



REPUBLIC OF SOUTH SUDAN

**Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster
Management**

South Sudan National Disability and Inclusion Policy

2013

(Final Draft)

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Acronyms

CBR: Community Based Rehabilitation
CEDAW: Convention on the Elimination of all Forms of Discrimination against Women
CRC: Convention on the Rights of the Child
CRPD: Convention on the Rights of Persons with Disabilities
CSO: Civil Society Organisation
DDR: Demobilisation, Disarmament and Reintegration
DRR: Disaster Risk Reduction
EMIS: Education Management Information System
ERW: Explosive Remnant of War
GBV: Gender Based Violence
GESP: General Education Strategic Plan
GOSS: Government of South Sudan
HI: Handicap International
HMIS: Health Management Information System
ICF: International Classification of Functioning
ICRC: International Committee of the Red Cross
M&E: Monitoring and Evaluation
MNCH: Maternal, Newborn and Child Health
MoGCSWHADM: Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management
MoGEI: Ministry of General Education and Instruction
MoH: Ministry of Health
NGO: Non-Governmental Organisation
OVC: Italian Volunteer Organization for International Cooperation
ROSS: Republic of South Sudan
SPLA: Sudan People’s Liberation Army rebel movement
SSDP: South Sudan Development Plan
UN: United Nations
UNCRPD: United Nations Convention on the Rights of Persons with Disabilities
UXO: Unexploded Ordinance
VA: Victim Assistance

WB: World Bank

WHO: World Health Organization

Foreword by Minister

The Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management (MGCSWHADM) has a mandate to promote and protect the rights of persons with disabilities (PWDs). According to Sudan Population and Housing Census, 2008/2009, there are at least 5.1% of South Sudanese of all ages live with one or more disabilities and hence making it a development concern. Some of the disabilities include difficulty in seeing, hearing, speech, moving and learning. The underlying causes of disability include conflict, poliomyelitis, and mental illness, acquired at birth, accidents, animal/snake bite, physical violence and abuse, eye infections, diseases, hypertension as well as HIV/AIDS. The situation has been worsened by conflicts, poverty, illiteracy and varying degrees of negative attitudes.

The Government is mandated to promote and protect the rights of persons with disabilities and the interim Constitution of the Republic of South Sudan affirms the principle of equality, dignity and human rights and specifically states the protection of rights of PWDs. Government set up a war disabled, widows, and Orphans Commission, PWDs Rehabilitation Centre and school for the Blind to help PWDs access education and health services.

This policy on disability and inclusion will contribute to the improvement of the quality of life of PWDs through expanding the scope of interventions. The interventions will necessitate PWDs themselves to participate in development process. Disability issues cross cuts in all sectors. Therefore, the Public sector, Ministries, State Governments, Civil Society Organisations, (CSOs), Non-Governmental Organisations (NGOs) and other actors should use this policy as a framework to guide planning, resource allocation and implementation of interventions of PWDs.

The process of developing this policy has been consultative and participatory involving cross-section of policy makers, implementers and beneficiaries both at national and state level. I would like to extend my appreciation to all, Line Ministries, State Ministries, Private sector, Civil Society Organisations, Communities and PWDs for their contributions to this process. I wish to acknowledge the logistical support of development partners especially the Handicap International and United Nations on Mine Action, South Sudan. I am convinced that the zeal exhibited during the development of this policy will continue into the implementation phase. Support and participation by all stakeholders is critical for successful implementation of this policy. I have no doubt therefore, that the policy address and redress the inequalities that PWDs experience in the society.

Hon. Awut Deng Acuil

Minister of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management, Republic of South Sudan (RSS)

Acknowledgement

This policy is the collective achievement of all stakeholders that is PWDs, Line Ministries both at National and State level, UN Agencies, local and international Non-Governmental Organizations (NGOs) and research organizations who all contributed towards the development of this policy.

We particularly wish to acknowledge the support provided mainly by United Nations on Mine Action, South Sudan and Handicap International, Technical Working Group on Disability, National Steering Committee as well as support from and collaboration with our international and national non-governmental partners.

We sincerely thank our staff and stakeholders who gave valuable comments.

Special appreciation goes towards the financial and logistic support provided by United Nations Mine Action and Handicap International.

Finally, special appreciation to the former Minister Hon Agnes K. Lasuba and current Minister Hon. Awut Deng Acuil for their leadership and guidance towards the development of the policy.

Esther Ikere Eluzai

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Executive Summary

The realization of human rights by Persons with Disabilities (PWDs) and the promotion of PWDs well-being are key in achieving sustainable and inclusive development. Discrimination and exclusion of PWDs are among the major threats to the realization of PWDs human rights and undermining their ability to benefit from development process.

According to Sudan Population and Housing Census, 2008/2009, there are at least 5.1% of South Sudanese are PWDs and hence making it a development concern. Some of the disabilities include difficulty in seeing, hearing, speech, moving and learning. The underlying causes of disability include eye disease, conflict, and poliomyelitis, mental illness, acquired at birth, road accident, animal/snake bite, physical violence and abuse, hypertension as well as HIV/AIDS. The situation has been worsened by conflict, poverty, illiteracy and varying degrees of negative attitudes. Most of PWDs have limited access to basic social services such education, health as well as employment, information hence unable to realise their rights.

It's against this background that the Government considers it both necessary and timely to develop and implement measures for enhancing the capacity of the PWDs to realise their rights and equally benefit from the development process. It is in this context that the Government has developed this National Disability and Inclusion Policy.

The development of this National Disability and Inclusion Policy was based on a series of extensive consultations at national and state levels with the relevant Line ministries, development partners and civil society organizations, DPOs, PWDs as well as the Technical Working Groups on Disability. In order to inform the policy with evidence, the MGCSW commissioned a Survey of the Inclusion of Persons with disabilities in Civic and Social Life, Juba, Central Equatoria and a National Disability Assessment, and September 2011 and September 2012 to inform the strategic direction for inclusion. A steering committee was established in June 2013, presided by the MoGCSWHADM with more than thirty members from National Ministries, National Commissions, Disabled People Organizations (DPOs), development and humanitarian actors from NGOs and UN to review the findings, inform the consultation, and support the disability and inclusion policy and national action development process with input. National and state level consultations took place in June and July 2013 aiming at establishing priorities, exploring facilitators and barriers to inclusion of persons

with disabilities at the different levels, and proposing solutions to address the identified barriers and issues in key sectors:

For the purpose of this Policy, Persons with disabilities constitute those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and equal participation in society on an equal basis with others.” (Adopted from UNCRPD).

This Policy is based on five guiding principles: non-discrimination and human right based approach, affirmative action, diversity and inclusiveness, disability mainstreaming and participation.

Its overall goal is **to address and respond to multiple vulnerabilities faced by PWDs and promote and protect their rights and dignity in an inclusive manner.**

The Policy identifies five objectives to achieve this goal:

- I. To ensure access to services for all Persons with disabilities
- II. To strengthen PWD’s presence and capacities in decision making for their meaningful participation in political and development processes
- III. Promote respect and protection of human rights of PWDs in south Sudan
- IV. Strengthen the capacity of service providers, PWDs and care givers for effective prevention and management of disabilities
- V. Create an enabling environment for PWDs’ economic and social empowerment and improved livelihood.

Underpinning this Policy is a range of legal and policy provisions at both international and national level. Key instruments on which it hinges at the international level are the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC) convention of the right of person with disabilities CRPDs), Convention on Social Economic and Cultural Rights (CSECRs). At the regional level, the African Charter on Human and Peoples’ Rights, African Decade of person with disabilities, African charter on Welfare and Right of Child, and the African Union Social Development Policy are strong guides. At national level, the Policy Framework draws its backing from the Transitional Constitution, the Child Act (2008), the Local Government Act (2009) and the War Widows, Disabled and Orphans Act (2011), SSDP 2011 – 2013 and National Gender Policy 2008. In addition, there are several supportive polices in place or nearing finalization.

An integral part of this Policy is a set of institutional arrangements that clearly define responsibility centres and systemic relationships. The above policy objectives are translated into the following interventions; Advocacy and awareness raising; accessibility; active involvement and participation of PWDs in development process; equal access to health and educational services; provision of comprehensive rehabilitation services; strengthen laws and policies that provide for protection and promotion of rights of PWDs; economic

empowerment and improved livelihood for PWDs; as well as research, management information systems.

2. Introduction

2.1 Background

The World Health Organization (WHO) report *year of report* states that Persons with Disabilities (PWDs) are approximately estimated to be 15% of the Population. This report also estimates that out of the 15%, only 5.8% of PWDs need to be provided with services. There are at least 5.1% of South Sudanese living with disabilities (Sudan Housing Survey, 2008/2009). The United Nations Standard Rules on Equalization of Opportunities for PWDs (1991) urges all nations to show strong commitment to equalization of opportunities for PWDs.

The National Policy on Disability in South Sudan aims at promoting equal opportunities for enhanced empowerment, participation and protection of rights of PWDs irrespective of gender, age, religion, ethnicity, political affiliation and nature of disability. The Policy is to guide and inform the planning process, resource allocation, implementation, monitoring and evaluation of activities with respect to PWDs concerns at all levels.

2.2 Disability in South Sudan

In South Sudan, Persons with disabilities constitute those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and equal participation in society on an equal basis with others.” (Adopted from UNCRPD). More than a billion people (15% of the World Population) are estimated to live with some form of disability (WHO, 2010). According to the Sudan Population and Housing Census, 2008/2009) The 5th Census shows a prevalence rate of disability at 5.1% (424,000 persons out of 8.28 Million, population at the time) with a variation from 3.1% to 8.1% per state, 5.1% for male and 5.0% for female, and evenly spread across age groups. 85% of persons with disabilities live in rural areas, 15% in urban areas. The disability assessment report(2011) and 5th census indicate that Physical impairments represent between 35% to

52%, vision impairments between 33% and 20%, hearing impairments between 15% to 12%, Intellectual impairments and mental illness between 17% and 10% (Intellectual , 1.6% and mental illness, 8.3%) and speech 4% to 7%.

According to the National Disability Assessment, it is reported that the following are causes of impairment among the surveyed population with severe disability in South Sudan;

- Eye disease 23.5%,
- War/conflict 21%,
- Poliomyelitis 21%,
- Mental illness 14.1%,
- Acquired at birth 12.2%,
- Road accident 10.6%,
- Animal/snake bite 10%,
- Physical violence and abuse 8.8%,
- Burns 6.7%,
- Hypertension 3.8%
- HIV/AIDS 0.9%.

The war also led to the proliferation of mines, and left the territory of South Sudan with scattered unexploded ordinance (UXO) and mines. Until today persons are disabled by mines and UXOs in areas which have not been cleared.

2.3 Situation Analysis

According to the disability Assessment report 2011, PWDs lack access to basic services. For instance, women and girls with disabilities are less likely than women and girls without disabilities and men and boys with and without disabilities to access education. Negative attitudes towards persons with disabilities are hindering their participation in social, political and economic life. Persons with disabilities experience varying degrees of physical and verbal violence based on disability. The majority of local authorities and service providers expressed lack of knowledge and experience to provide services to PWDS and ensure their active participation. Consequently this has led to exclusion of PWDs in National development Process. This has impacted negatively on the quality of life and participation of PWDs, and their families and negatively on the socio-economic development of South Sudan.

2.3.1 Disability and Health

Persons with disabilities are entitled by article 31 of the Transitional Constitution to access all health services. In addition to their specific health condition/ impairment they have equal rights to health like any other Person. Global research shows that only half of PWDs globally can afford necessary health care, given poverty being linked to disability (WHO 2013).

There have been large efforts to implement the essential package for primary health services and promote universal access to health care as per the South Sudan health sector strategic plan (year.....)There are also some initiatives implemented by NGOs to ensure the supplement, supply, and/or treatment for persons with epilepsy, leprosy and other non-communicable diseases. However, while the general population still faces several issues in accessing quality health care, it is worse for PWDs. PWDs lack access to Health Services due; to long distances from where they live (especially considering poor road networks), unavailability of ambulance services, inadequate drugs supply in the health centres; negative attitude towards PWDs by health workers; inadequate health information and knowledge as most of health education and campaigns are in inaccessible formats(lack of sign language, Braille material and understandable language); and inaccessible health physical infrastructures.

Despite a high prevalence of mental illnesses there are insufficient services and drugs, and as a result, mental health is not fully integrated into the health system.

The health sector policies and strategic plans envision universal access to health care for all citizens of South Sudan. The *Basic Package of health and nutrition services in primary health care* (BPHS) already includes physical rehabilitation, primary eye care and mental health. The reproductive health policy and the National HIV and AIDS Strategic Plan 2013-2017 recognize the gap in reaching out to persons with disabilities. However, it is important to note that the existing policies and plans in health sector do not present or promote any measures to ensuring the effective access to medical care for persons with disabilities and the indicators for health achievements are not disaggregated by disability.

2.3.2 Disability and Education

The right to education for all citizens of South Sudan, regardless of disability or gender, is enshrined in article 29 of the Transitional Constitution, however PWDs have not been able to realise this human right.

Despite the “Education for All” campaigns, access to education by PWDs is still limited in South Sudan and particularly children with disabilities are the most disadvantaged. In South Sudan, school attendance of persons with disabilities varies from 21.9% to 24.3 % (**Disability assessment report, 2011**). **The ratio drops to 17.6% for female in all surveyed locations, and to only 10.5% in Warrap state. It shows large discrepancies between male and female and between states.** The drop-out ratio stands at 48%. However, there is no available data on completion rate by children with disabilities, out of school children with disabilities, as well as adult learners with disabilities.

The major barriers in accessing education in South Sudan include;

- Negative attitudes towards PWDs
- Long distances to Schools
- Poverty

- Insecurity in some areas
- Negative Cultural perceptions
- lack of assistive devices
- lack of Road pathways for PWDs
- Bad roads
- lack of special needs schools and teachers
- Inaccessible school facilities and infrastructures (ramps, toilets for PWDs).

2.3.3 Disability and Gender

Disability affects men and women differently. Women with disabilities experience higher levels of physical, psychological and sexual violence. There are cultural beliefs and practices which favour men over women in decision making, representation, and see disability as negative attribute in addition to being female thus resulting into double discrimination of girls/ women with Disabilities. Women with Disabilities are more prone to suffer abuses such as physical and sexual abuses compared to others **The National Disability Assessment report, 2011 indicates that 82% of persons with disabilities experience daily incidents of nervousness and anxiety and 12% experience physical violence.**

Children and adults with intellectual disability and mental health problems, have remained unattended to, which has put them at risk of being abused and mistreated. In some ethnic groups, there are reports of traditional harmful practices against persons with disabilities, including the killing of babies with visual impairments.

Though there is general lack of access to services and resources by all, it is worse for Girls and women with disabilities. Women and girls with disabilities are also constrained by traditional gender roles and barriers. Girls with disabilities are also less likely to get an education, receive vocational training or find employment than are boys with disabilities or girls without disabilities. Despite various interventions, lack of public awareness, negative community attitudes, cultural beliefs and lack of programmes on specific concerns of women and girls with disabilities are still challenges

2.3.4 Disability, Poverty & vulnerability

There is a critically high level of poverty and deprivation, preventing households from building the capabilities to counter the adverse effects of shocks in South Sudan. Poverty is widespread, over half of the population 51% lives below the national poverty line, being significantly higher in rural areas 55.4% compared to urban areas 24.4%, (Southern Sudan Census, 2010). While the general population still faces poverty, it's worse for PWDs. Poverty and disability are closely interlinked. Disability is both a cause and consequence of

poverty. Disability exposes people to limited livelihood opportunities which consequently lead them into a state of poverty and vulnerability. Most PWDs do not have access to regular incomes due to inadequate employment opportunities. The social security mechanisms in South Sudan, are weak, unstructured, and unsustainable, operate on a voluntary basis and are in any case inaccessible to most PWDs.

2.3.5 Disability and Employment

The National Disability Assessment indicated that 89.3% of respondents were unemployed, 4.5% had been employed and 6.2% were engaged in business. Persons with intellectual impairments are the least likely to be employed (7.7%) and the most likely to be occupied as an unpaid worker when active and with a high risk of exploitation. The possibility of PWDs to access livelihood opportunities is linked to access to education and skills development.

A few skills development and self-employment support programmes are inclusive of PWDs and the South Sudan National Commission for War Disabled, Widows and Orphans programmes provides vocational trainings and livelihood start-up kits specifically to the wounded heroes. Most other mainstream programmes are hardly accessible to PWDs.

Furthermore, the vast majority of PWDs do not have capital assets that would promote self-employment and equal access to the banking and financial & credit facilities. The number of persons with disabilities with a formal employment is low, although there are some success cases in the public service, especially at the ministry of social development. There are almost no social safety nets and food security schemes.

2.3.6 Accessibility

PWDs face difficulties in accessing education, health and sports facilities, places of work, election/ polling centres, information and other physical infrastructure as well as productive resources. They are denied access to most buildings such as schools, hospitals, courts of laws. This is due to the fact that many buildings do not have facilities such as ramps and lifts. The existing lifts do not have talking devices to enable the blind to access information. Roads do not have facilities for PWDs. In most cases, PWDs cannot access information provided by both electronic and print media. Limited accessibility to such services has contributed to social exclusion of PWDs.

3.0 Rationale

4.0 Legal, Policy & Policy Framework

South Sudan has demonstrated its commitment to the promotion and protection of the rights of PWDs through the transitional constitution and other laws and policies. These include;

- The Transitional Constitution,
- The Child Act 2008
- The CRC-right Of CWDs
- The National Gender policy
- The Social protection policy not yet approved
- Strategic Plan 2012-2017, Min. of Gender, Child and Social Welfare, Sept 2012
- South Sudan Development Plan 2011-2013, Ministry of Economy and Planning, Aug. 2011
- Health policy for the Government of Southern Sudan, 2006-2011, Reviewed version 2007, Min. of Health, 2007
- Health sector development plan 2012 – 2016, Government of South Sudan Ministry of Health, Jan. 2012
- Maternal and reproductive health policy for Southern Sudan, Final Draft, Min. of Health, Jan. 2007
- Family Planning Policy Final Draft, Min. of Health February, 2012
- South Sudan National HIV and AIDS Strategic Plan 2013-2017,

- General Education Strategic Plan 2012-2017, Min. of General Education and Instruction, 2012
- Ministry of Humanitarian Affairs and Disaster Management Policy Framework, May 2012 (reviewed)
- South Sudan National Mine Action Strategic Plan 2012-2016, South Sudan Mine Action Authority, February 2012
- Policy Paper on Demobilization, Disarmament and Reintegration, Sept 2011
- The Republic of the Sudan Southern Sudan War Disabled, Widows and Orphans, Commission (SSWDWOC) Government of Southern Sudan, revised policy, 2010-2014

Though Government has not ratified various regional and international instruments. This policy has been developed in conformity with principles enshrined in the following international and regional instruments for promotion of rights of PWDs;

- The Convention on the Rights of Persons with Disabilities - CRPD (2006)
- The African Decade of Persons with disabilities (1999-2009, 2010- 2019)
- Continental Plan of Action for Persons with Disabilities in Africa, adopted by the African Union (2011- 2019)
- The Convention on the Prohibition of the use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (1996)
- The Salamanca Statement and Framework for Action (1994)
- The UN Standard Rules on Equalization of Opportunities for Persons with Disabilities (1993)
- The African Charter on Human and People's Rights (1981)
- Convention on Elimination of all Forms of Discrimination against Women (1979)
- International Convention on economic, social and cultural Rights (1966)
- United Nations Universal Declaration of Human Rights (1948)
- The Alma Ata Declaration of 1978, which emphasizes inclusion of the rehabilitation approach into the primary health care system;
- The International Labor Organization Convention No. 159 and Recommendation 168 on vocational rehabilitation and employment of PWDs;
- The World Programme of Action 1983, which advocates for full participation of PWDs in the development
- The World Declaration on Education for All, 1990
- The Vienna World Conference on Human Rights 1993 Resolutions, which stipulate promotion of rights of PWDs
- The UN Standard Rules for Equalisation of Opportunities 1993, which guides policy making
- The UNESCO Salamanca Framework of Action on Special Needs Education 1994.

The above laws, plans and policies provide for;

- The protection of rights of persons with disabilities founded on justice, equality, respect for human dignity, advancement of human rights and fundamental freedoms.

- Full and effective participation and inclusion in society
- Equality of opportunity
- Effective access to health, education and employment services by PWDs.

5.0 Principles of the Policy

The policy will be guided by the following principles;

Non Discrimination and Human rights based approach

The policy is emphasizes a rights based approach to programming by seeking to minimize stigmatization and discrimination which act as a barrier to PWDs and their families in accessing services. The rights of PWDs should be promoted, respected, and protected at all time by all service providers.

Affirmative Action

Bridging gender gaps in the various development sectors requires preferential attention for the disadvantaged. Affirmative action as enshrined in the Constitution will be pursued to redress historical and present forms of discrimination against women and girls in political, economic and social spheres

Diversity &Inclusiveness

Persons with disabilities are not a homogenous group. This policy recognises that the experience of disability varies according to personal and environmental factors. Some PWDs are more vulnerable than others such as women with disabilities, children with disabilities,

older persons with disabilities and the necessity of this policy being responsive to their different concerns and vulnerabilities. It also emphasises the need for inclusion of PWDs in any programme, policy and plan design, implementation, monitoring and evaluation.

Disability Mainstreaming

In recognition to multi-dimensional and complex nature of Disabilities. It stresses an integrated approach in planning and implementing policy interventions. Disability is a crosscutting concern requiring the concerted effort of all stakeholders. Every stakeholder should undertake the responsibility of mainstreaming disability concerns in the respective sectoral plans, programmes & policies. The policy recognises and responsibilities of the various actors (individuals, families, communities, the private sector, CSOs, Donors, UN Agencies, & National and state Line ministries.

Participation

This policy is anchored on active participation and representation of PWDs and their caregivers in planning, implementation, monitoring and evaluation of their programmes at all levels. Every intervention by stakeholders should bring PWDs and their caregivers on board to be able to take informed decisions and influence the environment around them.

6.0 Policy Purpose, Vision, Mission, Goal, Objective and Strategies

Purpose of the Policy: to provide a sound direction to all stakeholders on how to overcome multiple barriers at policy, service, community and governance levels towards an inclusive South Sudan where all, men and women, boys and girls with different disabilities can contribute to the further development and reconstruction of the country.

Policy Vision: A society that is just and free from discrimination and exclusion where PWDs enjoy their human rights and fully participate in all spheres of development.

Policy Mission: To create and provide a framework for social, political and economic empowerment of PWDs as well as combating social exclusion of PWDs.

Policy Goal: To address and respond to multiple vulnerabilities faced by PWDs and promote and protect their rights and dignity in an inclusive manner.

Policy Objective

- I. To ensure access to services for all Persons with disabilities
- II. To strengthen PWD's presence and capacities in decision making for their meaningful participation in political and development processes
- III. Promote respect and protection of human rights of PWDs in south Sudan
- IV. Strengthen the capacity of service providers, PWDs and care givers for effective prevention and management of disabilities

- V. Create an enabling environment for PWDs' economic and social empowerment and improved livelihood.

Policy Strategies

This policy will be operationalized through a number of strategies. These are:-

- I. Mobilisation adequate resources to ensure that the policy is implemented;
- II. Advocating for the strengthening of positive cultural values that foster understanding, care and support for the protection of PWDs;
- III. Strengthening and empowerment of PWDs and their caregivers;
- IV. Capacity building and enhancing skills development and social support systems so that PWDs participate in and effectively contribute to socio-economic development;
- V. Ensuring participation of PWDs in the planning, implementation, monitoring and evaluation of all relevant initiatives;
- VI. Lobbying all other sectors and stakeholders to appreciate and address the concerns of PWDs;
- VII. Implementing interventions through communities, local authorities, CSOs, the private sector networks and other actors so as to enhance capacity and increase the outreach;
- VIII. Developing and promoting PWD cultural activities and sports events to enhance their recreational capabilities and raise public awareness of their abilities;
- IX. Promoting awareness about different impacts of the same disability on male and female PWDs;
- X. Establishing comprehensive databases to generate disaggregated information on disability;
- XI. Developing and implementing media and communications strategy to enhance awareness on PWD issues, including gender concerns;
- XII. Promoting the development of social security for PWDs in the informal sector;
- XIII. Ensuring research, documentation and dissemination of best Practises and experiences for replication and scaling up interventions by all actors, at all levels;

7.0 Policy Priority Interventions

A number priority areas of focus have been identified as critical in the implementation of this policy objectives and goal. These include;

7.1 Advocacy and Awareness Raising

Negative attitudes of the community towards disability and persons with disabilities are one of the major barriers against the inclusion and equal participation of persons with disabilities in the all spheres of life. There is limited awareness on disability issues among policy makers, planners, community leaders and the population in general. Communities often discriminate against and marginalize PWDs because of negative beliefs, norms and customs they have towards PWDs. This is mainly due to the limited understanding by the communities of the causes of disabilities as well as of the rights, potentials and abilities of PWDs

It is necessary to raise awareness at all levels, including at the family level, regarding the rights of people with Disabilities.

Interventions/ Measures

- Promote and carry out research and identify attitudinal barriers and innovative design and implementation of appropriate behavioural communication change programmes;
- Promoting and strengthening awareness creation programmes on disability at all levels;
- Lobbying for the mainstreaming of disability concerns in line public and private sector Programmes;
- Media Campaign on rights of PWDs

7.2 Accessibility

Most PWDs are adversely affected by the conventional design of infrastructure and other facilities. These often act as barriers that hinder their access to and utilisation of these facilities and services. Government shall through this policy, promote user-friendly facilities and infrastructure designs for the benefit of PWDs.

The identification and elimination of obstacles and barriers to accessibility apply to: Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces; Information, communications and other services, including electronic services and emergency services.

Measures/interventions

- Develop and monitor the implementation of minimum standards and guidelines, Laws for promoting user friendly facilities and infrastructure for benefits of PWDS.
- Provide training for stakeholders on accessibility principles -Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage
- Promoting use of sign language, Braille, tactile among parents and service providers and communities;
- Advocacy and Media campaigns on accessibility;
- Provision of assistive devices and services to PWDs.
- Building alliances and networks in information, communication and technology.
- At community level, promote implementation of community-based strategies, such as CBR, through existing organisations or committees: create acceptance as regard to disability in communities and social institution; engage CBOs to create awareness to change and influence behaviour and attitudes of community members towards persons with various types of impairments; sensitize local chiefs and religious leaders on social inclusion
- Identify persons with disabilities and create awareness on their needs
- Provide counselling and life skills to reduce isolation of persons with disabilities and combat stigma
- Engage and train social workers and community agents on CBR and other inclusion strategies
- Ensure equitable driver licensing process for persons with disabilities
- Promote inclusive sport and recreational activities.
- Ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources: provide logistical and financial support for social gathering inclusive of persons with disabilities
- Ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system.
- Promote use of various format including Braille, large print, audio, and sign language and augmentative and alternative communication for dissemination of and access to information;

7.3 Active involvement and Participation of PWDs in Development process.

Persons with disabilities as other citizens of South Sudan are obliged by constitution and contribute to the development of their country. They are resourceful citizens, though often excluded in the design and implementation of interventions. This has greatly contributed to their inadequate participation in the socio-economic development process. They lack representation in various forums. Government with other stakeholders will promote full participation of PWDs and caregivers in planning, decision-making, designing and implementing interventions for improved service delivery.

Measures /interventions

- Involve Persons with disabilities and promote representation of PWDs and caregivers in planning, Implementation, monitoring and evaluation at all levels
- Support the development and strengthening of Disabled People Organizations, Self-Help Groups, Mine Survivor Groups, Groups of Wounded Heroes and Heroines, and other groups for a stronger voice.
- Increase support for the formation of representative organizations of persons with disabilities, DPOs and SHGs in states where there are none and ensure representation of persons with all different disabilities.
- Support capacity development of DPOs and other groups on disability,
- Creating an enabling environment for effective and equal participation of PWDs.
- Promote participation of persons with disabilities in the political party of their choice and politics in general.
- Ensure disability is mainstreamed in civic education for their enhanced capacity to participate in elections.
- Promote political participation of PWDs;

7.4 Equal Access to health services

There have been large efforts to implement the essential package for primary health services and promote universal access to health care as per the health sector strategic plan. There are also some initiatives implemented by NGOs to ensure the supplement, supply, and/or treatment for persons with epilepsy, leprosy and other non-communicable diseases. However, while the general population still faces several issues in accessing quality health care, persons with disabilities encounter even more barriers to benefit equally from available services due to various reasons as indicated earlier:

This policy suggests the following interventions to address the inaccessibility by PWDs to health services;

Measures/interventions

- Review, develop and enact all health related legislation, plans, policies and programmes to integrate and mainstream disability issues.

- Establish a national health insurance system, free or at affordable costs for persons with disabilities, that allow access to health care services at no additional cost and doesn't discriminate against persons with disabilities and/or chronic health conditions;
- Allocate adequate and sustained resources and budgets at all levels for treatment of epilepsy, psychiatric illnesses and leprosy drugs and other chronic and potentially disabling illnesses and treatment (include drugs in the essential drug list);
- Extend and increase availability of ambulance and outreach services for those who face mobility limitations and to rural areas;
- Integrate sign language module included in all health professional courses
- Create awareness on rights of disability to health as well as attitudinal change towards disability among health workers.
- Train health service providers on disability sensitive communication and sign language and provide health service support to Persons with Disabilities.
- Ensure health education and promotion campaigns are reaching all men and women, girls and boys disabilities in accessible language, format and location.
- Integrate disability within the national responses to HIV&AIDS and reproductive health care programs.
- Establish mechanism for generating disability health related data and information in order to design appropriate interventions addressing the health needs of PWDs.

7.5 Provision of Comprehensive Rehabilitation services

Genetic and non-genetic factors are responsible for the impairment of PWDs. Some of these factors can be controlled and managed, if they are identified early enough. This policy will support efforts towards strengthening early identification, prevention and management of disabilities. Government will therefore encourage service providers and communities to participate in early detection, assessment, management, referral for treatment and rehabilitation. Government will also ensure provision of basic, physical and psychosocial needs of PWDs and their caregivers.

Given the current situation of a post conflict country, there is no comprehensive coordinated rehabilitation system or approach in place in South Sudan. The main rehabilitation centres are run by the MGCSWHADM in Juba and Rumbek, supported by the ICRC, and cater mainly to physical impairments. Rajaf School for the Deaf and Blind, also run by the MGCSWHADM in Juba is the only place where children (and partially adults) with visual, speech and/or hearing impairments can receive orientation training, Braille training and/or learn sign language (for children only). Other aspects of

rehabilitation are provided by various NGOs and DPOs or Self-Help Groups, which mainly offer peer support.

Measures/Interventions

- Establish sufficient numbers of rehabilitation centres and outreaches or systems for all impairments in all states.
- Allocate adequate resources for rehabilitations services both at national and state level.
- Promoting information campaigns on early identification prevention , and management of disabilities;
- Strengthening community based rehabilitation initiatives;
- Promoting formation of parent and peer counselling support groups;
- Promoting translation, transcribing repackaging of user friendly materials in accessible information for PWDs;
- Building and strengthening capacity of rehabilitation service providers;
- Lobbying for the recruitment of appropriate personnel, in health units and retooling of orthopaedic workshops.
- Promote a social work approach to enable survivors of mines and ERW, as well as other persons with disabilities to attain and maintain maximum self-reliance and independence.

7.6 Education

The right to Education is enshrined in article 29 of the Transitional Constitution as a right for all citizens of South Sudan, regardless of disability or gender. Education has always been referred to as one of the major factors for achieving sustainable development. Despite the “Education for All” campaigns for the “the general population” children with disabilities have limited access to education services.

Interventions/ Measures

- Create an enabling and disability sensitive school environment at various levels.
- Raise awareness and sensitize all stakeholders in education sector on PWDs right to education
- Institute affirmative action interventions such as PWDs scholarship programme.
- Promote early childhood development through pre-schools or kindergarten within an inclusive environment;
- Incorporate disability in education programmes, projects, programmes, policies and legislations.
- Raise awareness in communities, through community-based strategies, on importance and access to services of adult learning for men and women with disabilities.

- Develop capacity of education authorities on successful ways to transform special education system into inclusive primary, secondary and/or tertiary, as well as adult and vocational training education systems, through exposure in African Countries or elsewhere for adoption relevant approaches and methods;
- Set up Inclusive Education School Improvement Schemes and provide assessment and monitoring tools (barrier and facilitator disability audits,)
- Ensure teacher and school curricula for primary and successively secondary and tertiary, vocational and adult education embrace inclusive methodologies addressing all diverse learning needs during class and exams
- Support the establishment of special needs schools and Utilize special schools as resource centres for teaching inclusive methodologies and exposure visits ;
- Provide inclusive learning materials (Braille paper etc.) to facilitate learning.
- Provide school improvement grants and ensure education budget allocates sufficient resources to make learning accessible – such as providing schools with equipment to support children with disabilities such as Braille machines, sign language courses for teachers/ students, ramp construction, Braille paper etc.;
- Put in place mechanisms to reduce inaccessibility of PWDs to schools , barrier free and accessible for all types of disability;
- Review EMIS and general M&E framework for appropriate representation of all learners with different impairments (hearing, speech, physical, intellectual, psychosocial/ mental, visual, and multiple) and facilitate specific barrier and facilitator assessment at school and vocational training levels, inclusive of gender specifications;
- Incorporate sign language training in general and teacher training education Curriculum

7.7 Economic empowerment and improved livelihood for PWDs

PWDs are among the poorest, vulnerable and unemployed people hence unable to contribute to the country's economic growth and enjoy improved livelihoods. Thus enhancing opportunities for PWDS to engage in income generating activities is very vital if they are to escape from the poverty cycle. In a view of this, the Government will undertake the following interventions or measures;

Measures/Interventions

- Implement a range of safety net programmes to cater for the needs of the PWDs such as provision of agriculture input subsidies, food for work and microfinance outreach programmes targeting PWDs associations, including women and youth with disabilities associations with viable projects.
- Promoting affirmative action for employment of people with disabilities.

- Develop, scale-up and implement a vocational skills training and development programme for PWDs or mainstream them in the existing Vocation training institutions.
- Promote access to financial services for vulnerable people, including persons with disabilities;
- Establishing and implement a Disability fund /grant to cater for special needs of the PWDs
- Promoting Research documentation and dissemination on strategies that have worked in economic empowerment of PWDs
- Mainstream social protection of PWDs in all development programmes and interventions

7.9 Strengthen Laws and Policies that provide for protection and promotion of rights of PWDs.

Legal provision for promotion and protection of rights of PWDs exists but the enforcement is lacking. Persons with disabilities express being deprived of access to legal services and justice. They face difficulties in equally defending their cases in courts of law. The UNCRPD and other instruments that provide for promotion and protection the rights for the PWDs hasn't been signed and ratified. The government in collaboration with CSOs and other development Partners will ensure that laws and policies are reviewed, enacted and enforced as well as effective awareness raising and dissemination to protect and safeguard the PWDs.

Intervention and measures

- Enact law for establishing National Council for Disability OR Similar structure for increasing/improving PWDs representation.
- Support ratification, awareness and capacity building of UN Convention on the rights of persons with disabilities and other related international and regional instruments
- Integrate the sign language communication as an alternative communication mode in the court of Law for the persons with hearing/speech and intellectual impairment or establish a formal system of appointing sign interpreters for courts
- Put in place affirmative action for ensuring access to justice by PWDs.

7.9 Research and Management Information Systems

Data and information are vital in country’s development Planning. Data however data and information on Disability is lacking .Disability inclusion in national statistics (census and national health, education etc. surveys) as well as dedicated disability surveys very useful if you are to address needs of the PWDs. The government will put in place mechanisms to collect, analyze, document and disseminate comprehensive information on PWDs.

Interventions and Measure

- Conducting disability related research
- Creating a full disaggregated data bank for PWDs in terms of the category, gender, age, education and socioeconomic status and other variables
- Establish information channels (media programmes, films, documentaries, documentation of best practices, web sites etc.)
- Establish Management Information and Monitoring and Evaluation systems on PWDs

8.0 Institutional and Implementation Mechanism

8.1 Implementation, and Coordination

The implementation of disability and inclusion policy will be coordinated by the Government of the South Sudan through Ministry of Gender, Child and Social Welfare. Disability issues are multi-dimensional, implementation of the policy will also be multi-Sectoral at the national, state and community levels. Other actors will include parents and other caregivers, CSOs, the community, Disabled Persons Organizations (DPOs) and the private sector. The table below outlines key actors and their roles in the implementation of disability and Inclusion Policy.

Table I: Key Actors and their Roles

KEY ACTORS AND THEIR ROLES		
Level of Government	Institutions	Roles
National Level	Cabinet	<ul style="list-style-type: none"> • Champion the cause of protection and promotion of rights of PWDs. • Review and approve relevant policies & programmes that provide for protection & promotion of PWDs. • Provide necessary executive direction for mainstreaming disability across government department and in all sectors.
	National Legislative Assembly	<ul style="list-style-type: none"> • Enact and review relevant laws for the effective implementation of this policy for example a law on establishing National Council for Disability or an equivalent structure and ratification of UNCRPD. • Allocate resources for implementation of PWDs programmes • Ensure the inclusion of disability in all legislations, policies and programmes passed in parliament.
	Ministry of Gender, Child and Social Welfare	<ul style="list-style-type: none"> • Spearheading the implementation, monitoring and evaluation of disability and inclusion policy • Develop an action plan to operationalize the policy • Designing and implementing programmes targeting PWDs. • Spearheading efforts and development of guidelines to mainstream disability issues into other sector plans and budgets • Disseminate the Policy widely • Mobilise resources for the implementation of the policy • Establish the National Council for Disability or similar structure.

	Other line Ministries, Commissions and Agencies	<ul style="list-style-type: none"> • Ensure the Implementation of Disability and Inclusion Policy • Identify and mainstream disability issues within their respective policies, plans, budgets and programmes
	War Disabled, Widows and Orphans Commission.	<ul style="list-style-type: none"> • Facilitate the reach of physical rehabilitation support services to physically impaired persons an inclusive manner • Spearhead efforts to mainstream the delivery of social services to PWDs
	Human Rights Commission	<ul style="list-style-type: none"> • Address the violations of human rights of PWDs in the country. • Create awareness on the rights of PWDs • Monitoring and reporting on the rights situation of PWDs
	HIV/AIDS Commission	<ul style="list-style-type: none"> • Spearhead HIV/AIDS anti-stigma campaign • Coordinate the reach of special care services to PWDs living with HIV and affected PWDs.
	National Bureau of Statistics	<ul style="list-style-type: none"> • Provide timely and regular data and information on disability • Ensure that the collection and management of national statistics are disability responsive
State Level	Executive	<ul style="list-style-type: none"> • Champion the cause of PWDs at state level • Provide strategic leadership for, and coordination of the state-level aspects of the this policy • Review and approve relevant disability related state policies and programmes

	State Legislative Assemblies	<ul style="list-style-type: none"> • Enact and amend relevant laws to facilitate the implantation of this policy at state level • Appropriate resources for implementation of social protection programmes at state level • Scrutinize sector and County budgets statements for conformity with this policy's objectives • Actively engage in the promotion and protection of rights of PWDs.
	States Ministries of gender and social development	<ul style="list-style-type: none"> • Oversee and mobilise resources for the implementation of the policy and disseminate information at state and county levels • Initiate and implement appropriate interventions for PWDs • Monitor interventions of DPOs, other CSOs and the private sector • Designated staff to handle disability issues and functions of social welfare
	Other line Ministries/Departments	<ul style="list-style-type: none"> • Mainstream disability issues within their respective policies, plans and programmes
Local Level	Local Councils	<ul style="list-style-type: none"> • Sensitizing communities on the rights of PWDs. • Ensure equitable and efficient use of devolved resource • Ensure inclusive reach of social services to PWDs.
Other Stakeholders	Development Partners	<ul style="list-style-type: none"> • Provide technical and financial support for effective implementation of the disability and inclusion policy. • Mainstream disability in all support projects and programmes.

	Private Sector	<ul style="list-style-type: none"> • Prioritise support for PWDs in design and implementation of Social Corporate Responsibility agenda • design and construct PWD-friendly infrastructure and other social facilities; • Efficiently deliver services targeting PWDs; • Contribute resources for disability interventions.
	Academia	<ul style="list-style-type: none"> • Facilitate disability evidence-based policy making with relevant and timely research works
	Disabled People Organisations	<ul style="list-style-type: none"> • Strengthen the capacity of their members; • Promote the dignity and welfare of PWDs • Supplement government efforts in delivery of services to its members
	Other Civil Society Organizations	<ul style="list-style-type: none"> • Mobilize and facilitate PWDs households to build resilient lives • Conduct attitudinal change campaigns • Mobilise resources for service delivery; • Build the capacity of PWDs and caregivers.
	The Media	<ul style="list-style-type: none"> • Actively engage in the changing negative attitudes and mind sets towards PWDs. • Publicise, inform and educate the public about the Disability Policy and right of PWDs. • Create awareness of the masses about Disability; • Build capacity for disability sensitive research, reporting& coverage.

Other Stakeholders	The Communities	<ul style="list-style-type: none"> • Identify and strengthen social support networks and mechanisms for PWDs and their families. • Participate in implementing interventions and link PWDs to service providers. • Promote understanding, guidance and support, which PWDs need to become fully productive members of the community. • Identify and address cultural and traditional norms and practices that adversely impact on PWDs.
	Parents and Care givers	<ul style="list-style-type: none"> • Taking care of PWDs and link them to service providers • Identify, provide care and support to PWDs • Offer psychosocial counselling and guidance.

8.2 Monitoring and Evaluation

Disability issues cut across all development sectors and levels. Therefore assessment Of progress, outcomes and impact of interventions to address disability issues is a shared responsibility for all development actors and agents. However, Ministry of Gender, child and social welfare shall be responsible for coordinating M&E of the Disability and Inclusion Policy within the overall government monitoring systems and frameworks. The ministry will act as a catalyst to other sectors on disability responsive monitoring. Process and output indicators shall be periodically designed and reviewed within the Action Plan for the implementation of this policy. Key entry points and opportunities for linking the Disability Policy monitoring and evaluation into existing M&E system .The following overall indicators, among others, will be used to assess the extent to which the purpose of the policy is achieved as well as evaluate impact of the policy on PWDs.

- . Proportion of population below the poverty line by Disability of household head.
- . Proportion of PWDs in decision-making by sector and level.
- . Proportion of population accessing justice by disability.
- . Percentage of population accessing public services by disability, sector and location.
- . Proportion of PWDs completing formal education by level.
- . Proportion of PWDs accessing and utilizing credit.

. Proportion of PWDs in both formal and informal employment

8.3 Financing of the Policy

As disability issues cut across all sectors, it will seek to spread the financing burden across all actors as best as possible based on their comparative capacities and in line with the mainstreaming principle of this policy.

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