which has resulted in no support from government. There is also shortage of well qualified teachers. Teaching must be organised one to one and there are very few teachers to assist the children. There is need for strengthening of staff competences and skills and to provide for adequate teaching and learning materials. These are indeed serious challenges for including children with disabilities into the general schools in Malawi.

### **Community-based rehabilitation**

The Government of Malawi endorsed the Community Based Rehabilitation (CBR) approach to rehabilitation in its Statement of Development Policies of 1987-1996. The CBR program was first implemented on a pilot basis in Blantyre District with financial and technical support from the United Nations Development Program (UNDP)/International Labour Organization (ILO) from 1988 to 1992. Under the cooperation agreement between the Norwegian Association of Disabled (NAD) and the Government which will expire in 2014, the Malawi Council for the Handicapped (MACOHA) will be implementing a CBR program in four out of 28 districts in Malawi: Mzimba, Machinga, Blantyre and Balaka. Under the current agreement NAD releases 65 million kwacha (about 2.3MNOK) annually towards program activities till 2014 while government supports all administrative costs.

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<sup>13</sup> A religious Order of the Catholic Church in Malawi

The CBR program seeks the integration of the interventions of all relevant sectors - educational, health, legislative, social and vocational - and aims at the full representation and empowerment of persons with disabilities. The ability of CBR to respond to specific or unique needs of persons with disabilities is one of the major features that differentiate it from institution-based rehabilitation. The CBR program has had considerable positive impact on the livelihoods of persons with disabilities. According to MACOHA, as a result of the CBR program between 10,000 and 15,000 persons with disabilities are able to access basic services in the areas of education, health, livelihoods and social, annually. Similarly, qualitative evidence points to significant improvements in school performance, reduced repetition and drop-out rate, improvements in disposable income at household level, more active participation in decision making especially at community level among others. Much needs to be done, however, to build capacity and consequently involve more partners (information and communication, the justice system, recreation) and to reach persons with all types of disabilities via the CBR program are among the key outstanding challenges.

The CBR program has assisted participants to access their right to education, health, work and to a large extent the right to adequate standard of living. More indirectly (and perhaps less effectively), the program is addressing freedom from exploitation, violence and abuse, and equality before the law without discrimination. The program is designed for optimal utilisation of available resources within the decentralised governing structures in Malawi, for the mutual benefit of the program and service providers at district level. Mainstreaming of disability has shown relatively good progress in the districts where the CBR program is implemented, probably as a result of the program.

The support provided by Atlas Alliance members to empowerment/rehabilitation initiatives carried out by their sister DPOs and the support provided to the joint government/DPO CBR have indeed contributed to increased individual empowerment of participants in terms of increased self-reliance, self-esteem, mobility, social acceptance, access to services and livelihoods. Although the number of persons reached is still small, the CBR model is gaining credibility and gradual local support.

### **Capacity building of DPOs**

The support provided by Atlas Alliance member organisations, particularly Norwegian Association of Disabled (NAD), Norwegian Association for Developmental Disabilities (NFU), and Norwegian Association of the Blind and Partially Sighted (NABP) have contributed substantially to the increased visibility, capacity and advocacy strength of their sister DPOs, particularly Federation of Disability Organisations in Malawi (FEDOMA), Parents of Disabled Children of Malawi (PODCAM) and Malawi Union of the Blind (MUB).

Support by Norwegian DPOs to Malawi may be traced to the late 1990s when NAD supported disability awareness campaigns and the establishment of FEDOMA as an umbrella DPO, respectively. More holistic support towards the

empowerment of persons with disabilities can, however, be traced to the first situation analysis of persons with disabilities in Malawi around 2001 (by NAD) and the subsequent program development support involving NAD on one hand and GoM/FEDOMA on the other. In terms of the support to DPOs, NAD continues to provide financial and technical support to facilitate organizational development of DPOs through FEDOMA. The focus of such support is to improve DPO's capacity in rights based approaches to development, prepare persons with disabilities for active self-representation at various levels as well as empower them for effective advocacy.

With funding from NFU the PODCAM, a DPO registered in 2000 that works with parents of children with disabilities has in 2010 carried out lobbying and advocacy programs targeting a number of stakeholders including parents, school management committees, financial lending institutions and legal institutions. The programs have aimed at creating positive attitudes towards children with disability and influencing school management committees to increase number of children with disabilities accessing education. PODCAM is also involved in Operation Day's Work (ODW) Project.<sup>14</sup>

The Malawi Union of the Blind has been supported by NABP since 2002. Presently, they receive an annual funding of 490,000NOK (14 Million Malawi Kwacha) in an agreement that runs from 2010 to 2014 towards empowerment, rehabilitation and advocacy programs. Previously MUB has implemented a civic education program with funding from NABP. MUB has a paid membership base of more than 9,000 members, and there has been an increase in the membership to the stable funding from NABP.

The Norwegian assistance has left an indelible mark on the FEDOMA and its affiliates especially MUB and PODCAM. FEDOMA itself has become a unifying force for the disability movement in the country and amongst the smaller DPOs FEDOMA has guaranteed them presence and survival. Without Norwegian support most if not all DPOs would not be there. Through Operation Day's Work currently being implemented within most of the DPOs Youth empowerment has been accorded some prominence

In cooperation with its local partner, NAD has also contributed technical and financial support towards formulation of the National Policy on Equalization of Opportunities for Persons with Disabilities as well as the Disability Bill currently in draft format.

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<sup>14</sup> Operation Day's Work is a solidarity campaign for and by young people in Norway to help young people in Asia, Africa and Latin America. Each year, the students do a "day's work", and the money they earn go to a specific educational campaign for youth in the South. ODW has been organised since 1964. Youth with disabilities have been supported specifically via the Atlas Alliance in 1998 and 2009, and in addition ODW has mainstreamed disability throughout the organisation <http://www.od.no/English/index.html>

### **Main Findings of Targeted Interventions**

Resulting from the various organisational development capacity building initiatives, the DPOs in Malawi have been able to participate in and influence development processes and research in the area of disability. They have for example influenced the development of the National Policy on Equalization of Opportunities for Persons with Disabilities (NPEOPWD), drafting of the related Bill and reviewing the Handicapped Persons Act and they have actively participated in the SINTEF study on “Living Conditions among Persons with Activity Limitations in Malawi. The DPOs have also lobbied government to ratify the UN Convention. The disability movement, organised under the leadership of the FEDOMA, has provided a unified voice for all persons with disabilities through lobbying and advocacy activities towards an inclusive Malawi; a voice that people in the government have been able to listen to.

The CBR program has been hailed as a strategy for poverty reduction and equalisation of opportunities. Through the CBR program participants have been empowered and assisted to access mainstream and specialised services. In some cases individuals have acquired skills in small scale business management, vocational skills, counselling etc. In other cases beneficiaries have acquired skills and knowledge in mobility and orientation which have increased their self-reliance and social inclusion. The evaluation found indications that people have been more organised at community level in CBR areas than in the non-CBR areas as the program has provided the link to other service providers.

The results of the service provision initiatives have reduced limitations and assisted participants to improve vision and/or mobility. Reports from both the Chisombezi deaf/blind project and the SOS Children Village indicated positive strides towards improving life for children with disabilities. The Chisombezi program for example has provided life skills which are basic to enable deaf/blind children to live independent lives. The SOS Medical Centre in Blantyre has established partnerships with other health facilities and stakeholders in the local community, including receiving referrals from the Norwegian funded CBR programs. However, very few are reached by these projects and duty bearers have not been sufficiently challenged to take responsibility.

### **3.3 Mainstreamed Initiatives**

The support to mainstreaming is minimal; only 1.9 % of the Norwegian funding over the 11 year period had been classified as mainstreamed. If we included the partly mainstreamed projects (5%), the total would add up to almost 7%. From the institutions visited, the study found that at the levels of the extending agencies as well as the multilateral and bilateral partners, disability mainstreaming was not their focus and disability issues were not included in their guidelines. Among the projects funded by Norway where disability had been partly mainstreamed or mainstreamed we found the following:

**Norwegian Church Aid (NCA)** has since 2002 been responsible for a comprehensive health program which includes support to the Nursing Colleges in

Malawi (in cooperation with six Norwegian nursing colleges) for training of teachers and students.<sup>15</sup> Another large component is the cooperation with the Christian Health Association of Malawi (CHAM) in a program that aims at reducing mortality while contributing to improving the quality of services provided in hospitals and clinics more especially those in rural areas. The improved health training education program aims at improving the quality of nursing education and increasing and retaining the number of nurses in the health care delivery systems and increasing the number of students trained through infrastructure development in the colleges. In the infrastructural development issues of disability are addressed by default since government has policy which promotes accessibility of structures. However NCA does not have disability as a cross-cutting issue or has mainstreamed it, but some of their partners have. A program with the partner Alinafe Community Hospital has a component of counselling with mothers of children with disabilities, and Alinafe has been involved in mental health training. One of the observed impacts of the program during the 2010 program activities was the reduction of stigma and discrimination for children with disability, according to a project report.<sup>16</sup>

Another partly mainstreamed initiative was the Norwegian funding, via UNDP, to the **Malawi Human Rights Commission (MHRC)** since 2000, mainly in capacity development and human rights issues. MHRC has established a directorate for disability inside the organisation, on the initiative of the Commission itself. Previously MHRC used to have a disability committee but this has been taken one step further with setting up a directorate for disability, treating it as a thematic issue. The reason why the evaluation has classified the funding to MHRC as partly mainstreamed is that disability is not treated systematically as a cross-cutting issue in the overall plans and policies of the Commission. In its current (2011-2015) strategic plan however the MHRC spells out that one of its duties is to promote the human rights of vulnerable groups such as children, illiterate persons, persons with disabilities and the elderly. The MHRC is also the responsible governmental agency for the reporting to the UN on the CRPD in 2012.

**FAO, Food and agriculture organisation** is another program which has included some small disability components, aiming at capacity building of duty-bearers, FAO centrally has long been promoting the rights of rural people with disabilities, and recognises their capacity to learn new skills and apply new knowledge to sustain their livelihoods, and those of their households.<sup>17</sup> According to the reports FAO has integrated the needs and concerns of rural people living with disabilities into its rural development work, agricultural policy support and program development activities. FAO has established an ad hoc Interest Group on Disability Matters, which brings together FAO experts from a number of technical areas to address the issues facing persons with disabilities in relation to agriculture and rural livelihoods. FAO also has a disability focal point in

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<sup>15</sup> Part of the curriculum for the nurses includes how to work with persons with disabilities.

<sup>16</sup> One result recorded was that "a child with a deformed head has been easily accepted by his friends at school and the community", Report to NCA from Alinafe Community Hospital international, Children development and food security program, Narrative report, 2010.

<sup>17</sup> FAO has issued many publications on disability, see for example, FAO working in support of persons with disabilities, [www.un.org/esa/socdev/enable/rights/ahc8docs/ahc8fao1.pdf](http://www.un.org/esa/socdev/enable/rights/ahc8docs/ahc8fao1.pdf) or FAO's database of the rural disabled, [www.fao.org/sd/PPdirect/rural/](http://www.fao.org/sd/PPdirect/rural/)

the head office in Rome, a separate database for the rural disabled and special focus on disability in Asia. In Malawi however, according to an external evaluation report, farmers with disabilities had been targeted in the program funded by Norway, but there were no reported outcomes capturing the situation for farmers with disabilities.<sup>18</sup>

At government level there was evidence, especially with regard to education, food security and health programs, of disability mainstreaming reflected under "vulnerable groups". 88 % of the mainstreamed projects had a focus on strengthening duty-bearers to improve or provide services, which were more or less inclusive. Disability mainstreaming on the part of NGOs was done through the initiatives of implementing partners and, at least from those projects visited, was mostly done by chance.

The results of the mainstreamed initiatives were small, often not deliberate and seldom reported on. Thus, the evaluation was unable to conclude on how effective the (unintended) mainstreaming has been to promote the rights of persons with disabilities in Malawi.

### 3.4 Partners

The largest agreement partner (see table 4 below) is Norwegian Church Aid. This seems to be due to its strategic partnership with the Embassy (and recently Norad) and the involvement in the health sector. It receives about 42% of the total Norwegian support to disability related initiatives and it is followed by Atlas Alliance which receives 19%. Meanwhile UNDP and FAO receive approximately 13% each. Lions Aid Norway channels 7% of the funds, mainly to eye health. The smallest agreement partner for funds related to disability projects is the Ministry of Health (around 1,3 million NOK has been channelled directly to the Ministry for targeting persons with disabilities).

**Table 4: Agreement Partners (in 000'NOK)**

Partner	Targeted/ Mainstreamed	Total NOK (000')	Percentage of total
Norwegian Church Aid	Partly mainstreamed	104 983	42 %
Atlas Alliance	Targeted	48 369	19 %
UNDP	Partly Mainstreamed	33 500	13 %
FAO	Partly Mainstreamed	31 990	13 %
Lions Aid Norway	Mainstreamed/targeted	17 857	7 %
Fredskorpset	Targeted	4 262	2 %
Haukeland University Hospital	Targeted	3 985	2 %
SOS Children's Villages	Targeted	3 947	2 %
Malawi Ministry of Health	Targeted	1 350	1 %
<b>Total agreement partner</b>		<b>250 243</b>	<b>100 %</b>

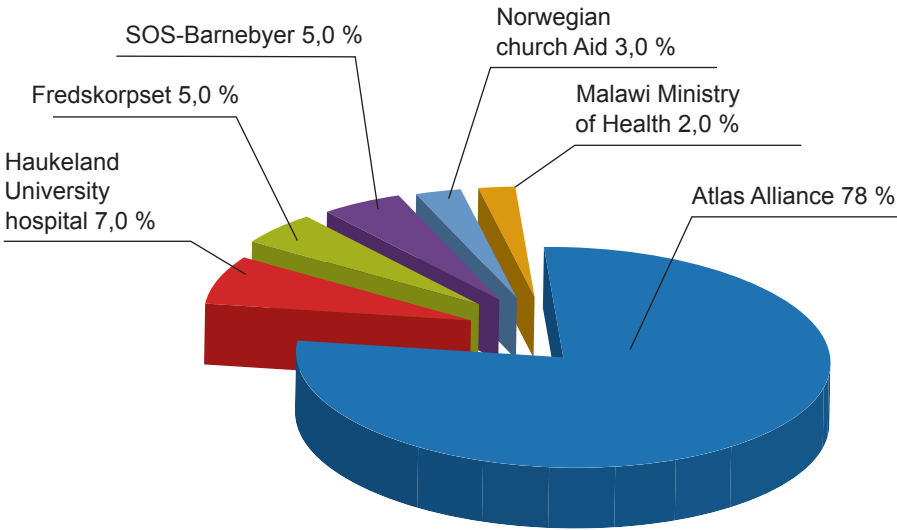
Source: Norad database/information collected by the evaluation

<sup>18</sup> This could also be due to the fact that the TOR for the review did not specially ask for information related to farmers with disabilities. Laugerud et al (2009), Mid-term review of Food security and livelihoods program.

When looking specifically at the targeted projects, Atlas Alliance is by far the largest recipient with 48 MNOK or 78% of the funds. It channels support to the local DPOs such as FEDOMA, MUB and PODCAM. The second largest agreement partner of the targeted projects is Haukeland University hospital with about 4 MNOK (7%) directs its support towards the improvement of surgical and orthopaedic services with QECH.

The figure below documents that the Atlas Alliance members are the main ones targeting projects towards persons with disabilities. Acknowledging the great needs it is clear that for Norway to contribute to promoting the rights of persons with disabilities, more actors and agencies would need to be involved in order to cover areas not funded by Atlas members.

**Figure 3: Percentage distribution of funding to partners of targeted projects**



Source: Norad database/information collected by the evaluation

**3.5 Activities of other donors and donor collaboration**

Results from this study have indicated the existence of other donors supporting the disability sector. Some provide disability specific assistance while others provided support to disability in general. Given below are some of the main partners who have been complementing Norwegian efforts in promoting disability issues.

**Sightsavers:** Since the late 1960s Sightsavers and Christoffel Blinden mission have provided support to eye care. In 1988 Sightsavers funded a pilot CBR program in Blantyre. Since then it has been supporting efforts towards prevention of blindness through awareness-raising with the Ministry of Health and MACOHA. They have also supported efforts to restore sight and have paid for cataract operations by the Ministry of Health (MoH). Their support has now been restricted to five districts of the southern region. Sightsavers have also promoted capacity building for ophthalmic clinical officers as well as ophthalmologists. They have further supported the education of visually impaired persons and the incurably blind through capacity building of teachers. On top of these initiatives

Sightsavers have funded the rehabilitation of incurably blind especially those who cannot be operated on through training them in mobility and orientation, business management and daily living skills so that they can lead an independent life. Sightsavers have also sponsored and supported study tours and exchange visits involving rehabilitation workers of MACOHA.

**Christoffel Blinden mission (Christian Blind Mission, CBM):** In 1990 CBM started a partnership with MACOHA. Their key area of support then was eye care through cataract operation before later focusing on orthopaedic surgery. In this support rehabilitation workers and volunteers from MACOHA worked with the community to identify those in need of surgery, assessed them before sending them for surgery. CBM supports corrective surgery in eye care or cataract operation and orthopaedic surgery. Currently CBM are implementing a four year program (2011-2014) in six districts of Salima, Nkhotakota, Ntchisi, Dowa, Lilongwe and Nkhata Bay. In this third phase of their program it is envisaged that they will continue to extend the Program's scope to provide more comprehensive approaches to rehabilitation and inclusion of persons with disabilities in Malawi. Through its network partners, the program intends to contribute to orthopaedic medical coverage of additional eight (8) districts, as well as the country-wide Malawi National Clubfoot Program (MNCP). From 2015 onwards, it is envisioned that CBM will merge the presently separate CBR interventions of MACOHA, funded by different donors, and to establish a National CBR Program, jointly supported by the government and its development partners.

#### **Other Support**

- In 2003 the Danish Council of Organisations of Persons with Disabilities conducted a study on the organisational capacity of associations of disability organisations in Malawi.
- DFID are supporting a three year program on epilepsy which has been running for two years now. They have also funded awareness campaigns for MANAD.
- The Finnish Disabled People's International Development Association (FIDIDA) has entered the Second Phase of funding for MANAD (2011-13) with a project targeting Organisational Development and Training.
- GORTA, an Irish funding partner is working with FEDOMA in supporting an Income Generating project which is aimed at promoting a saving culture in rural areas through the provision of small business loans.



## 4. Theory of change – tool for rights based analysis

In order to determine if and how the initiatives identified and funded by Norway were contributing to promoting the rights of persons with disabilities, we analysed them according to a theory of change<sup>19</sup> built on a human rights based approach (HRBA) to development.

According to a human rights based approach to development, sustainable change requires:

- a. empowering people (**rights-holders**), particularly the most powerless (with hope, assertiveness, knowledge, skills, tools, communication channels, legal mechanisms etc.) to enable them to improve their lives, organise and claim their rights as stipulated in national laws and UN conventions and
- b. supporting and demanding that those in power (**duty-bearers**) respect and respond to these legitimate claims (as outlined in the laws and conventions).<sup>20</sup>

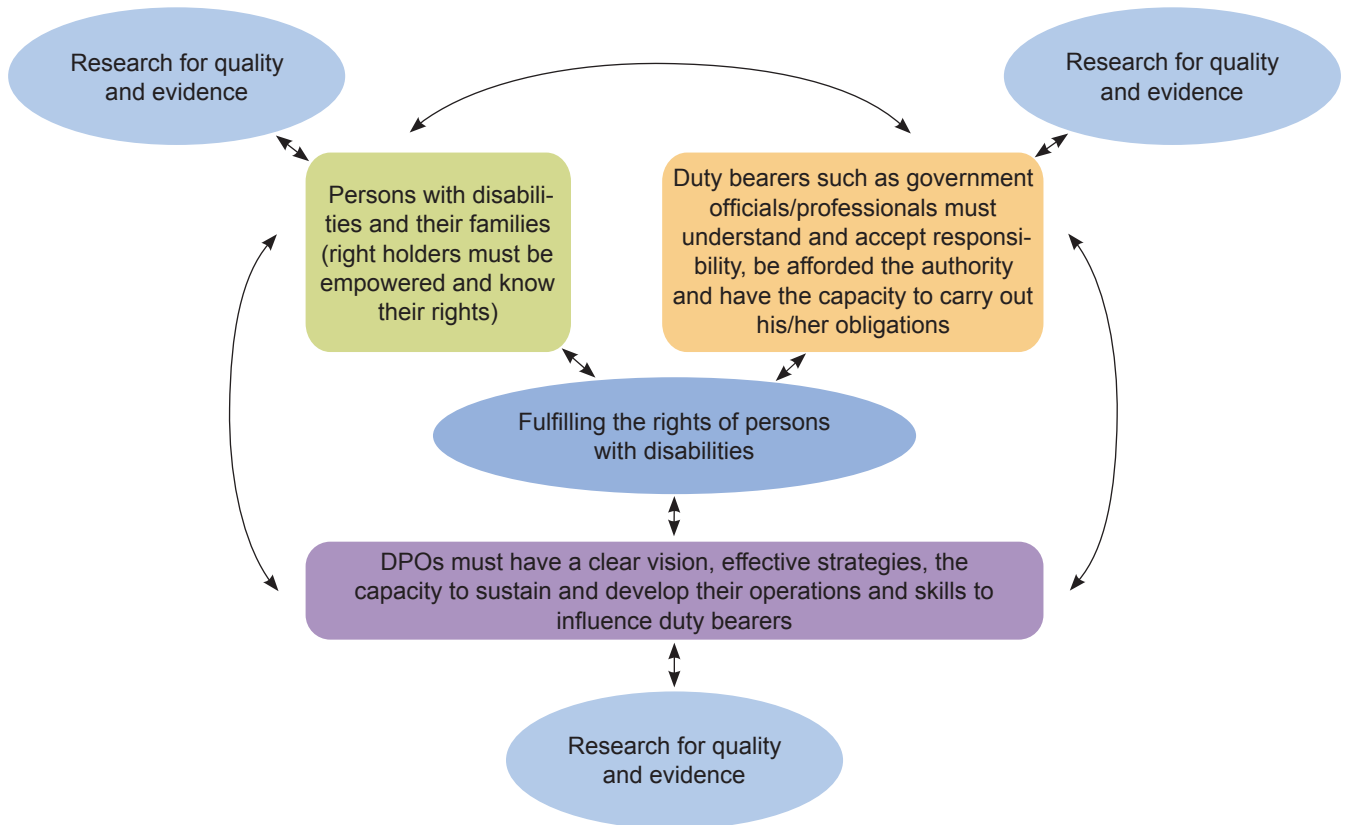
A model theory of change based on the UN understanding and definition of a HRBA was designed by the team to indicate the building blocks that are required to achieve the desired outcome; i.e. the “rights of persons with disabilities fulfilled” (figure on next page). The initiatives were then analysed against these components to see if and how they have contributed to the desired changes for persons with disabilities.

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19 A Theory of Change is a tool for defining the building blocks and processes required to bring about a long-term goal and social changes. Weiss (1995) defines it as 'a theory of how and why an initiative works'.

20 <http://hrbaportal.org/the-un-and-hrba> and [http://waterwiki.net/index.php/Human\\_Rights-Based\\_Approaches#The\\_principles](http://waterwiki.net/index.php/Human_Rights-Based_Approaches#The_principles)

**Figure 4: Theory of Change**



Source: Based on the UN human rights-based approach and further refined by evaluation team.

According to this theory of change, human rights will be enhanced if individual rights-holders are empowered to address their situation, claim their rights and organise to enhance their voices. The evaluation assessed whether organisations of rights-holders have the capacity to take action and influence people of power. We also analysed if duty-bearers had been assisted or pressurised to fulfil their obligations towards persons with disabilities – in accordance with national legislations, but also the CRPD. Individual empowerment includes improved abilities in a range of areas such as improved functionality (through medical measures), confidence, skills, knowledge, mobility etc. Rights based actions and advocacy are also helped by evidence based research and facts.

There were several theories of change used by the various agreement partners in Malawi. The most common theory focused on “rehabilitating” or “curing” individual persons with disabilities, to reduce their impairments and improve their possibilities to take part in family and society life. The medical approach defined a person according to his/her diagnosis rather than based on what she/he was as a person. These projects specifically targeted persons with disabilities and aimed at **providing medical/rehabilitation/education services** to them.

In Malawi service provision initiatives were common within the bilateral and multilateral initiatives and among charities such as the Signo Foundation, the SOS

Villages (until the change in development approach in 2008),<sup>21</sup> Norwegian Church Aid (until the move to rights-based approach in 2005 and current roll-out of change on-going in health sector),<sup>22</sup> and among many of the Atlas Alliance members including the NABP and NAD.

Although some of the Atlas Alliance member still adhered to a medical approach, the **main** theory of change adopted by them the "empowerment approach"; i.e. for change to happen **persons with disabilities and their organizations must be empowered** to know and claim their own rights. Initiatives focus both on individual empowerment (e.g. mobility, self-reliance, education and income generation) as well as organizational empowerment, to enable persons with disabilities to meet, have a voice and advocate for change. Organisational support often focuses on strengthening of leadership, governance, management and advocacy skills, etc.

In mainstreamed projects **capacity development of duty-bearers** was often in focus. The theory of change was that in order to improve the conditions for persons with disabilities the government must recognize the rights of persons with disabilities and include them in plans and development programs. Examples of good practice were found within the CBR program in Malawi where the government has been the key partner. In a few cases, the human rights institutions, such as the Malawi Human Rights Commissions, have engaged on behalf of the government in monitoring of the rights of persons with disabilities, especially after the adoption of the CRPD. Good examples were also found in the education programs, but these were not funded by Norway in Malawi.

Specific efforts to influence duty-bearers in Malawi include membership of the umbrella DPO (FEDOMA) on the National Resource Team; FEDOMA's membership in MACOHA (government agency on disability issues); establishment of a thematic committee on the promotion and protection of the rights of persons with disabilities in the Malawi Human Rights Commission; active involvement of DPOs in the formulation of the National Disability Policy and Disability Bill. Further, the disability movement continues to put pressure on government to observe the rights of persons with disabilities through the "Pass the Disability Bill" campaign.

There are challenges though. Largely, these include inadequate capacity on the part of DPOs membership to analyse government policy, criteria/basis for resource allocation; to understand and build capacity of duty-bearers in disability mainstreaming as well as to effectively engage with government with the view to changing mind-set. On the other hand, there seems to be a *laissez-faire* attitude among duty-bearers to actively mainstream disability in various development agenda.

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21 SOS Children Villages, Inclusion Policy for Children with disabilities (2008)

22 "Mainstreaming Disability into NCA Health Programs in Malawi". NCA presentation at Evaluation of Norwegian support to promote the rights of persons with disabilities, Analysis workshop, Norad, Oslo, 2.11.2011

**Very few stakeholders in Malawi had a theory of change that included all elements of the human rights based approach or attempted to create synergies.** Exceptions were CBR and community development programs supported by Atlas Alliance members, which included capacity development of duty-bearers, empowerment and services to individuals, as well as strengthening of DPOs at local and national levels.



*Staff at the Disability Directorate of the Malawi Human Rights Commission. The Commission, representing a bridge between the Duty-bearers and the Rights-holders, has become a key ally and supporter for the disability movement in Malawi (photo: Nora Ingdal)*

## 5. Achieving the rights of persons with disabilities

Building on the theory of change described in the previous chapter, this section will analyse the interventions funded by Norway and their potential effect and impact on promoting the rights of persons with disabilities.

Five types of focus were identified in the theory of change:

- a. Service provision
- b. Individual empowerment
- c. Capacity building of DPOs (self-representation)
- d. Capacity building and advocacy with duty-bearers
- e. Research
- f. Other

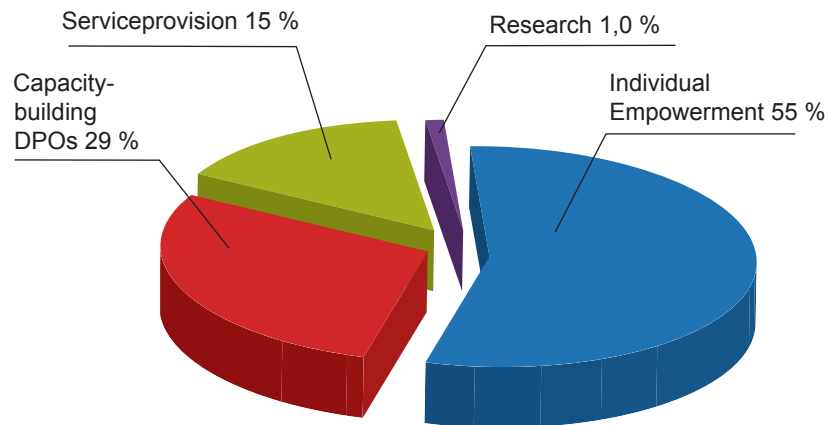
### 5.1 Focus of interventions

The targeted and mainstreamed initiatives were assessed to determine to what extent it had adopted the rights based approach, empowering both the rights-holders and duty-bearers and results were identified in the five major categories (dimensions of change) mentioned above.

Almost all programs had more than one of the five dimensions in combination. If looking only at the main focus of the interventions the following was observed:

The projects targeting persons with disabilities focused **mainly on the individual empowerment** of persons with disabilities (55%), while almost a third of the targeted funds had been channeled to building capacity of the DPOs. Service provision received 15% of the funds, and 1% for research. **There was no capacity building of the duty-bearers** (authorities) in the targeted projects.

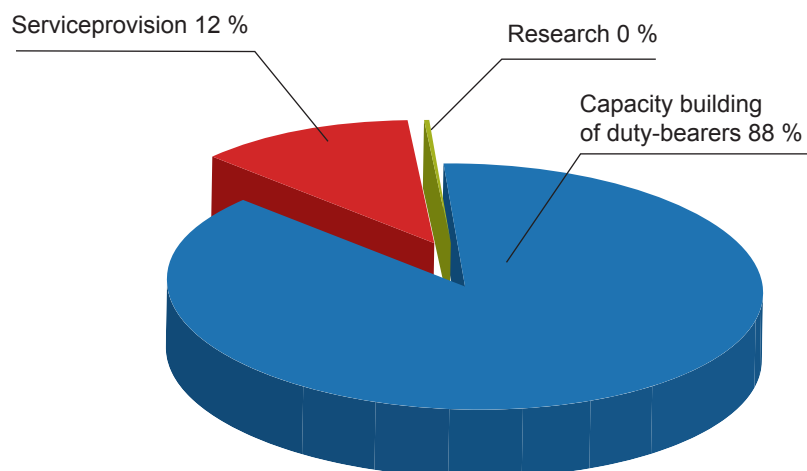
**Figure 5: Main Focus of projects targeting persons with disabilities (%)**



Source: Norad database/information collected by the evaluation

Analysing the main focus of the projects where disability had been mainstreamed or partly mainstreamed (figure 6) we found that the large majority of the projects (88%) could be classified as capacity-building of duty-bearers. This is mainly due to the substantial Norwegian funding for the health authorities in Malawi, in which disability is partly mainstreamed. It should be noted that it was beyond the scope of this evaluation to calculate **exactly** how much of the partly mainstreamed funds to the health sector could be said to directly benefit persons with disabilities; i.e. how to calculate the value of making a hospital or a nursing college disability accessible? Most likely, 3-4% of the total budget of the health sector program which has a value of more than 100 million NOK could be directly linked to disability. Still the evaluation decided to include the complete budgets of these partly mainstreamed projects. The remaining 12% of the funds for the mainstreaming or partly mainstreamed projects went to providing services.

**Figure 6: Main focus of mainstreamed and partly mainstreamed projects (%)**



Source: Norad database/information collected by the evaluation

### **A. Service-provision**

A number of interventions have a component of service provision. The SOS Medical Centre in Blantyre is an initiative where institutional collaboration as well as supporting community based interventions has been demonstrated. It has established partnerships with other institutions and stakeholders such as the local community surrounding the centre. The program also collaborates with other institutions such as MACOHA and government institutions.

However, a general problem is that service provision programs are often dependent of external technical expertise, equipment or funding. Projects are not sustainable in the long run. There is a need to deliberately build capacity and responsibility of duty-bearers and gradually phase out the dependence of donors.

### **B. Individual empowerment**

The study has demonstrated that the CBR program has been successful in empowering individual participants. However, the study also revealed that there has been a multi-sectorial team of CBR trainers since 2007 made up of members from different government departments. These have worked directly with MACOHA in providing training to volunteers and rehabilitation workers. This training has not targeted other government ministries despite the fact that CBR adopts a multi sectorial approach. The study also revealed that capacity building has been targeting people at lower levels and on short term courses. At senior or middle management level capacity building has been quite low only being limited to study tours. There has not been any medium to long term training programs for senior personnel leading to some specialization, for example. Unfortunately there is very little that government is doing about building capacity of personnel in the disability inclusive programming.

Another challenge of the CBR program is the limited understanding on the manual of the CBR Matrix by a number of stakeholders. Children and adults with disabilities have a right to be included in all activities and aspects of the community. The CBR challenges attitudes, practices and behaviours that exclude persons with disabilities and their families from contributing to community and family life. The participation of persons with disabilities in all aspects of life in the community can be a clear indicator of how a community values and embraces the diversity of all its members. Cultural, sports, religious and artistic life are important parts of self-development, spiritual and self-growth which also affirm one's sense of belonging and identify. The study has noted that the present focus of the CBR program is still too limited in focus.

### **C. Capacity-building of Disabled Persons Organizations (DPOs)**

FEDOMA has gained its prominent position today partly due to the Norwegian assistance. FEDOMA is playing a very important role in national policy development and awareness-raising and towards coordination and capacity development of DPOs. It has a key role in the current move away from 'charity' to empowerment and rights based approach to disability in national discourse and among DPOs.

The study noted however that there are no specialised support groups for those with epilepsy, dyslexia, Downs syndrome, cerebral palsy, developmental disabilities, mental health and multiple and severe disabilities. These groups are therefore underrepresented.

FEDOMA and its affiliates are also experiencing a number of challenges such as lack of financial resources to implement their programs, lack of capacity to carry out lobbying and advocacy, lack of capacity in policy analysis, disability mainstreaming, stakeholder analysis and budget tracking, negative attitudes from communities who believe that persons with disabilities have no potential to achieve their independence. There is still need to strengthen FEDOMA and its affiliates as agents of change in these areas, especially the capacity at the district levels of FEDOMA. The disability policy recognises the need to take deliberate efforts to facilitate the process of establishing or strengthening disabled people's organisations.

Support to institutional capacity building of DPOs should include administrative capacity, organisational leadership training, lobbying and advocacy skills, fundraising skills to ensure sustainability at conclusion of project support. Deliberate effort should be made towards supporting DPOs which attract least funding such as Malawi National Association for the Deaf, MANAD.

#### **D. Capacity-building and influencing duty-bearers**

The National Policy on Equalisation of Opportunities for Persons with Disabilities outlines the roles and responsibilities of various stakeholders including providing guidance on mainstreaming. The policy clearly states that all Government Ministries, Departments and statutory bodies are responsible for the implementation, monitoring and evaluation of the National Policy on Equalisation of Opportunities for Persons with Disabilities. Specific institutions have specific responsibilities for specific services and they are supposed to cater for PWDs within their sectors and ensure that persons with disabilities have equal access, rights and responsibilities as any other Malawian.

Both the CBR program and advocacy efforts by DPOs have played a significant role in influencing Duty-bearers as evidenced from a number of achievements such as the establishment of the Special Needs Education directorate in the Ministry of Education, the involvement of local assemblies in CBR activities, the establishment of a section responsible for disabilities and rehabilitation (orthopaedic section) and the creation of a separate (though this is no longer the case since 06/09/11) Ministry for Disability. One of the roles of NAD mentioned in the Cooperation agreement is to secure financial contribution for capacity building at district and ministry level.

Other results of the CBR program and DPO advocacy efforts are the training of teachers in special needs education, the inclusion of disability on the curriculum for Teacher Training Colleges and indeed the provision of legal aid services by the Malawi Human Rights Commission are all indicators of the results and extent of influence towards Duty-bearers.



Although some of the Norwegian funding has gone to mainstreaming disability in general programs these efforts have not made a significant footprint in Government Ministries, Departments and bodies. However, the evaluation found some examples of projects where capacity-development of the duty-bearers was supported by Norway; Norwegian Church Aid supported the Ministry of Health to build accessible hospitals and nursing colleges, the National Association of Smallholder Farmers of Malawi (funded by the Embassy) has developed reader-friendly extension messages to persons with visual impairments. By default messages were designed and developed in such clearly visible manner that it became disability friendly to persons with visual impairment among their members.

However, the Evaluation found that there is no sector Ministry that has fully mainstreamed disability so far. Only the Ministry of Education has indicators for disability: the proportion of children with disabilities in mainstream schools. The rest of the Ministries do not have any indicators on disability. As seen in the table below, while the Ministry of Finance has a desk officer, his/her line of work relates to advising MACOHA and the then Ministry of Persons with Disability and the Elderly on compliance to budget guidelines and ceilings. It has nothing to do with lobbying for increased investment in disability.

The table below shows a list of key sector ministries and whether they have desk officers for disability and whether they have mainstreamed disability:

**Table 5: Mainstreaming in key sector ministries**

Ministry	Desk officer for Disability	Mainstreamed disability or not
Agriculture	No	No
Labour	No	No
Youth, Sports and Culture	No	No
Finance	Yes	No
Gender, Children and Community Development	No	No
Education, Science and Technology	Yes	No

Source: Munthali, 2011 Situation Analysis of persons with disabilities in Malawi, CSR

For mainstreaming to be successful, stakeholders need to be aware of disability issues. Various stakeholders in Malawi, however, are not fully aware of these issues including the national disability policy. The evaluation found a limited institutional knowledge and awareness about the policy and related disability issues. The Policy has a provision for the establishment and operationalization of the National Advisory and Coordination Committee on Disability Issues which currently has not been functional.

While there are no direct initiatives to impart knowledge and skills on disability mainstreaming among duty-bearers from sectorial ministries and departments,

an on-going joint initiative involving the office of the former Ministry of Persons with Disabilities and the Elderly, NAD and CBM was underway. The initiative aimed to assess existing knowledge and skills in disability mainstreaming as a basis for drafting and implementing a national mainstreaming plan (see below for more on this initiative under Research).

### **E. Research**

A number of research studies, surveys and censuses have been funded by Norway and conducted by SINTEF, the National Statistical Office and other researches in the past

The SINTEF research on Living Conditions among People with Activity Limitations in Malawi remains the main source of both quantitative and qualitative information on the situation of persons with disabilities in Malawi. The study was jointly conducted with the Centre for Social Research of the University of Malawi and FEDOMA. The report is being used as background information in research proposals as well as a source of the most reliable data for advocacy activities. However, the very limited circulation of the SINTEF study has negatively impacted on its usage. Another SINTEF study funded by NAD/Norad on the prevalence of gender-based violence against women with disabilities concluded that the largest obstacle to women with disabilities were the lack of education. Violence was reportedly less of an issue (Kvam & Braathen, 2006).

Norwegian funding of Statistics Norway for capacity-building of the NSO has been ongoing for a number of years. The capacity-building has included personnel exchange between NSO and Statistics Norway, but not in the field of disability statistics. In the 2008 Population and Housing Census by NSO – which contains the most up-to-date statistical data on disability, NSO has utilised a limited definition of disability.<sup>23</sup>

The UN initiative Statistics for Development - Paris21 partnership,<sup>24</sup> where Statistics Norway is an active partner, does not mention disability as a variable for poverty reduction in any of its publications. According to Statistics Norway, the reason for this is in general a lack of interest in disability as a variable for studying causes of poverty. Also, the mandate of Statistics Norway is formed by the national statistical partners and disability has not been a prioritised area.<sup>25</sup>

Analysing the research done by SINTEF and NSO, it seems that opportunities for cooperation and complementary research have not been utilised yet.

With regards to the most recent (2011) study commissioned by NAD/CBM on the 'Situation Analysis of Persons with disabilities in Malawi' which was released during the field survey of this evaluation, there is cooperation between NSO and CSR, which bodes well for future research cooperation between the different stakeholders.

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<sup>23</sup> The 2008 Population and Housing Census classified disability in four definitions, not in accordance with the UN City Washington Group which recommends using six categories.<http://unstats.un.org/unsd/methods/citygroup/washington.htm>

<sup>24</sup> <http://www.paris21.org/>

<sup>25</sup> E-mail and phone interview with Statistics Norway.

The sign language dictionary project was initiated in 2004 with funding through NCA in order to address the challenges that deaf children were experiencing. The task to develop the dictionary was in the hands of the Association of Christian Educators (ACEM) spearheaded by Professor Anacklet Phiri. The project was to be concluded in 2008 but till now the dictionary has not been finalised. Both the delay and the non-involvement of the Malawi Association of the Deaf (Manad) in the development of the dictionary were concerns in this project. During the Stakeholders workshop participants were keen to get involved to ensure the successful and useful completion of the task.

This evaluation however has noted that there is lack of interface between the NSO and other vital organs in both statistical and disability sectors which can provide the NSO with vital and relevant information such as MACOHA, the Ministry of Education and statistical sections of line ministries. Also, research is not disseminated and systematically used to inform planning and advocacy.

## 5.2 Partners capacity and approaches

The multilateral partners account for almost 30 per cent of the Norwegian funding in the 11 years period reviewed. The three most important are UNDP, UNICEF and FAO. In general awareness and inclusion of disability issues was low in the UN agencies visited. They were not aware of the UN guidance note for country level programs and they had not had any special training in connection with the coming into force of the UNCRPD. However, via UNDP support has been given to the Malawi Human Rights Commission which has recently engaged in promotion of the rights of persons with disabilities. With Norwegian support, **UNDP** has been implementing a Democracy Consolidation Program (DCP) for more than a decade, targeting vulnerable and marginalised groups such as children and women. The program which is carried out in 19 districts aims at empowering communities so that they are able to stand up and claim development as a matter of right in the areas of education, health, social services etc. The program has no direct support to persons with disabilities and has no interface with the CBR. UNDP has a course entitled “Persons with Disabilities, Ability, Capability and Employability” which all staff are required to undertake. The course is aimed at sensitizing all UNDP staff members on issues related to disabilities, people living with disabilities, their position in society and possible measures. UNDP could undertake to become more inclusive, on the program side and in its role as a modern employer.<sup>26</sup>

Norway has supported **UNICEF** globally to develop its education program, with special focus on *Education for All* and inclusive schools. The intention has been that UNICEF should be able to provide technical support, backstopping and funding to National educational programs. Guidelines have been developed to guide planning and monitoring of inclusive education sector programs.<sup>27</sup> So far the main focus has been on inclusion of girls and to some extent on other mar-

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<sup>26</sup> Information from UNDP in Malawi

<sup>27</sup> [http://www.unicef.org/education/files/Equity\\_and\\_Inclusion\\_Guide.pdf](http://www.unicef.org/education/files/Equity_and_Inclusion_Guide.pdf)

ginalised groups such as ethnic minorities. Children with disabilities have not yet been a prioritised focus in the UNICEF global Fast track/Global action for education for all or in the UNICEF programs on child friendly class rooms, although there are some model countries where this has happened. For UNICEF in Malawi, disability is not on the agenda. UNICEF targets the most vulnerable groups such as ultra-poor, labour constrained, elderly, and persons with disabilities via the Social Cash Transfer programs.

**UNICEF** has previously supported disability programs through investment in vocational skills training at MACOHA's Lilongwe Vocational Training Centre for the Disabled. Support from UNICEF has complemented funding from government to meet the cost of tuition, training materials and start up kits. Such support has, however been piece meal. Efforts are currently underway from MACOHA's side to lobby UNICEF to provide on-going support to such activities.

Similarly the National Commission for **UNESCO** has previously (early 90s) collaborated with MACOHA in a project aimed at building capacity of mothers and guardians of children with disability on early identification and management of childhood disabilities.

**Norwegian Church Aid:** NCA receives its funding through three channels: the Norwegian Embassy, Norad and Ministry of Foreign Affairs. NCA also has other private donors in Norway that are interested in funding disability including church-based charities and groups. As described earlier NCA used to support disability projects until 2008

**MACOHA:** MACOHA's role is to champion disability mainstreaming across sectors through direct implementation of activities to address the following priority policy areas: education and training, economic empowerment, information and communication, HIV and AIDS, accessibility, rehabilitation and research. The key strategy that the institution uses to mainstream disability is community based rehabilitation. In addition, the organisation promotes mainstreaming of disability in sectorial ministries, departments, the public and private sectors and local assemblies through awareness-raising on the disability policy, transfer of relevant knowledge and skills to stakeholders etc. Services offered by the organisation target people with all type of disabilities although persons with physical and visual impairments benefit more than those with other disabilities due to inadequate institutional capacity, both human and financial. The Government's annual budget, as approved by Parliament through the Appropriation Act covers a small part of MACOHA's budget (20%). However, the cost of programs and services is largely borne by the organisation's international partners, namely, NAD, and CBM through their respective agreements with government (through the Ministry of Finance) and MACOHA. These partners meet almost 80% of the cost of programs and services.

To ensure sustainability, the CBR program's planning and implementation structure encompasses development structures at community, local assembly and national levels to ensure sustainability.

FEDOMA being an umbrella membership organisation of associations of persons with disabilities strives to advocate for rights based approaches to development. FEDOMA's agenda is to empower persons with disabilities to be actively engaged in decisions that affect their lives hence FEDOMA's motto of "nothing for us without us".

Since the signing of a cooperation agreement between NAD and the Government of Malawi in 2002 (agreement has been renewed/extended several times with current extension to cover the period 2010 – 2014), and subsequent to introduction of the WHO CBR matrix, there has been significant focus on initiatives to promote empowerment of persons with disability through direct investment in program development targeting DPOs with emphasis on awareness raising on disability rights, establishment of self-help groups and DPOs and generally, capacity building for effective advocacy.

FEDOMA receives the bulk of financial and technical support from NAD for its core business of building capacity for advocacy and to promote active participation of persons with disabilities in CBR and other development activities.

Since 2005, the Malawi CBR program has incorporated a number of strategies to promote the active voice and participation of persons with disabilities. These include establishment of a national CBR resource team (NCRT) and the national CBR steering committee (NCST). FEDOMA is a member of both committees. The overall mandate of the NCRT is to champion disability rights and mainstreaming across the health, education, livelihoods, social and empowerment components by ensuring implementation of inclusive policies including allocation and utilisation of requisite funds. FEDOMA champions the empowerment component on the NCRT. Persons with disabilities also comprise membership of District CBR Committees (DCC) at local assembly level. The role of DCC is to ensure inclusion of disability in sectorial plans, and to develop and monitor the implementation of the CBR plans.

Further, FEDOMA and some of its affiliates alongside other local stakeholders (Chisombezi Resource Centre for the Deafblind, Paradise and Reach Trust) have a joint disability program which receives financial support from their counterparts in the Atlas Alliance (NAD, NABP, NFU, Norwegian Lung and Heart Association and Signo Foundation). The objective of this partnership is to harmonise program delivery. One of the current joint programs through this partnership targets advocacy work in support of disability rights through passage of the Malawi Disability Bill.

In terms of sustainability of its operations, FEDOMA is heavily donor dependent. Its current initiative to invest in real estate is a move towards the right direction. However, the organisation needs more financial support/input in this area to realise its objective.

### **The Ministry for Persons with Disabilities and the Elderly (MPwDE)**

From 1998 to the 7th of September, 2011, disability was represented at Cabinet level initially as a Ministry in the Office of President and Cabinet and the latter as a fully-fledged Ministry.

The mandate of MPwDE was to champion inclusive practices through coordinating mainstreaming of the National Policy on Equalisation of Opportunities for Persons with Disabilities into sectorial policies as well as implementation oversight. The latter responsibility required the Ministry to ensure monitoring of sectorial programs to ensure non-discrimination in the delivery of basic services. Further, to facilitate realisation of a rights based approach to development, the Ministry championed the formulation of the Disability Bill currently in draft form.

Until the time of its dissolution, the Ministry had made some progress especially in raising awareness on the need for inclusive development. In that process, it had also raised the profile of disability at Cabinet level as well as among the general public. The Ministry's work was, however, constrained by inadequate technical capacity to discharge its mandate especially in terms of influencing policy mainstreaming across sectors as well as monitoring program implementation to ensure compliance of guidelines on inclusive development. Accordingly, there is need for deliberate efforts in the short term, to address this challenge.

Operations of the Ministry were financially supported by government. Through a cooperation agreement signed between NAD and Government of Malawi through Ministry of Finance, the Ministry facilitated support to MACOHA from NAD to the tune of between MK 60-65 million annually (approximately 2.1-2.3MNOK).

### **Respondent Survey**

After every interview each respondent was asked to fill in a scoring sheet to reflect their assessment of the level of awareness and promotion of the rights of persons with disabilities. Table 6 below gives a summary of the result of the survey.

The level of competence within an organisation was particularly high within DPOs as well as local NGOs and was lowest among Norwegian NGOs. This somehow seemed to be a reflection of the level at which the different institutions were mainstreaming disability issues within their programmes. The same can be said about the rating from the multilaterals.

The DPOs were still rating highly their level of awareness/competence on disability issues. This perhaps can be explained from the fact that it is the DPOs who are in the forefront promoting and advocating for the rights of persons with disabilities. The lowest rating from Norwegian NGOs can hardly be surprising as it became clear during discussions that their knowledge of the CRPD was also limited.

**Table 6: Average scores on knowledge, awareness and attitudes by type of organisation**

Particular Descriptions	Norwegian NGOs	Gov. Min/ Dept./	DPOs	Local NGO	Multi-laterals
Level of competence within your organisation on disability issues	2.3	3.2	4.5	3.5	3
Rating of own level of competence on disability issues	2.6	3.7	4.2	3	3.5
Importance of the rights of persons with disabilities are compared to other cross cutting issues	3.9	3.9	3.6	3	2.5
Rating of the attitudes towards rights of persons with disabilities of the extending agency	3.1	3.1	3.3	3	1.5
Rating of the attitudes of national and/or local partners towards the rights of persons with disabilities are compared to other cross cutting issues	2.7	3	2.5	2	2

Scale: 1= low, 5=high

A surprisingly high rating emerged from Norwegian NGOs and Government institutions regarding the importance of rights of persons with disabilities compared to other cross cutting issues such as gender or human rights. This was surprising because both these had gender/human rights mainstreaming within their programmes.

### 5.3 Extending agencies

The major extending partners for Malawi are MFA, Embassy and Norad. The study has revealed that the extending agencies have not followed any specific procedures or guidelines that would ensure the inclusion of persons with disabilities in their support. Multilateral agencies like UNDP, FAO and UNICEF, while appreciating issues of disability do not focus their attention on it and consequently they do not demand targeting or mainstreaming of disability as a condition for support. The Embassy channels a large part of its support directly to government ministries and departments and to local NGOs. This support does not deliberately go to disability related initiatives. However some ministries such as Health and Agriculture, which have interventions specifically targeting the most vulnerable groups take it upon themselves to mainstream disability as they carry out gender and HIV/AIDS mainstreaming.

Even though Norad issued in 2002 specific guidelines to include persons with disabilities and their specific needs in all aspects of development cooperation, results from this study have shown that these guidelines have not been adhered to by most of the Extending and Agreement Norwegian partners.

In 2005 Norad engaged the Atlas Alliance to undertake a pilot project in Malawi whose objective was to raise awareness about inclusion of Persons with Disabilities in Development Cooperation in Malawi and to provide instructive and constructive examples of including disability dimension and persons with disabilities into development initiatives. The project was implemented in three phases which included consultations, workshops, and follow up. The first workshop brought together over 110 participants from Norwegian CSOs, their local Malawian partners and Norwegian Embassy staff. Some of the milestones of this process included identification of main challenges, presentation of tools to identify and overcome barriers but perhaps one of the most significant changes that came out of the workshops was the high level of focus and awareness amongst the participants. However, during this field survey, six years later there are few tangible outcomes and the process seems to be forgotten by many of the involved organizations. This was a missed opportunity for the local partners as well as the Atlas Alliance and the Embassy (Report from Atlas Alliance, 2005).



## 6. Good practices and challenges

### 6.1 Existence of good government/DPO relationship

It could be argued that, generally speaking, a mutual trust and respect exists between government and its agencies and the DPOs. The relationship is not confrontational. Both sides understand their roles, namely, the government's role being to facilitate or coordinate the development of policies and bills, to spearhead policy mainstreaming, to establish operational structures and to have oversight over implementation of programs and services. On the other hand, the role of DPOs is to lobby and advocate for inclusive practices. DPOs and government in Malawi are able to engage in constructive criticism and to work towards common goals. This is evident in government's annual technical and financial support towards commemoration of the World Day of the Disabled and the sustained DPO presence on the MACOHA Board.

### 6.2 Involvement of DPO in the design and implementation of national policies

At community, district and national levels FEDOMA and its affiliates were widely consulted and involved in the process of developing the National Policy on Equalisation of Opportunities for Persons with Disabilities. Such involvement by DPOs was based on the understanding by government and cooperating partners of the crucial role of persons with disabilities in the policy development process, namely, to articulate their rights and suggest strategies for addressing them.

In terms of self-representation, tangible though limited initiatives have been made by both government and the NGO community to institutionalize representation of persons with disabilities in development structures such as in the Handicapped Persons Act, the Local Government Act and other bodies where there are provisions for representation of the disability movement or constituency on their boards.

### 6.3 Special Needs Education/Inclusive education

Perhaps one of the achievements cited by DPOs in their advocacy and lobbying initiatives is the establishments of a Directorate for Special Needs Education in the Ministry of Education (MoE). The MoE Directorate of Special Needs Education is ensuring a conducive school environment, where all learners can easily access education without any hindrances. Special schools funded by government have been established targeting children with various forms of disabilities;

However, GoM encourages the establishment of resource centres for persons with disabilities within mainstream schools following inclusive education policy. Under SNE the MoE has been training specialist teachers at Montfort SNE College until certificate level. The training has recently (2010) been upgraded to diploma level. The Catholic University of Malawi also offers degree courses in Special Needs Education. To some extent the MoE is fulfilling the roles as described in the Policy and this has been possible because of the presence of the Directorate of Special Education within the Ministry. The general teacher training curriculum has an element of SNE. On the other hand, absence of visibility of special education within the Division and District Education management structure is a major constraint to prioritisation of special needs education at a decentralised /local level.

#### **6.4 Education and Communication**

There have been some significant initiatives by some disability specific DPOs to increase opportunities in the areas of education and communication. The MUB for example has previously successfully lobbied for increased access to secondary education for the blind/visually impaired persons. It also successfully lobbied the Malawi National Examination Board (a local examining body) on the need to do away with diagrams (in print format) and introduce tactile diagrams on examination papers of visually impaired candidates. Similarly, the Malawi National Association of the Deaf (MANAD) continues to lobby for official recognition of Sign Language as the preferred language for deaf and the hearing impaired persons as well as for the use of sign language in schools and resource centres.

The Ministry of Education provides a good example of mainstreaming. Mainstreaming is done through two main activities: by providing physical accessibility to schools especially for upcoming school structures, and through the inclusive education program. The ministry has ensured that all new schools are accessible to persons with physical disability by providing ramps and special toilet facilities, which is a requirement stipulated in the Ministry's codes for school construction.

#### **6.5 Challenges**

Malawi is a signatory to a number of regional, continental and international conventions and protocols on persons with disabilities. However, the ratification of these instruments means little unless their principles are enshrined in the national laws. The process of reforming and monitoring national legislation to meet international standards is often slow and selective.

The UN Convention is not an exception. It is not yet been localised, as the disability bill still remains as a draft. Also, passing of the bill alone will not guarantee commitment. The challenge will be to champion awareness by responsible stakeholders starting with government itself through appropriate government ministries as outlined in the NPEOPD. There will be need for networking

between various stakeholders such as government, MACOHA, civil society, FEDOMA, backed by the Human Rights Commission.

Reliable data on persons with disabilities disaggregated by such indicators as age, sex, household income, geographic area and other factors is usually in short supply. This inevitably is likely to complicate the development of evidence-based interventions and the formulation of appropriate responses targeted at reaching all persons with disabilities.

The National Policy on Equalisation of Opportunities for Persons with Disabilities and related legislation will mean little if the financial resources from government and development partners to implement and enforce the new policy and legislation remain inadequate to fulfil commitments to persons with disabilities.

**In addition the following challenges exist to mainstreaming disability:**

**Access:** Persons with disabilities, especially in remote areas of the country, face problems accessing health care centres and services as a result of inaccessible infrastructures, by design and/or distance, in addition to attitude of health workers. Information on health care is often not provided in accessible formats and persons with disabilities are not targeted for health education;

**Stigma:** Many children with disabilities remain excluded from accessing formal education, even if schools are physically accessible. Parents still fear that their children with disabilities will not cope and that disclosure of a child with disability stigmatises the whole family and affect the marriage prospects of siblings. Often, it is considered that investment in a child with disability is not worthwhile. In addition, insufficient supply of specialist teachers and learning materials in mainstream school has contributed to low school attendance by children with disabilities;

**HIV/AIDS:** Persons with disabilities are particularly affected by and vulnerable to HIV and AIDS. Access to HIV and AIDS information, health care and treatment by persons with disabilities is a problem. Information is rarely available in appropriate formats for persons with disabilities to understand. Myths about the sexuality of persons with disabilities have aggravated their vulnerability to contracting the virus;

**Unemployment:** Persons with disabilities have restricted employment opportunities, mainly due to discrimination, inadequate education and training, job experience and confidence. As a matter of fact, employment opportunities for persons with disabilities are often almost non-existent. Consequently many depend on welfare or even begging for a living;

**Structures and Systems**

Because of weak structures to facilitate and monitor the mainstreaming process the impact of the National Policy on Equalisation of Opportunities for Persons with Disabilities is not much. Especially considering that the policy does not have mechanism to link up with relevant Ministries like the ministry responsible for

Social Welfare or education and health which have structures in all the communities and interact with people who are affected. Only MACOHA seems to be implementing the National Disability Policy yet MACOHA is resource constrained.

The process of disability mainstreaming in Malawi continues to be largely dictated by good intentions notwithstanding elements of 'rights based approaches'. Although there is a paradigm shift from viewing disability as a philanthropic/charity issue to a development and human rights issue, there is lack of appropriate systems on the part of DPOs and government to institutionalize DPO influence in the country's political structure. Similarly, government lacks the systems and legal framework to enforce the National Policy on Equalisation of Opportunities for Persons with Disabilities and sector specific policies to promote disability mainstreaming.

Accordingly, instruments that are expected to promote inclusive practices such as constitutional provisions on non-discrimination, national policies and legislation remain to reflect good intentions on the part of government. Ultimately, the process towards the realization of the thematic areas of access to education, health, employment/livelihood and access to physical environment is not adequately institutionalized and resourced.



*A man employed in an emergency job creation program following the drought in Malawi in 2010/11. NCA worked with partners in Churches Action in Relief and Development (CARD) to assist the disaster affected groups. NCA's focus on vulnerable people also includes persons with disabilities.  
(Photo: Kari Øyen, NCA)*

## 7. Opportunities, Conclusions and recommendations

### 7.1 Conclusions

Malawi has signed several international Conventions, agreements and instruments. However the principles of non-discrimination, equal rights and equalization of opportunities in the cited Conventions feature to varying degrees in government policies and legislation. There is a large number of government policies and legislation that mention disability, such as the NPEOPWD of 2006 which is most comprehensive. As earlier mentioned, Malawi recently (2009), ratified the CRPD and is due to report on the convention in 2012. The country could therefore take this opportunity to put its disability statistics in order, before that date, by for example commissioning the NSO to carry out a specific disability survey or better still NSO could conduct a follow up survey to the one conducted earlier in 1983.

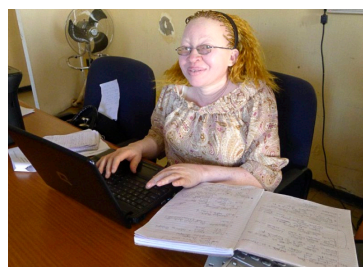
As seen throughout the report, project documents indicate that Norway supports a number of development initiatives through a number of sectors and channels. Indeed, Norway is one of the major donors to sectors such as health, agriculture and food security, governance etc. However, the extending agencies have not encouraged or enforced inclusion of disability issues in dialogue with agreement or implementing partners. Neither has the Norwegian Embassy in the country, apart from a number of workshops in 2005. Programs such as the UN's Democracy Consolidation Program would go a long way towards empowering persons with disabilities if disability issues were mainstreamed and if it was linked up with the CBR program. There is need therefore for both extending partners and agreement partners to ensure that persons with disabilities are specifically targeted when drawing up new contracts with various implementing partners.

Similarly the two pronged approach to programming adopted by some of the Norwegian partners such as NAD, have proved useful in contributing to result based approaches. The approach combines organisational development to build DPO capacity in lobbying and advocacy and the provision of technical support to the Ministry of Disability and the Elderly through MACOHA in the areas of policy development and CBR. Similarly, recent development to encourage joint planning and program implementation by local partners of the Atlas Alliance has contributed to better prioritisation of interventions and reduced unnecessary duplication. It has also assisted DPOs to speak with one voice on issues of common concern.

Although the roles of different stakeholders are clearly defined in the NPEOPWD and an integrated work plan is in place, implementation of the policy is marred by poor coordination, lack of mobilization of the requisite resources as well as inadequate commitment towards disability mainstreaming by sectorial government ministries, departments, non-governmental organizations as well as the private sector. From this review it can be concluded that the CBR program has, to a large extent, managed to mobilise commitment from the community. Generally commitment from government has been in the form of moral support and there is a long way to go to ensure more active involvement of sectorial ministries. Improved quality of life for persons with disabilities requires more than moral support – it requires resources as well. The lesson from the CBR here is that such programs must recognize that sustainable change requires government support - both in policy and practice.

Over the recent past years disability has been repositioned as a human rights and development issue. Consequently the NPEOPWD is linked to a number of other national policies, legislation and instruments such as the Malawi Poverty Reduction Strategy Paper as well as the Malawi Economic Growth Strategy which recognize the need to develop the capabilities and potential of persons with disabilities to increase their productive capacity, remove barriers which limit their participation in society and improve their social, economic and environmental conditions that limit their access to decision making processes. The policy is also linked to Gender and Youth policies. Even though the policies have linked disability to the rights-based approach the study has shown that it is only DPOs and civil society who have made attempts to implement such an approach. The failure of the UN's DCP to adopt a disability approach or link with the CBR could be an example in question.

Children and women with disabilities experience greater discrimination and higher levels of exclusion from the mainstream society. Women with disability are subjected to dual discrimination; first based on their gender which assigns them a lower status and secondly, they are further devalued because of how society perceives disability and are in some instances discriminated against by fellow non-disabled women. The NPEOPWD policy recognises the need to promote gender equality and therefore, encourages the adoption of programs and projects that give both men and women with disabilities an equal influence on the design, decision-making and implementation of such programs. The interventions under review have demonstrated some evidence of women with disabilities taking the lead in propagating disability issues. This is especially evident within DPOs where the activities of DIWODE and PODCAM stand out.



*The leadership trainings in FEDOMA and the member organisations, including the Society of Albinism, many funded by the Norwegian solidarity campaign Operation Day's Work, have led women to come forward and take lead in the DPOs. Pamela Juma is the deputy director of FEDMA (photo: Nora Ingdal)*

## 7.2 Lessons learnt and opportunities

There are a range of opportunities to be considered within the Malawi context. All these could be supported by Norwegian dialogue, programs or funding. For example:

**Effective Dissemination of Disability Information:** A lot of policies and research have been produced in the disability sector such as the Disability Bill, the National Policy on Equalisation of Opportunities for Persons with Disabilities and the draft National Plan of Action and comprehensive representative surveys such as SINTEF's study on *the Living Condition for People with Activity Limitations in Malawi*. However, there has not been adequate dissemination of these documents. In order for effective promotion of the rights of persons with disabilities and indeed for successful mainstreaming there is need for adequate information about disability to various stakeholders. An institutional awareness campaign therefore needs to be done for people to be aware of the disability issues and what role they can play. In these awareness campaigns the target should be government ministries, planners and implementers. The Ministry or the Human Rights Commission (with support from DPOs) should take the lead in ensuring that these documents are disseminated widely.

Similarly, there is need to build stakeholder capacity in result based planning and reporting as well as in disability research. Such an undertaking would ensure availability of well documented (evidence based) materials on program processes, experiences and results. Not only would a systematic way of documenting experiences provide insights into good practices, it would also provide direction in terms of practices that may not be result oriented and therefore to be dropped.

**Capacity Building of DPOs:** There is need for the disability movement, through FEDOMA and its affiliates, to initiate a program towards the establishment of more DPO branches as well as strengthening existing branches at district and community levels across the country. Considering that district assemblies through the Local Government Act provides for representation of special interest groups including persons with disabilities, the creation and empowerment of more DPO branches will ensure that there is sufficient lobbying at community and district levels through self-advocacy. Similarly, FEDOMA should establish task forces or subcommittee with specific mandates, namely, to critique and or review national policies, raise awareness on international protocols, agreements and conventions etc.

**The Roles of Government:** Currently the MPwDE has been abolished in a cabinet reshuffle. The roles of MPwDE are clearly highlighted in the national disability policy. It is responsible for developing monitoring and evaluating progress being made in the implementation of national policies and strategic plans in the area of disability. It is also supposed to advise other sector ministries and stakeholders on disability issues. However, now that the ministry is closed other options must be promoted in order not to lose guidance and coordination.

There is need to enforce the policy to ensure that stakeholders are supported and monitored to fulfil their roles. A new structure must be appointed to fulfil this role as soon as possible. Other countries have Disability Commissions or Steering Committees.

**Disability focal persons in the Sector Ministries:** Within the National Policy on Equalization of Opportunities for People with Disabilities there are recommendations for focal persons to be appointed in each sector ministry who would be responsible for disability issues. It is recommended that in order to effectively mainstream disability there is need for desk persons for disability issues to be appointed in all the sector ministries and the government *department* that will be appointed responsibility for Persons with Disabilities and the Elderly to train these desk officers develop as well as monitor a mainstreaming strategy to be adopted by all sectorial ministries and departments..

**Follow up survey on Living Conditions of persons with disabilities:** The 1983 survey conducted by NSO and the comprehensive survey on people with disabilities the *Living Conditions* survey conducted in 2003 have enabled Malawi to have data on disability including levels of access to services. However, considering the current prevalence of disability there is need to conduct a national, more comprehensive/tailored study where disability will be determined through screening questions developed by the Washington Disability Statistics Group.

**Monitoring and Evaluation:** Leadership of DPOs should engage with government on the need for DPOs to be involved in monitoring and evaluating sectorial (government) programs and services in order to document the extent to which various programs and services promote disability mainstreaming. Such monitoring could initially target the key sectors of Education, Health, access to the physical environment and employment. To facilitate such involvement government needs to ensure to institutionalize DPO representation in government's monitoring and evaluation systems at community, district, and national levels and to ensure base line data and disaggregated monitoring data.

**Affirmative Action:** Currently, of the 53 government agencies, persons with disabilities are only represented on the Board of MACOHA, TEVETA and Malawi Rural Development Fund (MARDEF) Such limited representation has a direct bearing on the level of DPOs influence on development policies and programs of government as well as NGOs. There is need for DPOs to advocate for positive discrimination by engaging government to reserve places for persons with disabilities on governance structures (Boards) of key government agencies (parastatals), schools, as well as on Parliamentary Committees responsible for education, health, infrastructural development, disability and employment. DPOs could change the status quo through joint advocacy campaigns to involve the Malawi Human Rights Commission, the NGO Board among other key stakeholders. There is also need for DPOs, during parliamentary general elections, to put up candidates and vigorously support them.



**Support for Sign Language:** The development of the Malawi Sign language seems to have stalled despite adequate financial investment in the progress by NAD and other stakeholders. A number of factors may be cited for this. These include lack of a timeframe for the project, inadequate coordination involving key actors, namely, MANAD, FEDOMA, the lead person Professor Phiri, the Ministry of Education, Science and Technology, then Ministry of Disabilities and the Elderly and its agency, MACOHA. There is need for regular meetings among key stakeholders (chaired possibly by the Ministry of Education) to monitor and vet progress, discuss challenges as well as chart the way forward. Currently, there seems to be inertia on the part of stakeholders to follow up on the project. There is also a need for the CBR program to consider supporting special sign language classes for deaf children in collaboration with education authorities and the MANAD. Deaf persons should also be offered appropriate training and given priority when employing teachers.

**Common Understanding of Concepts:** There is need for DPOs, policy makers, planners and other stakeholders to develop common understanding of the meaning and application of basic concepts, namely, mainstreaming, inclusion, participation, non-discrimination, marginalization, human rights, and integration. Similarly, it is vital that DPOs and stakeholders should have working knowledge of the processes of mainstreaming and inclusion. Without adequate understanding of such concepts, it will remain difficult for DPOs to engage in effective advocacy and lobbying activities. Such capacity building could be done jointly by FEDOMA, MACOHA, NGOs and the Ministries of Persons with Disability and the Elderly, Education, Gender and Child Development with support from international development partners including members of the Atlas Alliance.

### 7.3 Recommendations

**Recommendations for Norway:**

1. Recognise disability as a key human rights issue on line with the rights of women, children, ethnic or religious groups and sexual minorities.
2. As a key donor in the sectors of agriculture and health, Norway can lift disability issues in the dialogue when signing new contracts with bilateral, multilateral and other partners.
3. When agreements are made, Norway could stress the importance of disaggregated indicators for disability to make monitoring of results possible. Norway could also include questions of results for persons with disabilities in Terms of References of reviews, evaluations and in their field visits to development partners.
4. The UN supported Democracy Consolidation Program, which is working towards empowering vulnerable groups and enabling them to claim their rights to development, could become more relevant and effective for persons with disabilities if linked to the Community Based Rehabilitation program. The same with the United Nations Children Funds educational, health and social cash transfer programs.

5. Norway could support disability surveys (via the National Statistical Office), studies and monitoring processes to improve quality of government and alternative reporting, especially since Malawi is due to report on the Convention of the Rights of Persons with Disabilities in 2012.

***Recommendations for Malawi partners:***

1. **Effective Dissemination of Disability Information:** In order for effective promotion of the rights of persons with disabilities and for successful mainstreaming there is need to disseminate documents such as the Disability Bill, the National Policy, the draft National Plan of Action and comprehensive representative surveys such as SINTEF's study on the Living Condition for People with Activity Limitations in Malawi.
2. **Capacity Building of DPOs:** There is need to build capacity levels of DPOs in the areas of policy analysis, budgeting and budget tracking, monitoring and evaluation but also the establishment of more DPO branches as well as strengthening existing branches at district and community levels across the country.
3. **Disability focal Persons in the Sector Ministries:** In order to effectively mainstream disability there is need for desk persons to be appointed in all the sector ministries and the government department including the Norwegian Embassy.
4. **The Roles of Government:** There is need to provide clear roles between government and its disability wing MACOHA.
5. **Common Understanding of Concepts:** There is need for DPOs, policy makers, planners and other stakeholders to develop common understanding of the meaning and application of basic concepts, namely, mainstreaming, inclusion, participation, non-discrimination, marginalization, human rights, and integration.
6. **A follow up survey on *Living Conditions of PWDs*** conducted in 2003 is needed.
7. **Monitoring and Evaluation:** The DPOs need to be involved in monitoring and evaluating sectoral (government) programs and services.
8. **Affirmative Action:** Currently of the 53 government agencies persons with disabilities are only represented on three boards. The NGOs need to advocate for affirmative action by engaging government to reserve places for persons with disabilities on governance structures, parastatals, schools, as well as on Parliamentary Committees responsible for education, health, infrastructure development, disability and employment.

9. **Support for Sign Language:** There is need for the CBR program to consider supporting special sign language medium classes for deaf children in collaboration with education authorities and the Malawi National Association of the Deaf (MANAD).

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# Annexes



## Annex 1: List of disability related projects in Malawi 2000-2010

Agreement partner	Agreement title	Extending agency	DAC Main sector	Total (NOK '000)	T, M&P	Cause Disability (A-Conflict, B-other, C-both)	Type of disability (A-G)	Main focus(A-Service, B-Empowerment, C-DPOs, D-Duty-bearers, E-Research)
Atlas Alliance	Chisombezi - Education of deaf blind children	Norad	111, 112 - Education	2,225	T	B	B	B
Atlas Alliance	LHL-Access to TB/ HIV services among persons with disabilities	Norad	121, 122 - Health	254	T	B	A	A
Atlas Alliance	LHL-Health communication initiative Malawi	Norad	121, 122 - Health	634	M&P	B	A	D
Atlas Alliance	LHL-Institutional Capacity Building (Reach trust)	Norad	151 - Government and civil society	758	T	B	A	C
Atlas Alliance	LHL-Organisational Development PARADISO	Norad	151 - Government and civil society	1,746	T	B	B	C
Atlas Alliance	Organisational development MUB	Norad	151 - Government and civil society	5,489	T	B	B	C
Atlas Alliance	NFU-Organisational Development PODCAM	Norad	151 - Government and civil society	5,282	T	B	A	C
Atlas Alliance	Pre-project study visit to Malawi	Norad	151 - Government and civil society	252	T	B	A	C
Atlas Alliance	Disability in Malawi - pre-study	Norad	430 - Other multisector	659	T	B	A	B

Agreement partner	Agreement title	Extending agency	DAC Main sector	Total (NOK '000)	T, M&P	Cause Disability (A-Conflict, B-other, C-both)	Type of disability (A-G)	Main focus(A-Service, B-Empowerment, C-DPOs, D-Duty-bearers, E-Research)
Atlas Alliance	NHF-Organisational Development FEDOMA	Norad	151 - Government and civil society	3,863	T	B	A	C
Atlas Alliance	NHF-Support to the disability sector in Malawi	Norad	160 - Other social infrastructure and services	26,749	T	B	A	B
Atlas Alliance	Consultant Contract Atlas Alliance: Workshop in Malawi	Norad	430 - Other multisector	379	M&P	B	A	E
Atlas Alliance	Pre-project org development VIHEMA	Norad	151 - Government and civil society	77	T	B	A	A
Food and Agricultural Organization UN	FAO - Food Security and Rural Livelihoods Program	MFA - Embassies	311 - Agriculture	31,990	M&P	B	A	D
Fredskorpset	Fredskorpset	MFA - Oslo	121, 122 - Health	25	T	B	D	A
Fredskorpset	Fredskorpset	MFA - Oslo	121, 122 - Health	272	T	B	D	A
Fredskorpset	Fredskorpset	MFA - Oslo	121, 122 - Health	270	T	B	D	A
Fredskorpset	Fredskorpset	MFA - Oslo	121, 122 - Health	272	T	B	D	A
Fredskorpset	Fredskorpset	MFA - Oslo	121, 122 - Health	81	T	B	D	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	1,012	M&P	B	A	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	60	M&P	B	A	A



Agreement partner	Agreement title	Extending agency	DAC Main sector	Total (NOK '000)	T, M&P	Cause Disability (A-Conflict, B-other, C-both)	Type of disability (A-G)	Main focus(A-Service, B-Empowerment, C-DPOs, D-Duty-bearers, E-Research)
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	38	M&P	B	A	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	353	T	B	D	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	561	T	B	D	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	270	T	B	D	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	121, 122 - Health	547	T	B	D	A
Fredskorpset	Fredskorpset personnel exchange	MFA - Oslo	111, 112 - Education	500	T	B	D	A
Haukeland University Hospital	Improvement of surgical and orthopaedic services in Malawi	MFA - Embassies	121, 122 - Health	3,985	T	B	D	A
Norwegian Church Aid	Introduction of Deaf-blind education	Norad	111, 112 - Education	292	T	B	B	B
Norwegian Church Aid	Introduction of Deaf-blind education	Norad	111, 112 - Education	616	T	B	B	B
Norwegian Church Aid	Malawi Sign Language	Norad	111, 112 - Education	720	T	B	C	E
Norwegian Church Aid	NCA-Health Training in Malawi	MFA - Embassies	121, 122 - Health	87,234	M&P	B	A	D
Norwegian Church Aid	SP CHAM health units MCH program	Norad	121, 122 - Health	1,080	M&P	B	A	D
Norwegian Church Aid	SP Collaboration and capacity building Nurses organisation-Norway	Norad	121, 122 - Health	135	M&P	B	A	D
Norwegian Church Aid	SP Ekwendeni Nursing College, Infrastructure-Phase2	Norad	121, 122 - Health	1,230	M&P	B	A	A
Norwegian Church Aid	SP NCA-Activities- Networking and Capacity Building, Health & HIV/AIDS	Norad	121, 122 - Health	366	M&P	B	A	D

Agreement partner	Agreement title	Extending agency	DAC Main sector	Total (NOK '000)	T,M&P	Cause Disability (A-Conflict, B-other, C-both)	Type of disability (A-G)	Main focus(A-Service, B-Empowerment, C-DPOs, D-Duty-bearers, E-Research)
Norwegian Church Aid	SP Nkhoma Nursing College, Infrastructure-Phase 2	Norad	121, 122 - Health	1,230	M&P	B	A	A
Norwegian Church Aid	SP Nursing colleges Network & Capacity building	Norad	121, 122 - Health	1,876	M&P	B	A	D
Norwegian Church Aid	SP Nursing colleges-furniture phase 2	Norad	121, 122 - Health	594	M&P	B	A	D
Norwegian Church Aid	SP Nursing colleges-Maintenance program -phase 2	Norad	121, 122 - Health	108	M&P	B	A	D
Norwegian Church Aid	SP Nursing Network Collaboration Akershus	Norad	121, 122 - Health	175	M&P	B	A	D
Norwegian Church Aid	SP Nursing Network Collaboration Diakonhjemmet	Norad	121, 122 - Health	243	M&P	B	A	D
Norwegian Church Aid	SP Nursing network Collaboration Oestvold	Norad	121, 122 - Health	243	M&P	B	A	D
Norwegian Church Aid	SP Nursing Network Collaboration Stord Haugesund	Norad	121, 122 - Health	175	M&P	B	A	D
Norwegian Church Aid	SP Nursing Network Collaboration Telemark	Norad	121, 122 - Health	350	M&P	B	A	D
Norwegian Church Aid	SP Nursing network Collaboration Vestfold	Norad	121, 122 - Health	418	M&P	B	A	D
Norwegian Church Aid	SP Phase 2 Nursing Education Infrastructure Tutors Houses	Norad	121, 122 - Health	2,916	M&P	B	A	D
Norwegian Church Aid	SP Phase 2- Research	Norad	121, 122 - Health	129	M&P	B	A	D
Norwegian Church Aid	SP Phase2-Nursing Colleges Networking-material & Skills lab equipment	Norad	121, 122 - Health	966	M&P	B	A	D

Agreement partner	Agreement title	Extending agency	DAC Main sector	Total (NOK '000)	T,M&P	Cause Disability (A-Conflict, B-other, C-both)	Type of disability (A-G)	Main focus(A-Service, B-Empowerment, C-DPOs, D-Duty-bearers, E-Research)
Norwegian Church Aid	Training Schools	Norad	121, 122 - Health	3,888	M&P	B	A	D
Lions Clubs International	District Eye Care Program Malawi	Norad	121, 122 - Health	15,705	M&P	B	B	A
Lions Clubs International	Lions Aid Norway Eye Health Malawi	Norad	121, 122 - Health	2,152	M&P	B	B	A
Malawi Ministry of Health	(S) Orthopaedic centre, QECH	MFA - Embassy	121, 122 - Health	1,350	T	B	D	A
SOS Children's Villages	MWI/SOS children villages in Malawi	MFA - Oslo	720 - Emergency Response	429	T	B	D	A
SOS Children's Villages	SOS Medical Centre, Blantyre, Malawi	Norad	121, 122 - Health	1,037	M&P	B	A	A
SOS Children's Villages	SOS Social Centre, Lilongwe, Malawi	Norad	160 - Other social infrastructure and services	1,710	T	B	A	B
SOS Children's Villages	SOS Social Centre, Mzuzu, Malawi	Norad	160 - Other social infrastructure and services	771	T	B	A	B
UNDP - UN Development Program	Democracy Consolidation Program	Norad	151 - Government and civil society	6,500	M&P	B	A	D
UNDP - UN Development Program	Malawi Democracy Consolidation program Phase III	MFA - Embassy	151 - Government and civil society	12,000	M&P	B	A	D
UNDP	Support to the UNDAF	MFA - Embassy	430 - Other multisector	15,000	M&P	B	A	D
Not Disability in Country Portfolio				2,521,465				
Total aid to Malawi (2000-2010)				2,771,708				
Total Disability in Malawi years 2000-10 (in NOK '000)				250, 243				

## Annex 2: List of interviewees

Surname	First name	Position/title	Institution
<b>Auer</b>	Carrie	Country Representative	UNICEF
<b>Bakker</b>	Lene	Programme Adviser	Development Fund
<b>Bækkevold</b>	Rikke	Managing director	Atlas Alliance secretariat
<b>Chapuma</b>	Alice	Programme Support Manager	Plan Malawi
<b>Brodtkorb</b>	Svein	Director	Norwegian Association of Disabled
<b>Chavuta</b>	Alick	Executive Director	MACOHA
<b>Chazama</b>	Montfort	Chairman	FEDOMA
<b>Chigadula</b>	Raphael	Chief Education Officer SNE	Ministry of Education
<b>Chikuni</b>	Augustine	Programme Officer	Royal Norwegian Embassy in Lilongwe
<b>Chimenya</b>	Byson	Executive Director	MANAD, , Blantyre
<b>Chipondeni</b>	Mercy	Finance Officer	Malawi Union of the Blind
<b>Chisale</b>	Simon	Assistant Director	Ministry of Social Welfare
<b>Chiusiwa</b>	George	Director Disability	Malawi Human Rights Commission
<b>Chiwaula</b>	Mussa	Executive Director	FEDOMA
<b>Cox</b>	Mark	Volunteer, VSO -Australia	Ministry of Education
<b>Eidhammer</b>	Asbjørn	Ambassador Former Head	Royal Norwegian Embassy in Lilongwe Evaluation Department, Norad, Oslo
<b>Eide</b>	Arne	Chief Scientist	SINTEF, Health Research, Oslo
<b>Ellingseter</b>	Margrete	Junior Professional	UNDP (interviewed per email)
<b>Finye</b>	Clifford	Orthotist and Prosthetist	Ministry of Health KCH Orthopaedic Center on exchange program in Norway
<b>Gondwe</b>	Ezra	Director Disability	Malawi Human Rights Commission
<b>Govati</b>	Patrick	Orthotist and Prosthetist	Ministry of Health KCH Orthopaedic Center
<b>Grant</b>	Gerald	Finance Manager	NASFAM
<b>Haavi</b>	Anne Lill	Administrator	Sophies Minde Ortopedi AS, Oslo

Surname	First name	Position/title	Institution
<b>Immanuel</b>		Infrastructure Manager	Norwegian Church Aid
<b>Horea</b>	Phyllis	Program coordinator Malawi	Plan Norway, based in Oslo
<b>Ingstad</b>	Benedicte	Professor of Medical Anthropology	University of Oslo
<b>Jeke</b>	Cyrus	Director	Ministry of Social Welfare
<b>Jere</b>	Victor	Programme Manager	Development Fund
<b>Juma</b>	Pamela	Board Member	FEDOMA, Malawi Society of Albinism
<b>Kabai</b>	Catherine	Secretary	Ministry of Agriculture
<b>Kachingwe</b>	Andrew	Specialist/Expert Opinion	Motivation Africa
<b>Kanyindula</b>	Augustine	Programme Officer	Malawi Union of the Blind
<b>Kanyoma</b>	Edwin	Programme Development Officer	Ministry of Agriculture
<b>Kasasi</b>	Sigele	Executive Director	DIWODE, Blantyre
<b>Khonje</b>	Tinkhani	Director Disability	Malawi Human Rights Commission
<b>Kulombe</b>	Sr Emma	Project Manager	Chisombezi Deaf/Blind, Blantyre
<b>Kumwenda</b>	Ezekiel	Executive Director	Malawi Union of the Blind
<b>Kumwenda</b>	Rose	Executive Director	Christian Health Association of Malawi (CHAM)
<b>Kumwenda</b>	Wycliff	Programme Manager	NASFAM, Lilongwe
<b>Kårstad</b>	Haldis	Special Advisor for Southern Africa	Norwegian Church Aid
<b>Lusinje</b>	Thoko	Health Adviser	Plan Malawi, Lilongwe
<b>Mangulama</b>	Noris	Director Child Rights	Malawi Human Rights Commission
<b>Masika</b>	Esther	Senior Programme Manager	Norwegian Church Aid
<b>Mdoka</b>	Hanneck	Programme Officer	PODCAM, Blantyre
<b>Mhango</b>	Grace	National Coordinator	PODCAM, Blantyre
<b>Mithi</b>	Enock	Programme Officer	PODCAM, Blantyre
<b>Mkondiwa</b>	George	Principal Secretary	Ministry of Persons with Disabilities
<b>Mkundika</b>	Eliezel	Executive Director	Timveni Child Media Project
<b>Movold</b>	Kjersti	Programme Coordinator, Malawi	SOS Children's Villages Norway
<b>Msosa</b>	Angela	Statistician	National Statistical Office, Zomba
<b>Msowoya</b>	Steven	Specialist/Expert Opinion	Documentation and Research

Surname	First name	Position/title	Institution
<b>Munthali</b>	Alistair	Specialist/Expert Opinion	Centre for Social Research, Zomba
<b>Musowa</b>	Victor	Programme Coordinator	SOS Children Villages/ Blantyre
<b>Mwase</b>	Bruno	Interpreter	MANAD, Blantyre
<b>Namanja</b>	Miriam	Executive Director	PODCAM, Blantyre
<b>Ndawala</b>	Jameson	Assistant Commissioner	National Statistical Office, Zomba
<b>Ngomwa</b>	Peter	Director of Rehabilitation	MACOHA, Lilongwe
<b>Nkana</b>	Fiskan	Programme Officer	Ministry of Agriculture and Food
<b>Nkulama</b>	Lennox	Senior Education Officer	Ministry of Education
<b>Nilsen</b>	Rune	Head of Department Prosthetist & Orthotist	Sophies Minde Ortopedi AS
<b>Næss-Sørensen</b>	Eirin	Adviser	Norwegian Association of Disabled
<b>Nyirongo</b>	Topkins	Chief Accountant	Malawi Human Rights Commission
<b>Olafsdottir</b>	Solrun Maria	Programme Officer	Royal Norwegian Embassy
<b>Olsson</b>	Jan Hakon	Deputy Head of Mission	Royal Norwegian Embassy, Lilongwe
<b>Phiri</b>	Professor Aneklet	Project Manager	Sign Language Dictionary (project first under NCA, then Atlas Alliance)
<b>Phoya</b>	Dr. Ann	Medical Doctor	Ministry of Health
<b>Riis-Hansen</b>	Trine	Advocacy officer	Atlas Alliance secretariat
<b>Stensland</b>	Monica	Second Secretary	Royal Norwegian Embassy in Lilongwe
<b>Sæbønes</b>	Ann-Marit	Special Rapporteur to UN	Ministry of Children, Gender Equality and Inclusion (BLD)
<b>Øyen</b>	Kari	Country Representative	Norwegian Church Aid Malawi
<b>Walter</b>	Marius	Programme Analyst, Governance	UNDP- DCP
<b>Wold</b>	Bjørn	Head	Statistics Norway, Division for Development Cooperation (interviewed by phone and email)
<b>Øye</b>	Kjell Erik	Program Director	Plan Norway
<b>Zidana</b>	A.	Project Officer	MUB/VIHEMA

## Annex 3: Disability Movement Comments to inception report

During separate discussions with four leading members in the disability fraternity they gave their own assessment on a number of issues regarding disability issues in the country. They observed that even though mainstreaming was just a concept at the moment both government and society at large can acknowledge that DPOs and civil society have managed to come up with an effective voice to which government authorities can listen. DPOs also acknowledge that their involvement in CBR activities has ensured that services reach most of the targeted beneficiaries. They specifically commended the CBR which has enabled a number of people with physical challenge to be mobile and self-reliant.

According to the DPO leaders there is a unique thing about the disability movement in Malawi especially in the level of cooperation between different disability sectors who work under one umbrella body FEDOMA whose executive council is composed of members from all DPOs and is used as a discussion forum of different disabilities.

On a different note the leaders felt the movement was being misunderstood by government when they are sometimes labelled as an opposition party. They feel it is their duty, together with civil society to provide the checks and balances on government. Similarly they felt that the issue of mainstreaming can only become a reality if the disability bill is passed and roles and responsibilities are made clear and reinforced. They condemned government's current attempt at implementing instead of policy formulation and directing

The issue of low capacity levels was also featured. Discussants talked about capacity building of DPOs in areas of advocacy and lobbying, policy analysis, needs assessment, monitoring and evaluation. The need for affirmative action in terms of employment was emphasised where they felt persons with disabilities were being side-lined in areas of employment as well as resource allocation.

## Annex 4: Comments from the Rights-holders' Workshop to the Draft Report

The workshop was held on 21st October 2011 at Anne's Lodge in Blantyre with the following organisations were present: NAD, Research and Documentation Project, MACOHA, Malawi National Association of the Deaf, FEDOMA, Parents of Disabled Children Association of Malawi, Malawi Union of the Blind, Chisombezi deaf/blind, NAD Motivation Africa Project, SOS Children Village and Visual and hearing impaired of Malawi (VIHEMA).

The comments brought forward were groups into comments to stakeholders and related to different themes.

### **A. Comments to the Ministry of Health:**

There is need for the Ministry of Health to review the policy on disability in order to mainstream relevant health issues contained in the policy through this, it was felt issues of physical infrastructure would be addressed The attitude of health personnel towards persons with disability should be addressed through awareness raising and advocacy by DPOs. Participants acknowledged that for these interventions to be implemented will require financial resources.

### **B. Norwegian Guidelines.**

Most of the rights-holders to the workshop were not aware of the existence of the Norwegian Guidelines on Disability and proposed the following:

- Norway to facilitate in the broad dissemination and awareness of the guidelines to all stakeholders through financial assistance.
- Need to build skills and knowledge in disability mainstreaming across the board to all stakeholders with indicators/targets and a system for monitoring and evaluation with the involvement of beneficiaries (DPOs, appropriate ministry and MACOHA) with an exit strategy for the intervention.
- Norway to be asked to assist in the finalization of the legislative process so that the bill is passed as conditionality and localised into the National Work Plans.
- There is need to work towards making Malawi ratify the Optional Protocol (which provides a complaints mechanism).
- There is need for interface between local disabilities policies and the Norwegian Guidelines and that beneficiaries of Norwegian support need to consider local policies and pieces of legislation on disabilities in their programming and monitoring routines.



### **C. DPOs as Service Providers.**

There is need for support to DPOs in Capacity Building to enhance their knowledge and skills in advocacy, policy analysis, budget tracking, program development, monitoring and evaluation.

### **D. Networking**

There is need to promote networking amongst stakeholders at all levels (multilateral, bilateral and local disability agencies and DPOs facilitated by the Norwegian Embassy with the establishment of disability focal points/persons in each stakeholder organisations.

DPOs to work closely with Research institutions such as the National Statistical Office and Centre for Social Research so that they can work on more detailed research on disability as such an approach would make research findings more credible and likely to be used by government and development agencies.

### **E. Malawi Human Rights Committee**

Participants recommended that the institution should be supported in making its thematic committee on disability functional and closely monitor its activities.

### **F. Sustainability of DPOs**

Participants recommended that Norway should assist DPOs engage in viable Income Generating Activities in order to move towards sustainability within set targets. Moves towards owning infrastructure were highly recommended.

## EVALUATION REPORTS

7.99	Policies and Strategies for Poverty Reduction in Norwegian Development Aid	3.07	Evaluation of the Effects of the using M-621 Cargo Trucks in Humanitarian Transport Operations
8.99	Aid Coordination and Aid Effectiveness	4.07	Evaluation of Norwegian Development Support to Zambia (1991 - 2005)
9.99	Evaluation of the United Nations Capital Development Fund (UNCDF)	5.07	Evaluation of the Development Cooperation to Norwegian NGOs in Guatemala
10.99	Evaluation of AWEPA, The Association of European Parliamentarians for Africa, and AEI, The African European Institute	1.08	Evaluation: Evaluation of the Norwegian Emergency Preparedness System (NOREPS)
1.00	Review of Norwegian Health-related Development Cooperation 1988–1997	1.08	Study: The challenge of Assessing Aid Impact: A review of Norwegian Evaluation Practise
2.00	Norwegian Support to the Education Sector. Overview of Policies and Trends 1988–1998	1.08	Synthesis Study: On Best Practise and Innovative Approaches to Capacity Development in Low Income African Countries
3.00	The Project "Training for Peace in Southern Africa"	2.08	Evaluation: Joint Evaluation of the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD)
4.00	En kartlegging av erfaringer med norsk bistand gjennomfrivillige organisasjoner 1987–1999	2.08	Synthesis Study: Cash Transfers Contributing to Social Protection: A Synthesis of Evaluation Findings
5.00	Evaluation of the NUFU programme	2.08	Study: Anti- Corruption Approaches. A Literature Review
6.00	Making Government Smaller and More Efficient. The Botswana Case	3.08	Evaluation: Mid-term Evaluation the EEA Grants
7.00	Evaluation of the Norwegian Plan of Action for Nuclear Safety Priorities, Organisation, Implementation	4.08	Evaluation: Evaluation of Norwegian HIV/AIDS Responses
8.00	Evaluation of the Norwegian Mixed Credits Programme	5.08	Evaluation: Evaluation of the Norwegian Research and Development Activities in Conflict Prevention and Peace-building
9.00	"Norwegians? Who needs Norwegians?" Explaining the Oslo Back Channel: Norway's Political Past in the Middle East	6.08	Evaluation: Evaluation of Norwegian Development Cooperation in the Fisheries Sector
10.00	Taken for Granted? An Evaluation of Norway's Special Grant for the Environment		
1.01	Evaluation of the Norwegian Human Rights Fund	1.09	Evaluation: Joint Evaluation of Nepal's Education for All 2004-2009 Sector Programme
2.01	Economic Impacts on the Least Developed Countries of the Elimination of Import Tariffs on their Products	1.09	Study Report: Global Aid Architecture and the Health Millenium Development Goals
3.01	Evaluation of the Public Support to the Norwegian NGOs Working in Nicaragua 1994–1999	2.09	Evaluation: Mid-Term Evaluation of the Joint Donor Team in Juba, Sudan
3A.01	Evaluación del Apoyo Público a las ONGs Noruegas que Trabajan en Nicaragua 1994–1999	2.09	Study Report: A synthesis of Evaluations of Environment Assistance by Multilateral Organisations
4.01	The International Monetary Fund and the World Bank Cooperation on Poverty Reduction	3.09	Evaluation: Evaluation of Norwegian Development Cooperation through Norwegian Non-Governmental Organisations in Northern Uganda (2003-2007)
5.01	Evaluation of Development Co-operation between Bangladesh and Norway, 1995–2000	3.09	Study Report: Evaluation of Norwegian Business-related Assistance Sri Lanka Case Study
6.01	Can democratisation prevent conflicts? Lessons from sub-Saharan Africa	4.09	Evaluation: Evaluation of Norwegian Support to the Protection of Cultural Heritage
7.01	Reconciliation Among Young People in the Balkans An Evaluation of the Post Pessimist Network	4.09	Study Report: Norwegian Environmental Action Plan
		5.09	Evaluation: Evaluation of Norwegian Support to Peacebuilding in Haiti 1998–2008
1.02	Evaluation of the Norwegian Resource Bank for Democracy and Human Rights (NORDEM)	6.09	Evaluation: Evaluation of the Humanitarian Mine Action Activities of Norwegian People's Aid
2.02	Evaluation of the International Humanitarian Assistance of the Norwegian Red Cross	7.09	Evaluation: Evaluation of the Norwegian Programme for Development, Research and Education (NUFU) and of Norad's Programme for Master Studies (NOMA)
3.02	Evaluation of ACOPAM An ILO program for "Cooperative and Organizational Support to Grassroots Initiatives" in Western Africa 1978 – 1999		
3A.02	Évaluation du programme ACOPAM Un programme du BIT sur l'« Appui associatif et coopératif aux Initiatives de Développement à la Base » en Afrique de l'Ouest de 1978 à 1999	1.10	Evaluation: Evaluation of the Norwegian Centre for Democracy Support 2002–2009
4.02	Legal Aid Against the Odds Evaluation of the Civil Rights Project (CRP) of the Norwegian Refugee Council in former Yugoslavia	2.10	Synthesis Study: Support to Legislatures
		3.10	Synthesis Main Report: Evaluation of Norwegian Business-related Assistance
1.03	Evaluation of the Norwegian Investment Fund for Developing Countries (Norfund)	4.10	Study: Evaluation of Norwegian Business-related Assistance South Africa Case Study
2.03	Evaluation of the Norwegian Education Trust Fund for Africa in the World Bank	5.10	Study: Evaluation of Norwegian Business-related Assistance Bangladesh Case Study
3.03	Evaluering av Bistandstorgets Evalueringsnettverk	6.10	Study: Evaluation of Norwegian Business-related Assistance Uganda Case Study
		7.10	Evaluation: Evaluation of Norwegian Development Cooperation with the Western Balkans
1.04	Towards Strategic Framework for Peace-building: Getting Their Act Together. Overview Report of the Joint Utstein Study of the Peace-building.	8.10	Evaluation: Evaluation of Transparency International
2.04	Norwegian Peace-building policies: Lessons Learnt and Challenges Ahead	9.10	Study: Evaluability Study of Partnership Initiatives
3.04	Evaluation of CESAR's activities in the Middle East Funded by Norway	10.10	Evaluation: Democracy Support through the United Nations
4.04	Evaluering av ordningen med støtte gjennom paraplyorganisasjoner. Eksemplifisert ved støtte til Norsk Misjons Bistandsnemda og Atlas-alliansen	11.10	Evaluation: Evaluation of the International Organization for Migration and its Efforts to Combat Human Trafficking
5.04	Study of the impact of the work of FORUT in Sri Lanka: Building Civil Society	12.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative (NICFI)
6.04	Study of the impact of the work of Save the Children Norway in Ethiopia: Building Civil Society	13.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative. Country Report: Brasil
		14.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative. Country Report: Democratic Republic of Congo
1.05	–Study: Study of the impact of the work of FORUT in Sri Lanka and Save the Children Norway in Ethiopia: Building Civil Society	15.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative. Country Report: Guyana
1.05	–Evaluation: Evaluation of the Norad Fellowship Programme	16.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative. Country Report: Indonesia
2.05	–Evaluation: Women Can Do It – an evaluation of the WCDI programme in the Western Balkans	17.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative. Country Report: Tanzania
3.05	Gender and Development – a review of evaluation report 1997–2004	18.10	Evaluation: Real-Time Evaluation of Norway's International Climate and Forest Initiative
4.05	Evaluation of the Framework Agreement between the Government of Norway and the United Nations Environment Programme (UNEP)		
5.05	Evaluation of the "Strategy for Women and Gender Equality in Development Cooperation (1997–2005)"	1.11	Evaluation: Results of Development Cooperation through Norwegian NGO's in East Africa
		2.11	Evaluation: Evaluation of Research on Norwegian Development Assistance
1.06	Inter-Ministerial Cooperation. An Effective Model for Capacity Development?	3.11	Evaluation: Evaluation of the Strategy for Norway's Culture and Sports Cooperation with Countries in the South
2.06	Evaluation of Fredskorpset	4.11	Study: Contextual Choices in Fighting Corruption: Lessons Learned
1.06	– Synthesis Report: Lessons from Evaluations of Women and Gender Equality in Development Cooperation	5.11	Pawns of Peace. Evaluation of Norwegian peace efforts in Sri Lanka, 1997-2009
		6.11	Joint Evaluation of Support to Anti-Corruption Efforts, 2002-2009
1.07	Evaluation of the Norwegian Petroleum-Related Assistance	7.11	Evaluation: Evaluation of Norwegian Development Cooperation to Promote Human Rights
1.07	– Synteserapport: Humanitær innsats ved naturkatastrofer: En syntese av evalueringsfunn	8.11	Norway's Trade Related Assistance through Multilateral Organizations: A Synthesis Study
1.07	– Study: The Norwegian International Effort against Female Genital Mutilation	9.11	Activity-Based Financial Flows in UN System: A study of Select UN Organisations Volume 1 Synthesis Volume 2 Case Studies
2.07	Evaluation of Norwegian Power-related Assistance	10.11	Evaluation of Norwegian Health Sector Support to Botswana
2.07	– Study Development Cooperation through Norwegian NGOs in South America		

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